

HEALTH AND SALVATION: THE SOCIAL CONSTRUCTION OF ILLNESS AND
HEALING IN THE CHARISMATIC CHRISTIAN CHURCH

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ABSTRACT

Health serves as a metaphor for salvation in the Charismatic Christian community at Tuscaloosa Life Church in Tuscaloosa, Alabama. This ethnomedical account of the church looks at how church members conceptualize the causes of illness and approach the treatment of suffering in the context of their everyday lives. Suffering is a social experience, and while biomedical health care is an available and socially acceptable form of treatment among church congregants, many people look outside the confines of biomedical treatment to substantiate and validate their illness experiences. The shared cognitive models of the divine healing system in this population inform the ways that church members think about the causes of illness and the requirements or pathways for healing. My research seeks to elucidate these models or modes of thinking in an effort to understand the attraction to this particular healing system. My methods include participant observation at Tuscaloosa Life Church over a 6-month period, semi-structured interviews with core members of the church, and cultural consensus analysis among the larger church body using free-listing and pile-sorting techniques. My research shows that the church community at TLC does ascribe to shared models of health and illness – both in the way they think about the etiology of illness and in the ways that they conceptualize the requirements or pathways to divine healing – and these models allow church members to articulate their suffering experiences in more spiritual terms and to use these experiences to reenact the salvation story.

DEDICATION

This thesis is dedicated to the people of Tuscaloosa Life Church for their willingness and eagerness to do whatever they could to help me complete this project. Thank you.

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INTRODUCTION

The practice of divine healing in the Charismatic Christian tradition necessitates a social construction of illness that informs how church congregants experience and make sense of suffering and how they seek relief from distress in their daily lives. Through ethnographic analysis of a Charismatic Christian church in Tuscaloosa, Alabama, I seek to understand how notions of health and illness are constructed within the church, to what degree church members share a model of suffering and divine healing, and how this affects the way participants articulate and live out illness experiences. My research seeks to uncover the shared models of illness (in terms of what causes distress) and healing (in terms of what is required to seek and receive divine healing), and how the experiences of illness and healing function in the lives of individuals and in the larger church community. My research supports the notion that suffering and healing are integral to the faith and the lived experience of church members, and I hypothesize that the shared models of illness and healing that the church promulgates allow church members to conceptualize illness and experience suffering in a way that allows for more claims of divine healing to be made.

THEORETICAL CONTEXT

Working in the subfield of medical anthropology, I position my research in the theoretical orientation of ethnomedical analysis. Broadly, medical anthropology integrates physical and cultural anthropology by focusing on health and disease, health care systems and biocultural adaptation in particular social settings (McElroy 1996). Medical anthropology considers how notions of health and illness are constructed and

experienced in a cultural context, how individuals negotiate the illness process and the available health care systems and what methods of treatment are deemed appropriate for certain categories of distress. There are three principle orientations in medical anthropology: medical ecology, applied, and ethnomedical. Medical ecology views populations as biological and cultural units, focusing on biocultural adaptation as a result of interactions within particular ecological systems. Applied anthropology focuses on the intervention and prevention of disease through policy and implementation of health care in culturally sensitive ways. Closely aligned with cultural anthropology, ethnomedical analysis focuses specifically on health beliefs and practices, cultural values and social roles, and the symbolic and interpersonal components of the illness experience as lived by humans as members of society (McElroy 1996). This approach is especially suited for studying situations of medical pluralism in which individuals must navigate various notions of health and illness and different forms of available treatment options.

Pluralistic societies are increasingly common as Western biomedicine is exported all over the world and integrated into folk healing systems (McGuire 1993). Issues of medical pluralism are also prevalent in industrialized settings as individuals seek treatment outside the confines of biomedical care. Understanding how people navigate and negotiate the illness experience and how cultural factors influence the definition and the resolution of various forms of suffering are important topics of research for ethnomedical anthropologists (Dressler 2010).

In a setting like Tuscaloosa Life Church, an ethnomedical approach is most appropriate because church members do not occupy a particular environmental niche that would affect their health, nor do they suffer from any particular ailments that need to be

addressed by public policy. Church members do not reject the biomedical health care system; however, the church does provide alternative notions of health and healing that offer meaning and social support that extend beyond the explanations of the biomedical community. Thus, this is a situation of medical pluralism, one in which biomedical or cosmopolitan practices operate alongside spiritual healing systems. This setting provides a unique opportunity to gain insight into why spiritual healing continues to be sought and why it maintains credibility even when biomedical notions are accepted and acted upon.

Taking a social constructivist approach to ethnomedical analysis, I consider how church members at Tuscaloosa Life Church construct their clinical realities and imbue their illness experiences with meaning. Social constructivism holds that humans both create and are byproducts of a “reality” that is continually structured and restructured as people interact with one another and formulate perceptions, knowledge and attitudes about life using symbols and shared meanings (Geertz 1993). Tuscaloosa Life Church places a heavy emphasis on divine healing, and healing experiences hold great salience in the lives and the faith of church congregants. Health functions as a metaphor for salvation, and the divine healing system is mediated by symbolic meanings and interpretations. Among church congregants, the illness experience can be viewed as a reenactment of the suffering of Christ, and healing serves as a symbol of God’s promise to his followers (Belcher & Hall 2001). Thus, both the expression of suffering and the relief from suffering are understood to bring people closer to God. This process might serve to validate the faith of an individual, to increase his or her standing in the church, or to draw in outsiders. Considering how these symbols function to create shared meanings

within the church facilitates an understanding of why individuals conceptualize illness in the way that they do and why they seek certain forms of treatment.

BACKGROUND

Throughout history, suffering and treatment have often fallen under the purview of the dominant religious institution of a given society, and many people – even in industrialized settings – continue to carry out their suffering experiences in the context of the religious belief system to which they subscribe (Glik 1990). In an age where Western biomedicine seeks to dominate our understanding of health by explaining the biological processes of the human body and the pathologies that might undermine these processes, it does not necessarily help us understand how human beings live out the experience of suffering and how suffering functions to reshape the human experience in times of distress or disruption. Many cultures and subcultures around the world offer alternative explanations for what causes illness and what constitutes appropriate forms of treatment. Biomedical explanations for disease tend to lack meaning and purpose, and the aims of biomedical practitioners may be at odds with those of their patients. While this may undermine the experience of the individual and the social context of suffering (Kleinman 1997), medical anthropology seeks to understand how people negotiate suffering in their daily lives both as individuals and as members of larger social groups. This entails how people make sense of suffering, how they create meaning in the suffering experience and how they use the sick role to restructure their social identities. Cultural norms and values set forth appropriate behaviors associated with illness and treatment and inevitably inform how suffering manifests in an individual. Regardless of biomedicine's efforts to

confine health and treatment of disease to empirical objectivism, cultural processes heavily inform the ways in which we understand health and seek treatment.

Understanding how illness is collectively defined within a particular cultural setting and how this understanding corresponds to biomedical definitions is an important topic of research in medical anthropology. Cultural consensus studies show that subscribing to a shared model of health and treatment can have powerful effects on the wellbeing of an individual and his or her response to different forms of treatment (Dressler 2010). Because these models hold such potency and are so often sought either in lieu of or in addition to biomedical treatment, they are important to consider in addressing an individual's health and treatment needs. Folk practitioners often see greater improvement in their patients than do their biomedical counterparts, and this may be due to the fact that there is a smaller social class differential between healer and patient, an increased emphasis on explanation and a greater concordance between the explanatory models of healer and patient (Kleinman 1978). Further, spiritual healing systems necessitate a highly supportive social network that offers a greater sense of security and comfort to suffering individuals. As individuals become integrated into the healing community and internalize the unique rhetoric and the shared understandings of the group, explanations delivered in familiar terms that draw on familiar symbols will naturally take on greater significance than explanations that use unfamiliar terms and do not resonate on a symbolic level. Understanding how individuals negotiate the divine healing system in this context will contribute to medical anthropology's quest to understand how cultural processes govern states of health in different settings around the

world and why so many people continue to incorporate more spiritual forms of treatment into their illness experiences.

RESEARCH OBJECTIVES

This paper looks at suffering as a social experience, one governed by cultural processes that authorize certain attitudes and behaviors to which a sick person must conform in order to receive validation for the illness and care from the community (Kleinman 1997). I am interested in the cultural elaboration of illness in the Charismatic Church and how congregants experience particular forms of suffering in order to make, negotiate and unmake meaning in their everyday lives – from the most common, non-serious forms of distress to the most extreme human conditions. In the literature review, I provide a background of healing in the Charismatic Christian Church, drawing on reasons that other researchers have suggested for why these beliefs and practices persist in the age of modern medicine. I consider different approaches to the study of divine healing systems and why ethnomedical analysis from a social constructivist viewpoint works best for this particular study. Through a combination of participant observation over a six month period, semi-structured interviews with core members of the church, and cultural consensus analysis using free-listing and pile sorting techniques, I seek to construct a health ethnography of Tuscaloosa Life Church that provides a clear picture of how church congregants understand the causes of illness and suffering as well as the requirements for divine healing. Based on my research, I speculate on how suffering and healing function in the lives of individual congregants and in the larger church

community. I also devote a section to the need for further research on this topic and its relevance in advancing the field of ethnomedicine.

LITERATURE REVIEW

This review further elaborates on the importance of researching health and medicine in a cultural context as well as the appropriateness of the ethnomedical orientation in this kind of analysis. By providing a description of the beliefs and practices associated with the divine healing system in the Charismatic church as well as a review of ethnographic analysis on spiritual healing groups, I seek to illustrate how the construction of clinical realities within a social context is of crucial importance to the experience of illness and the outcomes of treatment. Understanding how people conceptualize and experience suffering and how they navigate the healing process will provide insight into why people continue to use spiritual healing systems alongside biomedical treatment. Acknowledging that the illness experience and the healing process are carried out largely outside of the body and its symptoms is vitally important in assessing the efficacy of different forms of treatment.

BACKGROUND OF HEALING IN THE CHARISMATIC CHURCH

The Charismatic Christian church has its origins in the Pentecostal tradition. The Pentecostal church has no standard creeds or formal rules about the practice of healing, and different churches subscribe to different models of healing depending on the views of the pastor and the congregation (Belcher 2001: 68). Divine healing occupies a central role in both the Pentecostal church and the Charismatic church, and the basis of the belief system derives from the same premise. Because the word Pentecostal connotes an extreme practice of Christianity, some modern churches that have their origins in the Pentecostal tradition have started to identify as charismatic or spirit-filled in order to

better fit into mainstream Christianity. I use the terms interchangeably here to discuss the background of divine healing in the context of this kind of church setting. The basic belief system holds that human suffering is endemic of life in this fallen world, and divine healing is a gift that is available to all believers, if they are open to it. Healing is conceptualized as the “human embodiment of divine initiative” (Baer 2001: 735). Healing is regarded as a sign of God’s love for His followers and a force in drawing in unbelievers (Csordas 1983: 335). The faith healing movement instigated by the Pentecostal church succeeded in establishing the core belief that God wants His followers to be healthy and happy. Suffering was God’s way of drawing the believer into new life and a new state of being. This belief system required an alteration in personal perceptions of self and a reorientation to a more sacred reality (Csordas 1994: 5). The focus on the body as the temple of the Holy Spirit and the insistence on keeping it pure transformed the way believers conceptualized the body and made sense of physical illness. It also lent great power to human agency as central to healing – both in terms of the divine healer through whom God worked and the individual who was responsible for repentance and renewed devotion (Baer 2001: 740). This transformed the way believers understood themselves in relation to God and the world, and it prompted believers to interpret all life events – whether positive, negative, or neutral – as signs of divine intervention in their personal lives (Glik 1990: 162).

In the Christian church, the suffering body is conceptualized as the meeting point of the human and the divine (Kleinman 1997: 322), and as such, suffering has always served as a powerful metaphor in the church. Just as Jesus’ suffering legitimized his claims, so the experience of suffering in a believer legitimizes his faith and connects him

to Jesus. This belief frames the experience of suffering in a meaningful way and makes suffering an important and necessary part of the Christian experience. No matter what explanation a doctor gives of the pathological processes occurring in the body, the causes of sickness and suffering are perceived to be spiritual in nature, and the ultimate source of healing is God, even in cases where modern medicine and medical procedures are used. It is believed that the ultimate cause of illness is original sin, resulting from the Fall – when Eve ate the apple in the Garden of Eden. Until Jesus returns and takes believers to Heaven, they are engaged in a constant struggle between good and evil. Sickness and suffering, both physical and emotional, are often the results of this struggle (Belcher 2001: 69), and healing is a preview of how God will eventually restore all believers in the afterlife.

In the Charismatic Church, health and healing serve as salient metaphors for salvation and holiness. The church emphasizes the interconnectedness of spiritual, emotional, social and physical aspects of health (McGuire 1993: 144). Because the root cause of illness and suffering in general is spiritual in nature, the church approaches the healing process from this perspective. Healing seeks to establish a mind-body-spirit holism that links holiness to physical, emotional and spiritual wellbeing (McGuire 1993: 145). Assessment of a problem usually involves an evaluation of these three areas, and treatment involves improving whichever areas are perceived as weak. Symbolic elements mediate the healing process (Glik 1988: 1197). Shared belief systems are communicated and reinforced to congregants through sermons, lectures, songs, books, and religious literature (Glik 1988: 1200). At its essence, divine healing is a symbolic form of healing that allows sufferers to ascribe meaningful significance to their suffering experiences.

Csordas points out that someone who seeks healing in the Catholic Pentecostal tradition must learn a new and unfamiliar way of interpreting or labeling experiences; the sufferer must recognize what category his or her illness falls under and the appropriate form of healing that follows (1983: 339). The church's interpretation of what it means to be healthy and holy are closely linked, and this informs the construction of a sacred reality, one that allows the sufferer to perceive his or her experience in a new way (Csordas 1983: 334).

Conceptualized as the material manifestation of Christian power (Kleinman 1997: 322), divine healing can come in many different forms. Csordas asserts that Catholic Charismatics recognize four kinds of healing. Physical healing, like a broken bone, would typically be addressed by the laying on of hands. Spiritual healing – which treats the soul that has been injured by sin – and the healing of memories – which treats emotional pain from the past – may require the practice of visualization and more intense prayer sessions. The fourth form of healing is deliverance, and it involves the expulsion of demons (Csordas 1983: 336). Healing and deliverance are often used interchangeably in the church because much of Jesus' healing ministry involved deliverance from demonic oppression (Belcher 2001: 64). For all forms of healing, it is believed that God's intention is to heal the whole man – body, soul, psyche, and relationships with others (Csordas 1983: 336). Healing is contingent on a meaningful and convincing discourse that transforms the way a person understands and experiences suffering or distress. The rhetoric of healing creates a new and more sacred reality in which the individual's actions and experiences take on a more spiritual meaning. This discourse operates on a social or cultural level by embodying the illness within a framework of

meaningful symbols and on an interpersonal level by making the experience of healing one of totality, where the whole person is transformed (Csordas 1983: 346). The rhetoric of healing established by the healing community defines the types of problems that require treatment as well as the criteria under which it will accept that one of its members has been cured. Religious communities do not necessarily create problems in order to heal them, but they do sometimes classify something as a form of suffering that the biomedical community would not address. Further, all problems are treated as having spiritual and psychological dimensions, and these are often the primary focus of the healing (Csordas 1983: 347).

The most common ritual associated with divine healing is the altar call, in which a person will go before the church expressing some kind of personal problem and ask the pastor or some other church members to lay hands over him or her and pray for deliverance from whatever is oppressing the person (Belcher 2001: 68). This ritual often involves speaking in tongues and anointing the sufferer with oil. Healing can be spontaneous or it can be a process that takes weeks or months or years. God may use doctors or medicine in the healing process or he may not. Healing can even occur in situations where symptoms persist because the sufferer is not yet “walking it out,” meaning he or she has received healing from God but for whatever reason, it has not manifested yet. What is regarded as healing does not necessarily entail complete removal of symptoms but oftentimes can simply be achieved by an alteration in how the patient perceives himself and the illness in a new way (Csordas 1983: 334). One element common to all forms of religious therapies is the emotional support that the group offers the sufferer and the reaffirmation of his worth within the group (Csordas 1983: 335).

The Charismatic movement thrives on the expectation of miracles. Miracles, such as healing, function to confirm the power of God and strengthen the faith of believers as much as they do to heal the sick. The most immediate and convincing way to persuade people of God's divine power is to involve their bodies (Csordas 1983: 351). If a person claims healing for a condition that subsequently returns, that person will continue to claim that he or she received healing from God, even if the symptoms return and the illness worsens (Belcher 2001: 69). Healing becomes a metaphor for the struggle that most people experience when they become ill. Health is a cultural ideal, and religious institutions are important sources of culturally shared ideas about how to maintain good health by providing images, rituals and symbols for linking the individual to a larger reality and imbuing everyday lived experiences with meaning (McGuire 1993: 146). This includes suffering, as humans are inclined to seek meaning and derive significance from any sort of break in their normal patterns.

In the United States and in the Christian church, health is a strong cultural value (McGuire 1993: 148). Normal human experiences from stress to childbirth are medicalized, and the individual is held responsible for his or her own health. Faith healing has become a common practice among even mainline Christian denominations (Johnson, et al. 1986: 66). When Johnson, et al., asked a sample of 586 adults in Virginia if they had experienced healing from a serious disease or physical condition which they felt resulted from divine healing, 14.3% responded affirmatively. Based on their ethnographic analysis, the researchers believe that the percentage would have been higher if they had left out the word 'serious.' They did find that those who report attending church more than once a month were twice as likely to report experiencing divine healing

(1986: 70). With the linking of health and spirituality, and the notion of health as an idealized state, healing becomes part of an ongoing process by which the ideal self is accomplished (McGuire 1993: 153). This is an important part of the believer's lived experience, and it encompasses common, non-serious forms of suffering as well as life-threatening diseases.

In the Christian tradition, suffering holds much salience and is situated in direct opposition to God's power, thus making healing experiences powerful symbols of God's capacity for miracles and therefore a central element to the Christian experience. Within the church, there seems to be a process of interpreting everyday experiences as obstacles to faith, which, when overcome, legitimize the role of the believer and affirm the power of faith. This is certainly evident with regard to health and healing in the church. Because health is regarded as a metaphor for salvation, Charismatic Christians tend to psychologize health problems in such a way that makes their own health – or faith – appear strong and the system of divine healing appear effective. The Charismatic church promotes a mind-body-spirit holism that links holiness to physical, emotional, and spiritual wellbeing, and this appeals to the human instinct to imbue suffering experiences with a sense of meaning that objective biological explanations cannot offer (McGuire 1993). In the church's model, health is an idealized state, one that reflects an individual's spiritual state of being, and as such, healing becomes an ongoing process that encompasses all forms and levels of suffering. The following case studies reveal the importance of health and spirituality as contemporary concerns, even with the acceptance and the integration of biomedical standards to treatment of illness.

REVIEW OF DIVINE HEALING STUDIES

In his case studies, Csordas gives particular attention to the “phenomenology of the transformative process as lived by the participants” (1988: 122). Csordas finds the study of religious healing problematic because researchers tend to focus on the outcome of religious healing experiences, but this experiential data produces inconclusive results that vary greatly among participants in spiritual healing. Csordas considers the therapeutic efficacy of ritual healing in a Catholic Pentecostal setting by looking at the healing process from the participant’s perspective. He focuses on the orientation of the participants within the healing system, their experience of the sacred, the negotiation of possibilities, and the actualization of change (1988: 121). Csordas poses two principle questions, one anthropological and one clinical: How does meaning shape the illness experience, and how may religious encounters influence an illness career? In order to answer these questions, Csordas performs two case studies of religious healing within the Catholic Charismatic Renewal healing process. In his analysis, he considers three main aspects of the healing system: the procedure (who does what to whom), the process (participant’s encounters with the sacred and subsequent changes in thought, emotion, meaning, behavior), and the outcome (the final disposition of participants). Using Frank’s definition of religious healing – the primary effect of which is to “alter the meaning of an illness for the sufferer” – Csordas shows that healing is experienced in many different ways. He offers both Western biomedical clinical definitions of the psychological problems experienced by the participants while simultaneously allowing participants to tell their stories in their own words, from their own points of view. By doing so, he seeks to balance the two perspectives in a way that provides deeper insight

into the reality of the healing process as experienced by individuals. According to the divine healing belief system, illness is an obstacle to spiritual growth while healing through the Holy Spirit seeks to integrate the body, mind, and spirit of the individual. Because of Adam and Eve's original sin, everyone suffers the weaknesses of the flesh and is in need of healing (Csordas 1994: 26). Csordas finds three forms of healing that the Pentecostal Church recognizes: physical healing of the body, inner healing of emotional distress, and deliverance from evil spirits. While healing is often spoken of in terms of all or nothing, Csordas found partial or incremental healing are, in fact, more common than complete healing or no healing at all. Further, he identifies different genres of healing, each with specific charismatic healing remedies (Csordas 1994: 45). From this study, it is clear that divine healing is a highly structured and social process that allows believers to negotiate their illness experiences in a way that produces what appear to be more favorable outcomes.

In another study, Glik (1990) used a social constructivist approach to understand how people who engage in a specific social behavior like healing construct their clinical realities. She sought insight into how healing is experienced on a personal level for those who participate in divine healing systems. She found that participants tended to articulate their experiences in terms of outcomes, not processes. The process, she found, often involved redefinition of the problem so as to be more conducive to a particular healing claim. She also found that certain types of problems were more amenable to healing than others. Problems coded for initially did not always match up with the definitions of problems from which participants later claimed to have been healed (1990: 158). While claims of healing were central to the process, they did not predicate change in overall

health. Testimonials from participants provide constant reaffirmation to sufferers, and they also serve to structure what kinds of illnesses can and cannot be healed. This helps people situate their own problem in terms of prevailing norms, and it lends itself more readily to ultimate healing claims (Glik 1990: 164). Often, participants medicalized non-medical problems, ie. problems that would not be responsive to conventional medical treatment, presumably because the ability to claim healing was central to the socialization process within the group. The belief system in these healing groups allowed for reports of healing experiences to apply to a broad spectrum of personal change. The tendency to restructure perceptions about afflictions over time suggests that healing experiences are socially constructed events that solidify group identification and make the espoused healing system appear more effective (Glik 1990:151). The group created a rhetoric of healing that allowed and encouraged group members to define and redefine problems within idioms that were appropriate to healing outcomes. People who redefined their illnesses through the course of the healing process were more likely to claim a healing experience at the end. Redefined problems were often less serious, less medical and more emergent than the original problem. In other words, the redefined problems were a better 'fit' with outcome descriptions than with the original problem formulations. Healings were typically described as a process of symptom alleviation, relief from distress, acceptance of some health or life situation, or adoption of a new perspective of one's situation (Glik 1990: 157). Often, the expectation of healing – both from the individual and the group – became self-fulfilling prophecies that altered perceptions of life events and caused them to be interpreted in more positive ways. Cast in a positive light and reinforced by others, any event can be interpreted as good. This idea is central

to the belief system of the healing group – mundane experiences are imbued with sacred meaning and everyday life events take on deeper purposes and function as important steps in achieving a higher calling. This new view of self and reality had profound impacts on the way people perceived and experienced illness. By redirecting a participant's attention to a new perception of self and a more sacred reality, spiritual healing becomes a lifestyle rather than mere treatment of a pathology, and all life events are interpreted as part of the healing process. In all of the healing groups studied, participants were primed to expect healing, many were encouraged to go ahead and claim healing before any physiological change in symptoms had occurred. Even if symptoms never subsided, participants could still claim a healing experience and receive the validation from group members. Glik's study shows that conceptions of illness and healing are constructed within the culturally meaningful symbols espoused by the healing community (1990: 152), and adherents to this system may restructure their perceptions about afflictions over time as they become more immersed in the healing process. The socialization process into group norms and values encourages social identification with the group. The psychologization of problems indicates that healing experiences are highly structured social events. Thus, healing should be understood not in terms of treatment of a pathology, as biomedicine would suggest, but in terms of treatment of a lifestyle, or the way an individual inscribes the suffering and healing experience with meaningful significance.

Finkler (1994) compared two systems of healing practiced in Mexico – spiritualism and biomedicine – through a comparison of the physical setting, etiological concepts, diagnoses, the practitioner-patient relationship, and patient perceptions about

their bodies and their existences. She spent two years at a Spiritualist temple in rural Mexico where she observed healer-patient interactions as well as two years in a large urban hospital in Mexico City where she sat in on medical consultations. She found that while biomedical explanations of sickness tend to be general and focus on pathogens that attack the body and do not really account for the patient's personal suffering, spiritual healing experiences tend to transform the person's existence by incorporating the individual into a community of sufferers who share a satisfying model of religious reality and symbolic meanings and by ushering them into a new relationship with God. While biomedicine attempts to refashion the patient's view of his or her body, spiritual healing groups seek to reorder a person's whole existence and bring them into a new reality (Finkler 1994: 189). Though sacred healing and biomedicine are rooted in disparate realities and distinct epistemologies, patients tend not to recognize these profound differences and focus only on which form of treatment works best for them. The impetus for Finkler's research was her discovery that most patients who sought treatment from Spiritualist healers did so after unsuccessful treatment by several biomedical physicians. She wanted to know what propelled people to seek alternative healing and why biomedical treatment failed to alleviate their problems. Comparing these two distinct forms of treatment, Finkler found that Spiritualist healers were most often women and that they shied away from giving definitive diagnoses. Healer-patient encounters usually involved concerned family and community members, as opposed to physician-patient interactions, which took place mostly in isolation. Finkler concludes that the most crucial difference between biomedicine and Spiritualist healing is that healers resolve contradictions for patients that physicians cannot because they are limited by their focus

on particular symptoms in the body. While this study documents the distinctions in these two forms of treatment, it fails to consider what the individual patients got out of treatment and how this affected the healing process. Looking at efficacy of treatment from the patients' perspectives would be the next step in understanding which practices resonate with patients and affect their health and which do not.

Foltz (1987) focuses on the processes of reality construction within a religious healing community, demonstrating how such a social world is created and maintained. Through intensive participant observation and semi-structured interviews with participants, she looks at how language and ritual create solidarity and commitment to the shared model within the religious healing group. The rhetoric of the healing group creates members' perceptions and affects the way they define their situations. The "advanced" members of the group serve as "culture-bearers," and they reinforce the shared models through language and performance. The language used and the rituals performed within group healing sessions are effective in bracketing ordinary reality and constructing and maintaining a new social reality for its members. Members come to master the rhetoric of the group – both in describing their personal experiences and in asking others about their experiences – and there is a heavy emphasis on practice. As people become integrated members of the group, they develop a sense of belonging, and this reshapes their identities and reorders their perceptions with regard to their suffering experience. In addition to Foltz's in depth qualitative analysis, quantitatively testing for shared cultural models would lend more credibility to this study and further solidify that reality is culturally constructed as group members internalize shared meanings which are constantly reinforced through language and behavior.

McGuire (1993) noticed that among contemporary Americans – from Pentecostals to New Age groups – health and healing serve as metaphors for salvation and holiness. Among these groups, she found that health is essentially holistic in nature – the spiritual, emotional and physical aspects of the human condition being intricately connected and interdependent. This mind-body-spirit linkage extends to educated, financially comfortable middle and upper-middle class Americans, and many choose beliefs and practices that link physical health and spirituality. Religious traditions have been and remain important in creating cultural ideals and sustaining them through the use of symbols and rituals. Expressions of illness often serve as idioms of suffering, thereby linking the individual to his or her social group through the experience of distress. Spirituality has long been central to health as is health central to spirituality for many people and cultures throughout the world. Western medicine has separated itself from spirituality and the social aspect of suffering, focusing only on discrete functions of the body that appear to be out of line. While Western medicine has slowly achieved more legitimacy in the past century, religious groups have not given up their spiritual beliefs and practices associated with health and healing, even as they seek treatment through the biomedical system. In general, the main focus of Western medicine is on the disease from which a person suffers and the pathologies that have caused it – the body rather than the person inhabiting that body. The church on the other hand, focuses on multiple aspects of an individual's life – from diet and daily exercise to faith and family relationships. Western medicine uses empirical evidence to explain natural phenomena, while the church often bypasses these explanations and chooses to adopt the notion that

healing comes from God alone, even though He may choose to use man-made medicine and technology in the process.

In summary, while the medical community may provide objective biological explanations of disease and the means of attacking the disease-causing pathology within the body, spiritual healing movements often find these explanations insufficient (McGuire 1993). In response, divine healing systems employ a more holistic approach in treating the whole person – rather than just the disease – and this can have profound effects on how an individual perceives his or her condition and experiences suffering. Faith healing tends to be viewed as treating lifestyle rather than pathology; however, that is not to suggest that the healing group sidesteps real problems by redefining them according to the group's agenda (Csordas 1983: 347). According to Glik, spiritual healing survives in the modern age despite the advancement in scientific knowledge and technology because healing experiences, which occur within the protective confines of the church community, contribute powerfully to the feeling of well-being and connectedness that a sufferer experiences as a participant in this system (1988: 1204). These studies make it clear that it is important to differentiate a spiritual healing experience from the cure of disease. One must consider the social context of healing, focusing on how beliefs and behaviors are generated, maintained and passed on in order to understand how individuals and groups in different cultural settings understand illness and how they seek treatment. These beliefs and behaviors will certainly inform healing outcomes on some level.

ILLNESS AS A SOCIAL CONSTRUCTION

Medical anthropology operates under the notion that suffering is social; it is informed by cultural processes and belief systems that authorize specific categories of suffering to which a sufferer must conform in order to receive credibility and care. Further, it structures appropriate attitudes and behaviors associated with the sick role (Kleinman 1997: 321). Individuals use the suffering experience – ranging from the most common to the most extreme human conditions – to make, negotiate and unmake meaning within a framework of culturally constructed symbols. The illness experience, or the cultural elaboration of suffering in an individual, is the meeting point of medicine and religion because suffering ignites questions fundamentally central to both (Kleinman 1997: 316). Healing is a discourse that imbues suffering experiences with meaning, and the healing process redirects a person's attention to various aspects of his life and creates a transformed sense of self as a whole and well person (Csordas 1983: 360). On a social level, the sufferer views his healing as part of something larger than himself.

The illness process begins with a personal awareness of unwanted change in the body and involves drawing on various cultural influences and explanatory models to identify and label the problem, the cause of distress and the appropriate form of treatment (Kleinman 1978). Independent of how a person labels his or her condition, it is important to distinguish between the concepts of disease and illness. Disease is a deviation in the body from medical norms that falls under the diagnostic criteria of Western medicine, while illness is the personal experience of impairment or distress. Illness is culturally defined and constructed; it may or may not be understood in terms of biomedical labels.

Within the church, the beliefs and processes associated with divine healing create perceptions of illness that are conducive to positive healing outcomes.

Even with the advancement of science and medical technology in the modern age, individuals are often inclined to turn to supernatural belief systems to help them make sense of their suffering experiences. In the past century, biomedicine has established its control and ultimate authority over the domain of health and healing, differentiating itself from religious belief systems that do not base their premises on empirical evidence (McGuire 1993: 146). However, while many believers have incorporated biomedical practices into the regimen of healing, they have not done so to the exclusion of participation in the divine healing system of the church. While modern medicine focuses on the disease by isolating it and using technology and technique to explain and treat observable processes in the body, religious healing systems tend to treat the individual in a more holistic way (McGuire 1993: 147). In this way, spiritual healing systems provide what biomedicine lacks, namely, comforting the sick and addressing the emotional pain endemic to human suffering and illness rather than only targeting the disease in the body. These practices continue to thrive, even as biomedicine advances, because of the promise of not only physical healing but spiritual and emotional healing as well (Glik 1990: 151). It also promises acceptance into a community of like-minded individuals who will share in the suffering experience of an individual. Biomedicine assumes a mind-body dualism that allows a disease to be treated independent of the sufferer. The “disenchanted rationality” of biomedical explanations for disease often fall short because they lack meaning and purpose; they overshadow the individual’s experience of suffering as well as the social context in which it is carried out (Kleinman 1997: 320). Participants in

divine healing groups tend to break from medicalized conceptions of healing and healing, framing their beliefs about the causes and the proper treatment of illness in a supernatural context rather than a physical one.

THE SOCIAL CONSTRUCTION OF REALITY IN THE CHRISTIAN CHURCH

Geertz describes culture as an “historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and attitudes toward life” (1993: 89). These symbols function to establish a worldview upon which individuals construct their realities. Religion is a system of meaningful symbols that provide the basis for conceptions about the general order of existence and invoke deeply felt sentiments that serve as evidence for this truth (Geertz 1993: 90). In the Christian tradition, suffering is a powerful experience because there seems to be a process of interpreting everyday experiences as obstacles to faith, which, when overcome, legitimize the role of the believer and affirm the power of faith. For Geertz, from a religious perspective, it is crucial to understand not how people avoid suffering but rather how they suffer and how they use suffering experiences to demonstrate their faith (Kleinman 1997: 331). It is important to approach spiritual healing as a symbolic form of healing, where symbols play a crucial role in the healing process. Medicalizing healing practices by employing them in clinical context may undermine the effectiveness of these practices (Glik 1988: 1204). A consideration of the reality created within the framework of culturally meaningful symbols will provide a better understanding of how the system functions and how individuals live out their suffering experiences in this context.

Among the charisms regarded by Pentecostals as gifts of the spirit, healing stands out as a unique cultural performance, and healing constitutes a highly structured process governed by a performative force (Csordas 1994: 38). The gift of healing is understood as the ability to mediate between individual patients and God. The process of socialization requires participants to restructure and redefine perceptions of self in relation to the world around them. Divine healing groups encourage social identification and socialization into group norms and behavior patterns (Robbins 2004: 124). Believers come to view daily life as dominated by a battle between forces of good and forces of evil, and they are constantly engaged in this struggle. Nowhere is this battle more potent than in regard to health and illness. Generally, sickness is perceived as an attack by the enemy or Satan, but can be avoided by maintaining a good diet, getting plenty of rest and keeping one's spiritual life in order through prayer, reading the Bible, worship and spending time with other believers. And here is where social construction of illness evinces itself in a powerful way. Certain types of problems are more amenable to healing claims; therefore, illness experiences are often redefined in order to suit these models (Glik 1990: 155). The basic premise appears to be what God has provided, the healer must possess. As a result, participants may feel pressured to deny symptoms in order to claim healing (Pretorius 2009: 402) or to redefine the problem in a way that makes healing more accessible (Glik 1990: 157). Further, making healing contingent on the faith of the participant encourages people to claim at least partial healing in order to receive some validation for his or her faith. Those who do not receive healing are often plagued by guilt for having insufficient faith. This feeling likely stems from the Pentecostal church's faith healing movement that spread through many American cities

in the early part of the 20th century. Most of the Charismatic Christians interviewed for this study said that while faith has a lot to do with health and healing, God does not deny someone healing because of lack of faith, and people should never cast blame on others for having insufficient faith. However, when it comes to personal healing, many still have a tendency to blame themselves when healing eludes them. Csordas reminds us that “to be healed is to inhabit the charismatic world as a sacred self,” and this is the ultimate goal (1994: 24). The general pattern appears to be the acceptance of illness followed by changes in perceptions of self, followed by realignment of illness experience within the confines of the divine healing system. This is an ongoing process for church congregants, and no one ever gets to an ultimate state of health and holiness until they leave this world.

The divine healing belief system offers the sick and weary a powerful way of imbuing their illnesses with meaning by providing a framework of culturally meaningful symbols within which believers could negotiate their illness experiences (Glik 1990:152). Socialization within a healing community equips believers with a new language that allows them to redefine their illness experiences using the rhetoric of the healing community. By redefining both life and death, giving new meaning to illness, and providing a language effective in communicating these experiences, divine healing allows people to “objectify their experiences and reenter a larger relational world” (Baer 2001: 765). The persuasive nature of the divine healing system embodies three tasks: to create a predisposition to be healed, to create a sense of spiritual empowerment, and to create a concrete perception of personal transformation. The result is to create a new perception of self as a more whole and holy person, one that comes to view his or her

actions and experiences as more closely linked with the sacred and inspired by the divine. This is only accomplished as participants internalize and integrate notions of health and beliefs about healing that come from the shared models of the healing group.

STUDY POPULATION

Tuscaloosa Life Church (TLC) identifies as a Charismatic Christian Church. According to the head pastor at TLC, there has been a more recent effort to move away from the sort of extremism denoted by the word Pentecostal and to identify more closely with mainstream Christianity. For Pastor Steve (code name), a charismatic church is one that is “Spirit-filled,” meaning congregants believe in and practice the gifts of the Spirit but do not practice more extreme forms of religiosity like snake-handling. These gifts, or charisms, are listed in 1 Corinthians 12 and include the gift of wisdom, knowledge, faith, healing, the working of miracles, prophecy, discernment, speaking in tongues and interpretation of tongues. The central tenet of the Pentecostal Church that has been carried over to the Charismatic Church is the “Baptism in the Holy Spirit” – a reference to the biblical story in Acts in which God anoints believers with the Holy Spirit – and is characterized by speaking in tongues and by faith-healing (Csordas 1983: 335). This occurrence is a pivotal moment in the life and faith of the believer, as it symbolizes a cleansing and realignment with God’s will. Healing occupies a central role in the church – every Sunday the pastor calls for people in need of healing to come forward. Claims of healing are not rare; in fact, they are quite common. Nearly every Sunday someone from the congregation will report some kind of healing experience, for themselves or someone else. A sign above the stage reads “Expect a Miracle,” and each Sunday, congregants are asked to come forward to receive healing from whatever may be ailing them. Ailments range from physical to emotional to situational, minor to severe. Sometimes people will stand in for friends or family members who are not present or who do not have faith. The pastor will ask the elders of the church to come forward and stand along the front of the

stage. Usually the elders will stand in groups of two or three. Congregants then come forward and stand in line to receive prayer. The individual will explain his or her problem to the elders who will then put their hands on the person and begin praying. One person usually takes the lead in prayer while the others affirm them with cries of “Yes Lord” and “Amen.” Sometimes people will quietly mumble in glossolalia, or incomprehensible speech, also called a prayer language. Individuals receiving healing typically have some sort of bodily reaction – crying, shaking, screaming out or falling down. Apart from Sunday alter calls, the church sometimes has services devoted to healing. They usually consist of worship, reading passages from Scripture that have to do with God’s desire to heal and restore believers, and a time when people come forward to receive prayer and the laying on of hands.

The church is located in a small, not well-maintained strip mall right off of a main road in Tuscaloosa. The strip mall contains a Piggly Wiggly grocery store as well as some other small businesses. The congregation is relatively small – about 30 adults attend services regularly. Most of these are white, middle-class individuals who live in modest suburban communities, are educated at or below the undergraduate level, and have access to basic health care through their employers. There is one doctor – a cancer surgeon – who has been very successful and helps the church significantly with financial support. The church is committed to serving the underprivileged in the community, and each week buses arrive to drop off homeless veterans from the VA and children from a local shelter. One man and his wife run an international student ministry, and they bring 15 to 20 Asian students from the University of Alabama to services each week. The

congregation ends up being fairly diverse, but it is clear who are the core members of the church and who are the more inconsistent participants.

METHODS

My research questions were: 1) What are the shared models for health and healing in the church?, and 2) How do people who ascribe to these models articulate illness and healing experiences? My methods included participant observation at Sunday church services over a six-month period, semi-structured interviews with ten of the core members of the church and cultural domain analysis using free-listing and pile-sorting techniques. Cultural domain analysis focuses on how people in a particular group categorize things according to shared qualities and how people in different cultural settings interpret the content of domains in different ways (Bernard 2006). The aim of cultural consensus analysis is to determine if knowledge of a cultural domain is shared and if so, how well each participant understands the cultural domain and approximates the shared model in his or her lived experience (Dressler 2010). In this case, I look at how church members consolidate lists of elements that are believed to cause illness and lists of pathways or requirements for divine healing.

PARTICIPANTS

The first round of interviews included the pastor and his wife, their son and his wife, three of the male elders and two of their wives, and one of the female worship leaders. I call these people “core” members of the church because they seemed to be the most present and the most active in church services and church activities. There is one more prominent figure – the cancer doctor who runs the international program – that I wanted to interview but was unable to arrange due to his busy schedule. I did however interview his wife. This group consisted of six women and four men ranging in age from

23 to 54. All of these participants identified as white. Among the 30 participants who completed the pile sort and healing claims, 17 were male and 13 were female, 21 identified as white, 3 as black, 4 as Chinese, 1 as Indian, and 1 as black/white/Hawaiian/Indian. Their ages ranged from 19 to 69.

PROCEDURES

For the first round of semi-structured interviews with ten core church members, I asked general questions about health like how a person should maintain good health and if there was any correlation between faith and health. I also asked about specific instances of miraculous healing they had experienced themselves or witnessed in other people. For those who claimed to have experienced or witnessed divine healing, I asked them to describe the condition that was healed and how the healing process played out, including if the person sought medical care or not. For the free-listing section of the interview, I asked participants to list everything they could think of that might cause illness or suffering. I did not specify what kind of illness or suffering. Subsequently, I asked them to list everything they felt was a requirement for divine healing or a pathway to divine healing. I consolidated these responses and picked 21 of the most salient causes of illness and 18 of the most salient pathways to divine healing. I list each of the elements in the appendix along with explanations of the ones that may be elusive to people not familiar with church rhetoric and terminology.

For the second round of interviews I extended the number of participants to include not only elite and core members of the church but those who came irregularly and did not appear to hold high status in the church. Using the most salient responses from

the free-lists – one per index card – I conducted an unconstrained pile sort and a constrained pile sort. Each element was listed on an individual index card, and participants were asked to put the terms together based on which ones they felt belong together. The only rules were that they had to have more than one pile and they could not put each element in its own category. For the unconstrained pile sort, I asked each person to group the cards according to which elements they felt went together, and then to give a brief explanation of why they felt certain things fit into a particular category. For the constrained pile sort, I asked participants to separate the cards into three groups that represented the elements most likely to cause illness, second most likely to cause illness, and least likely to cause illness. The same went for the divine healing cards – these were separated into three groups according to the most necessary factors for divine healing to take place, the second most necessary, and the least necessary. Additionally, I asked participants if they had ever received healing from a disease or condition that they felt resulted from divine healing. If the answer was yes, I asked them how many times they could remember this happening and if their healings were physical, spiritual, emotional or something else.

ANALYSIS

The purpose of the unconstrained pile sort is to reveal how individuals in a particular social context think about certain elements in a cultural domain, simply by observing which elements they determine to go together and which elements they separate. The constrained pile sort forces them to think about which elements in each category they find to be the most relevant, somewhat relevant, and least relevant in

thinking about a particular cultural domain. Using Anthropac to organize this data through multidimensional scaling and cluster analysis, I was able to tease out the underlying relations among the elements listed in the free lists. Multidimensional scaling converts similarities into distances, and it produces an aggregate proximity matrix that makes it possible to explore the mental maps of items in a cultural domain. This summary of percentages reveals how similar, on average, each pair of terms is for this particular set of informants. In other words, the stronger the correlation between two elements – or the likelihood that informants would group them together in one category – the shorter the distance between them on the graph. Conversely, if the correlation between elements is weak, this will be represented by a greater distance on the graph. I entered the coordinates generated by Anthropac into SPSS to create a cluster analysis that serves as a visual representation of my pile sort data.

RESULTS

SEMI-STRUCTURED INTERVIEWS

The first round of interviews consisted of questions pertaining to the participant's church membership history and reasons for attending Tuscaloosa Life Church, general questions pertaining to their beliefs regarding health as it relates to faith, and specific questions regarding personal health issues and instances of personal healing experiences as well as healing experiences witnessed in others. I use code names to summarize the results. I begin with the head pastor to get a better idea of the mission of the church and its history. This provides a nice framework for understanding why the church operates the way that it does as well as the theological positions it takes regarding health and healing.

According to Pastor Steve, the mission of Tuscaloosa Life Church is primarily to put people in relationship with Jesus Christ and to help them walk in the abundant life God promises to His followers. This involves growing in maturity with the Lord by reading Scripture and learning to listen to the Holy Spirit, being free from the bondage of the past, and understanding the work of the Holy Spirit in their lives. When a person is saved, the Holy Spirit gives gifts as He determines, and the pastor's role is to help people understand what their specific gifts are and how to operate them.

The church practices two baptisms; the first consists of immersion in water upon conversion or "receiving Christ" – and the second is a baptism in the Holy Spirit, which comes as a believer matures and strengthens his or her relationship with Christ. The baptism in the Holy Spirit is typically performed when an individual expresses that he or she is ready to take the next step in his or her faith. A group of church leaders will gather

around the individual and begin to ask the Holy Spirit to come down and fill the person's body and life with supernatural power in order that he or she will be able to fulfill God's purpose for his or her life. This act comes from the account in Acts 1:8 where Jesus promises that the power from the Holy Spirit will come upon the disciples as well as from Acts 2:4, where this promise is fulfilled. This process is typically a very intense emotional experience; most of the time it is accompanied by the "signs" of the Holy Spirit, which include speaking in tongues and prophecy.

Pastor Steve believes that good health depends on the maintenance of three areas of one's life – the physical, the emotional, and the spiritual. Steve placed a big emphasis on the emotional aspect, saying that a relationship with the Lord produces an inner peace in a person that allows him or her to walk in emotional health, which will result in good physical health. Further, being a part of a church community where a person can receive support and encouragement from other believers plays an important role in maintaining good health. Steve believes that "life begets life," and that people can cure each other's burdens.

Among the core members of the church interviewed in the first round of interviews, the most commonly cited reason for choosing Tuscaloosa Life Church was the pastor. Pastor Steve believes that his role as a pastor of this congregation is to help people hear what the Holy Spirit is saying to them – both in terms of basic Christian living and the individual's personal calling. The belief that the spirit of God was allowed to move freely and the feeling that God had called them to this church were the next most common reasons given for claiming membership at TLC.

The most commonly cited elements that participants felt are required to maintain good health were proper diet, exercise and plenty of sleep and rest. All participants listed at least one spiritual exercise that is important in maintaining good health, but these were less consistent. These included spending time in prayer, engaging in fellowship with other believers, reading the Bible, seeking the Lord, being at peace with God and others, practicing forgiveness, walking in freedom and having a relationship with God.

When asked what faith has to do with health and healing, all participants expressed a belief that the two are intricately linked. They all felt that faith was an important element in the healing process. Lynn, whose husband is a cancer doctor, said that she had seen tumors disappear after prayer. She also said that when God is the center of a person's life, he or she can handle whatever health problems they encounter. For unknown reasons, God may choose to heal perfectly on earth or he may wait until the person gets to Heaven, but he always heals. She recounted a story about a woman she knew who had a tumor on her spine. The doctors had given her six months to live, but she ended up having surgery and living for 16 years with no pain. The tumor came back eventually, paralyzed her, and eventually killed her, but she never experienced pain. Lynn believes not having pain was a direct result of the woman's faith. Several participants talked about the connection between body, soul and spirit, and that Jesus wants to heal the whole man, not just the physical body. Two participants recounted biblical stories of healing, saying that Jesus healed people according to their faith. The basic idea seemed to be that Jesus has the power and control over the physical body, but without faith one cannot receive divine healing. Bob said that Scripture teaches us that healing does not happen without faith. Bill said that prayer should be the Christian's first

response to illness. He said he is not opposed to doctors and medicine, but that ultimately it is God who heals, so going to God should be the first action as well as a consistent part of the healing process. Grace, who struggles with mental health issues, said that she could not imagine what would happen to her mental health if she were not fit spiritually.

When asked how to explain instances where people who seek healing are not healed, six respondents said that they could not answer this question with any certainty or that they did not fully understand why this happens sometimes. Four respondents said that healing always comes, even though it may be after death in some cases. Interestingly, two of the people who responded this way also cited lack of faith as a reason for failure to heal. Pastor Steve believes that there is certainly some element of expectation and faith where typical miraculous healing occurs – one must have faith that God can do what he says he can do. However, he says that it is immature to blame others for not having enough faith. At the same time, when I asked him about physical healing in his own life, he recounted a story where he believed his own lack of faith stopped the healing process from being completed. He had broken his elbow and was receiving prayer at a healing conference, when a burning sensation shot through his arm. He began to straighten his elbow, but he never quite straightened it all the way out. He believes his unbelief stopped the process. Lynn said that we cannot always understand the workings of the Lord and that sometimes God may use suffering in ways we do not fully appreciate. For example, God may use the suffering of one person to draw another person unto himself. Similarly, two other participants quoted the Bible verse in James that says “Consider it pure joy, my brothers, to suffer...” Mary said that when she is suffering, she considers herself closer to

Jesus, who also suffered. Two people mentioned that unforgiveness can block healing sometimes.

All ten participants said that they had been healed of a disease or condition that they felt resulted from divine healing. In addition, they all said they had witnessed another person being healed from a disease or condition that they felt resulted from divine healing. Among the ten participants interviewed in the first round, respondents claimed a total of 18 instances of healing. 14 of these were physical healings, two were emotional healings, and two could be categorized as healings of mental disorders. I recount these healing claims below.

Bill, a 54-year-old man who grew up Pentecostal, said that when he was five years old he broke out in hives while he was playing “church” with his brother and sister. While his parents rushed to the drugstore to get him some medicine, his brother and sister – without breaking character – retrieved some cooking oil from the kitchen and anointed Bill with the oil. They prayed for him, and by the time his parents returned home with the medicine, the hives were completely gone. Bill laughed as he recounted this story but said he truly believes that God healed him in that moment and that the childlike faith of his brother and sister made it possible. He strongly believes in anointing people with oil during healing. He is not exactly sure why this is practiced, other than because it comes from Scripture, but he feels it is an important part of the process. No special kind of oil is required – anything will do. Bill recalled one time he was praying for a man in his home and they did not have any oil, so he used Pam cooking spray. He started to spray the Pam directly on the man’s back (where he was experiencing pain), when his wife stopped him and told him to spray it on his finger and then anoint the man. Bill told

another story about breaking his finger during a football game, after which his father took him to the doctor and the doctor confirmed that it felt broken. While the doctor went to get the X-ray machine, his father prayed for the bone to heal. When the doctor came back with the machine, he felt the finger again and said it felt completely different and like it was no longer broken. The X-ray confirmed that the finger was not broken.

Bill's wife Beth, a 54-year-old woman said that she had not experienced many instances of miraculous healing because she had not had any major health problems. She attributed her good health to God, saying that her healing was an ongoing process of God keeping her body healthy and holy. She did however have one experience for which she could offer no other explanation than divine intervention. She hurt her ankle one day when she was playing racquetball with a friend. She claimed that the pain was so bad she could not move, much less stand up. Her friend dropped to her knees and prayed over her, and after a few minutes Beth was able to walk out of there with very little pain and no swelling.

Brenda, a 28-year-old woman who helps lead worship on Sundays claims to have experienced miraculous healing as a direct result of prayer. She sustained multiple injuries in a car wreck, some of which went away naturally and some of which subsided after medical intervention. However, she claims that a few aspects of her recovery cannot be explained by Western medicine. Among these were a spot on her brain and a crack in her vertebra. According to Brenda, these disappeared miraculously in a matter of twelve hours as a direct result of all the people praying for her during that time. She said the doctors were astounded that she healed so quickly from these injuries. However, she was still in the hospital three weeks later with a punctured lung. Her chest tube was

not working properly, and her lungs were filling up with fluid. One woman at her church asked Brenda's grandmother what specifically was wrong so that she could pray explicitly for that thing. The women prayed together, and that same day, the doctor came in and said the X-rays showed no air pocket and that her lungs were completely normal.

The pastor's wife, Sue suffered from congestive heart failure during childbirth. She said she was drowning in her own fluids. She was in the hospital, but she felt like the doctors did not really know what was going on or how to fix her. She said every time her husband left something bad would happen. She began to see it as a spiritual thing, and every time her "protective covering" left, the enemy would attack her body and her spirit. Another woman in the church, whom Sue referred to as a "prayer warrior," claimed that God spoke to her one day as she was sweeping her porch to call the intercessors together to pray for Sue because Satan desired to take her life so that she would not be able to raise her children. This woman got five other women together and they began praying for Sue. Around this time the doctors had a breakthrough. She described the situation as spiritual warfare. Before Sue even knew what was happening, the woman told her to start praising God because the enemy hates that. Sue mustered all of her strength and started praising God even though she did not know what was going on. She said that most people in her situation would have had to have a heart transplant, but her next EKG showed that her heart was better. According to Sue, the miracle here was that during the time that the women were praying, God gave the doctors wisdom to know what to do. She felt like God had given her a new heart. She went through a similar experience with another childbirth, where she felt like Satan was taunting her, making her question her salvation. She said aloud, "Get behind me Satan," and immediately started to feel better.

By the time they did the third EKG, her heart was completely repaired again. Sue claims to have witnessed several miraculous healings, including wounds shriveling up, bruises vanishing and legs growing back.

Leg growth is a common healing claim among women. Of the ten core congregants interviewed, half of them mentioned witnessing a woman's leg grow back. Two of the women claimed this happened to them. One woman recounted a story of a particular healing service where they had invited a guest healer to lead the service. She said that going into the service her left leg was about six inches longer than her right leg. During the service, the guest healer as well as other church members gathered around her to lay hands on her and pray, and as they did this, her right leg grew so that it was even a little bit longer than her left leg. She joked that she had to decide if she wanted to be taller or shorter. She said that by the time she left, her legs had completely evened out. In addition to Sue, the pastor's son's wife Mary made the same claim. She said that because one of her legs was two inches longer than the other it kept causing her to knock her pelvic bone out of socket. She had three back surgeries and a lot of pain associated with the condition. One night at a healing service she had a little boy pray for her to be healed, and she literally watched her leg grow longer. Mary's husband witnessed this occurrence, although he says he is not sure if God realigned her spine or actually elongated her leg.

Mary also claimed to have been healed of other conditions that resulted from mental anguish – insomnia, nightmares and anorexia. She said she began to be healed of these as soon as she married Jim and was constantly around his “Jesus-filled spirit.” According to Mary, all of her physical healings have also been emotional and mental

healings. “The Lord has solidified my total healing,” she said. While she used to get sick every two or three months, she only gets sick maybe once a year now. This has happened as she has “skyrocketed in [her] relationship with Jesus.” In addition, as a result of her anorexia, her doctors had deemed her infertile. When I spoke to her she had just had her first cycle in seven years. She said, “the Lord gave us a strong word that he wanted me to bear children and he began to change my heart and attitude about having kids.” Prior to that, when she thought she could not have children, she did not like to be around them and even thought she was happy she did not have to go through that. She said the Lord has promised them they would have a child this year, and that her cycle was a physical sign of this promise.

A 54-year-old woman named Grace claims that she has been healed of every disease or condition she has ever had. All of her healings were accompanied by medical intervention, either in the form of prescription medicine or surgery. However, she believes that ultimately healing comes from God and that it was God who used the medicine and the doctors to make her better. She suffers from generalized anxiety disorder that causes panic attacks and agoraphobia. Her healing began at a healing conference, where a guest healer prayed for her and she “fell out” in the Spirit, meaning she fainted briefly as a result of what she perceived as the Holy Spirit filling her body. This was not an instantaneous healing, she says, but the healing process began in that moment and she is “walking out” her healing on a daily basis. She is so far beyond where she ever thought she could be. She is prescribed Lexapro to regulate her serotonin levels, but she only uses it when she feels she needs it. Grace says she is almost free of the problem completely and will no longer have to depend on medicine anymore.

Another section of the questionnaire asked about healings people had witnessed in others. Often, the observed healings occurred outside of the United States. Brenda believes that most immediate or miraculous healings take place in developing countries because the people there are more open to it, they may not have other health care options, and they are more willing to believe that it is possible. She says that in the United States, “we tend to be over-educated for our own good with regard to things of that nature.” She went on a medical mission trip to Peru where she engaged in door to door evangelism, praying over people in their homes and inviting them to come to the clinic to receive treatment for any health problem they might be having. She said one woman could not make it to the clinic because her ankle hurt so bad that she could not walk. The next day, the woman showed up at the clinic, having walked the whole way, to thank them for their prayers for healing and to testify to the power of prayer.

Jim and Mary traveled to Australia to minister to women struggling with infertility. They prayed with one woman who was pregnant but showing signs of miscarriage. She had experienced multiple miscarriages, so she assumed she was having another one. When she went to the doctor she found out she was pregnant with triplets and that her symptoms were common in women carrying multiples. They prayed for several women who had never been pregnant and claimed that many of them became pregnant shortly afterwards.

I also asked about ongoing health problems that people experience and how their faith plays into this. Jim pointed out that it is also important to pray for the little things as well as the big things. He has seen numerous headaches go away after prayer. Bill struggles with high blood pressure, and he claims this has been a process of ongoing

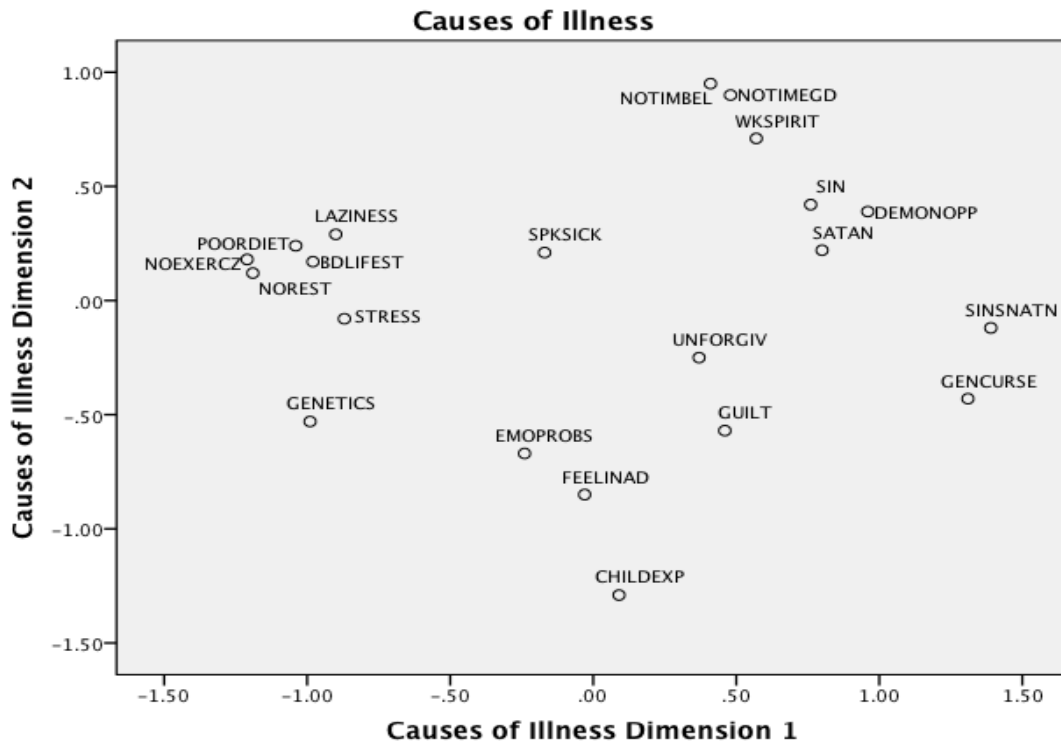
healing that has involved his doctors getting his medication right. They have finally found something that works, and he believes this is a direct result of God's guidance. Oftentimes, healing will occur only to be followed by a resurgence of symptoms. One man has been praying for his mother to be healed of arthritis for over a decade now. He claims that God keeps healing her but that her symptoms keep returning. According to this man, the doctor says she should have died many times before, and they cannot explain why she has lived so long.

In summary, all ten participants linked their health and healing experiences to faith in God. Healing takes on many different forms and is defined and perceived in many different ways. Sometimes healing is perceived to have occurred even when symptoms of illness persist. Healing is an ongoing process for these congregants, one that is "walked out" on a daily basis. For the most part, participants were in agreement that God wants to heal his followers, that the church plays an important role in the healing process of an individual, and that when healing is sought, it is always granted, either on earth or in heaven.

CULTURAL DOMAIN ANALYSIS

CAUSES OF ILLNESS PILE SORTS, UNCONSTRAINED

<Figure 1>

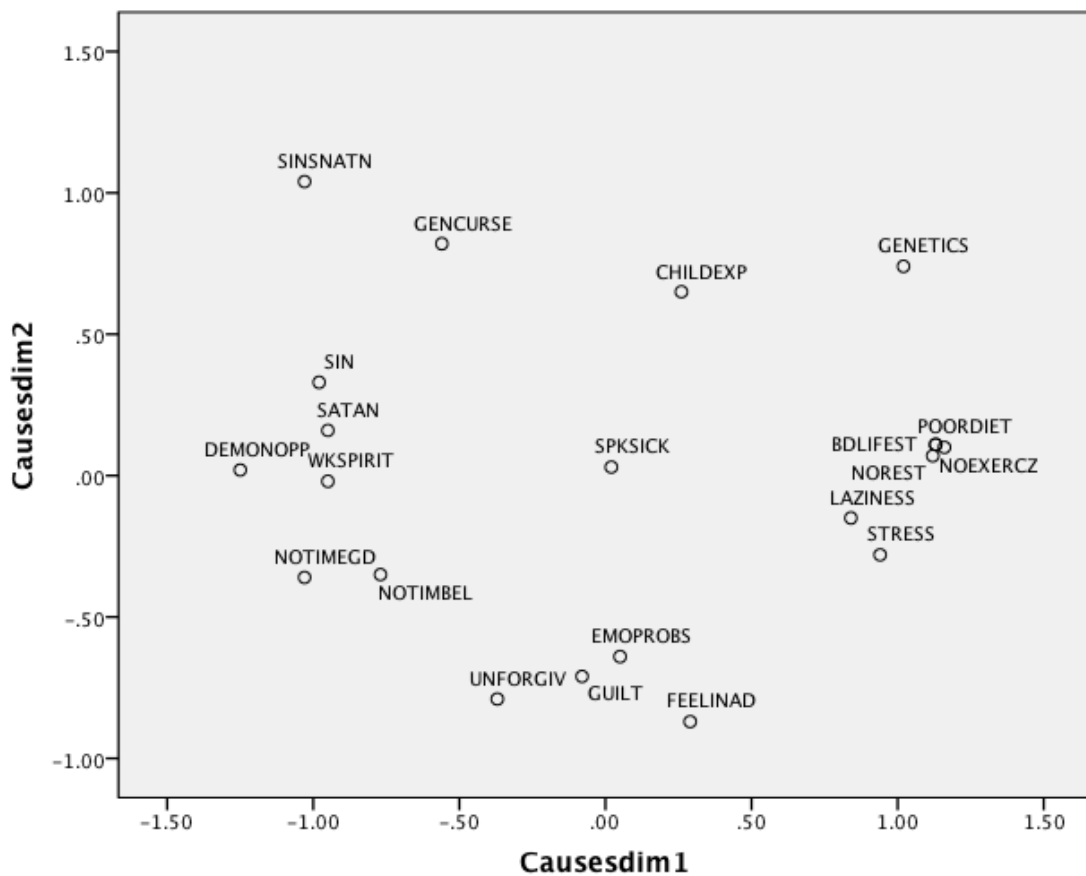


Multidimensional scaling for the pile sorts for all participants showed two distinct groups of elements within the cultural domain for causes of illness. Physical elements like genetics, stress, laziness, no rest, no exercise, bad lifestyle, and poor diet clearly form one group. The distinction between spiritual and emotional elements is less clear, but it can be argued that there is a break between emotional elements like speaking sickness over yourself, feeling inadequate, emotional problems, guilt and unforgiveness and spiritual elements like Satan, demonic oppression, sin, weak spiritual life, no time with God and no time with believers. A separate category of elements that seem to be linked by the fact that we have little or no control over them includes sins of a nation,

generational curses, and childhood experiences. Sins of a nation and generational curses are closely linked, as evidenced by the cluster graph, while childhood experiences is further away, and could potentially be more closely linked with the more emotional elements.

<Figure 2>

Causes of Illness (female)

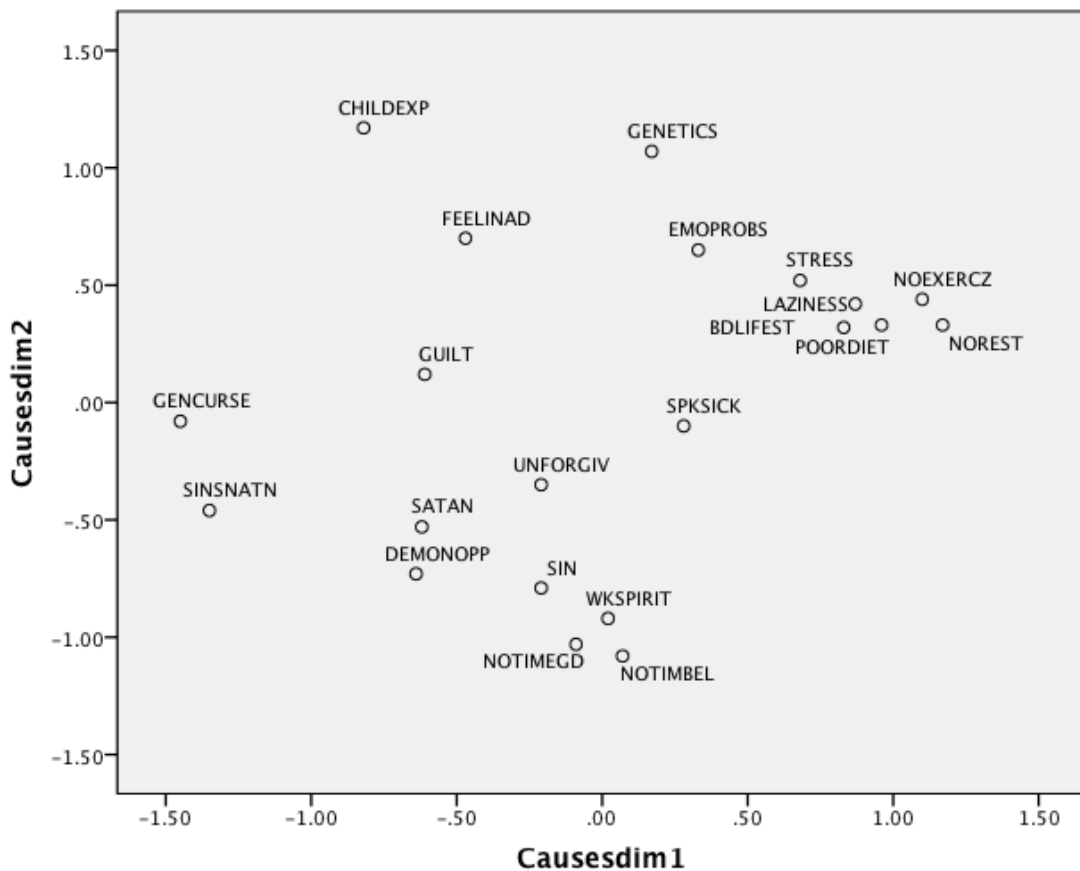


Among the female pile sorts for causes of illness, the physical elements of *genetics, stress, laziness, no rest, poor diet, bad lifestyle* and *no exercise* form one distinct category. Again, the distinction between emotional and spiritual elements is less distinct. *Feeling inadequate, emotional problems, guilt* and *unforgiveness* seem to form

one subgroup. *Childhood experiences* appears to stand alone; however, it is more closely linked to this emotional category. This may be because childhood experiences can often be the root cause of these emotional problems later in life. Among the spiritual elements, there is a fairly clear distinction between elements of evil that an individual would not necessarily have control over like *sins of a nation, generational curses, demonic oppression, Satan, and sin* and spiritual elements that we do have more control over like *speaking sickness over yourself, weak spiritual life, not spending time with God, and not spending time with other believers*.

<Figure 3>

➔ **Causes of Illness (male)**

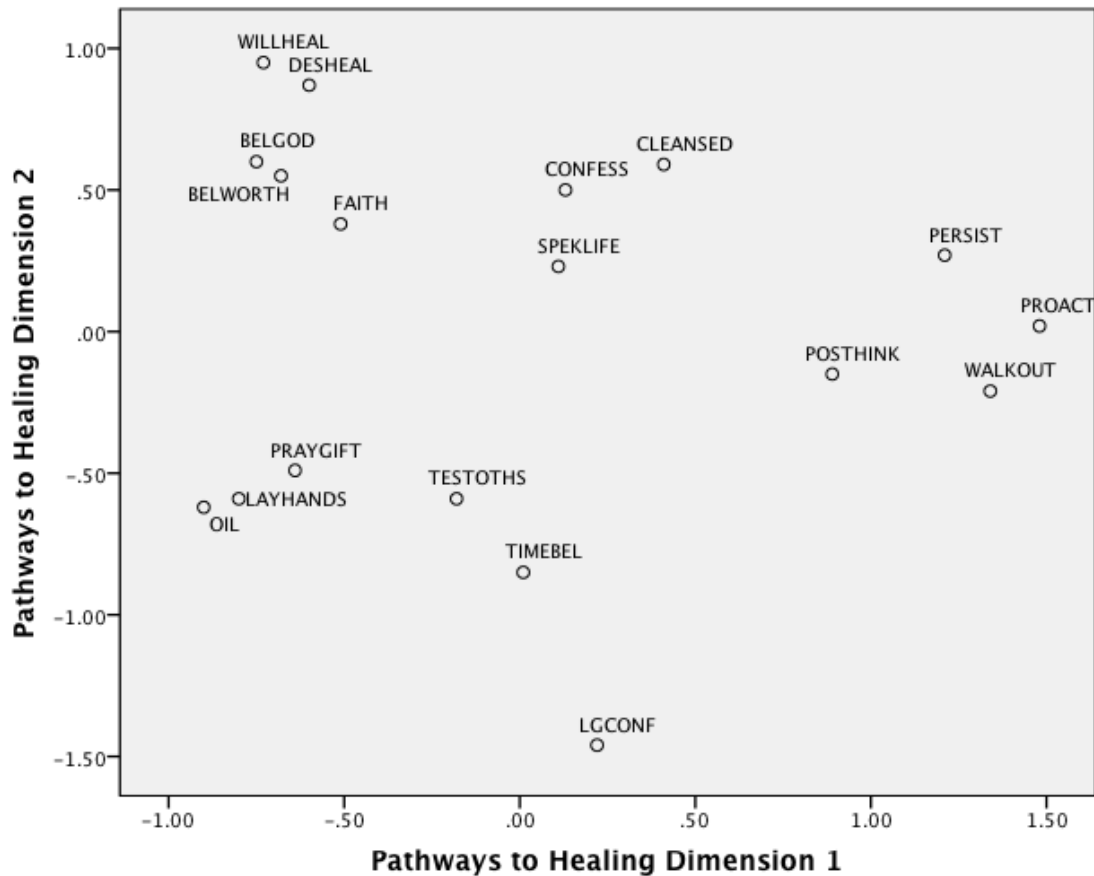


Males tended to separate the more spiritual causes of illness from the physical or emotional causes. Abstract evil forces like *Satan* and *demonic oppression* were linked with *unforgiveness*, and *sin*, while elements that keep one from being spiritually fit like having a *weak spiritual life*, *not spending time with God* and *not spending time with believers* formed another subgroup. *Feeling inadequate* and *guilt* formed another subcategory within this group. These appear to have been interpreted as keeping yourself from living in fullness with God due to the inability to accept God's love and forgiveness. Within the physical/emotional category, these elements were categorized according to personal responsibility or personal action as opposed to life events and circumstances that one has little or no control over. For example, *sins of a nation* and *generational curses* are closely linked to *childhood experiences* and *genetics*. These are circumstances beyond an individual's control and can be distinguished by impersonal elements (*sins of a nation* and *generational curses*) and elements specific to an individual (*childhood experiences* and *genetics*). Another clear category consists of actions one can take to ensure poor health. These can be broken down into physical elements – *no exercise*, *no rest*, *laziness*, and *bad lifestyle* – and spiritual elements – *speaking sickness over yourself* and *emotional problems*. *Stress* is closely linked to these more spiritual elements.

PATHWAYS TO HEALING PILE SORTS, UNCONSTRAINED

<Figure 4>

Pathways to Healing



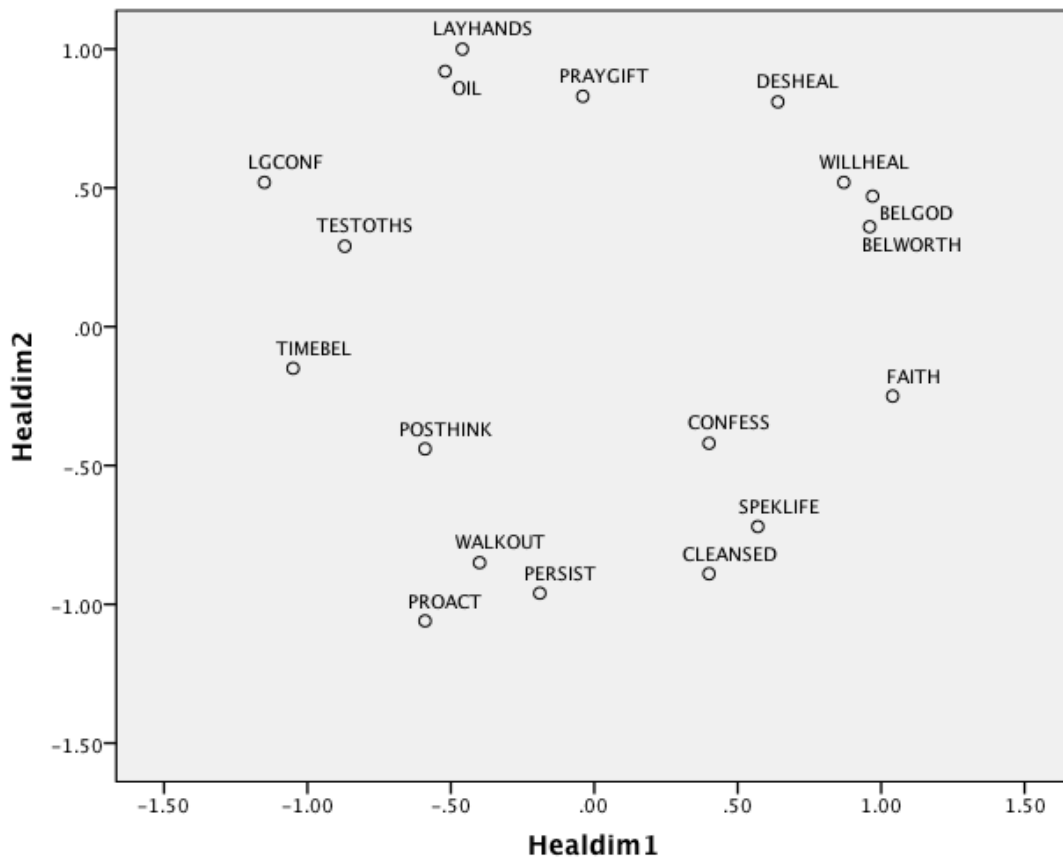
Among the pathways to healing pile sorts for both males and females, *positive thinking, walking it out, persistence* and *being proactive* formed one clear category. These appear to be actions an individual can take to solidify his or her healing. Among the other elements, there appear to be four subgroups. *Willingness to be healed* and *desire to be healed* are closely linked, with *faith, believing we are worthy to be healed* and *believing God wants to heal us* also included in this subgroup. *Confession, speaking life*, and *being cleansed* seem to form another subgroup of more religious elements that

have to do with purifying oneself. *Praying with those gifted in healing, anointing with oil and laying on of hands* are closely linked, with *testimony of others* and *spending time with believers* forming another subgroup of activities common to healing rituals that involve other people. *Large conferences* is an outlier of this subgroup.

<Figure 5>

Pathways to Healing (female)

➔ [DataSet7]



Among females, the two distinct groups that emerged could be categorized as healing behaviors that involve other people and more personal actions and attitudes. Spiritual attitudes such as the *desire to be healed, willingness to be healed, believing God wants to heal us, and believing we are worthy to be healed* form one subgroup, while

positive thinking, walking it out, persistence and being proactive formed a subgroup of less religious but ongoing actions a person can take to improve his or her health.

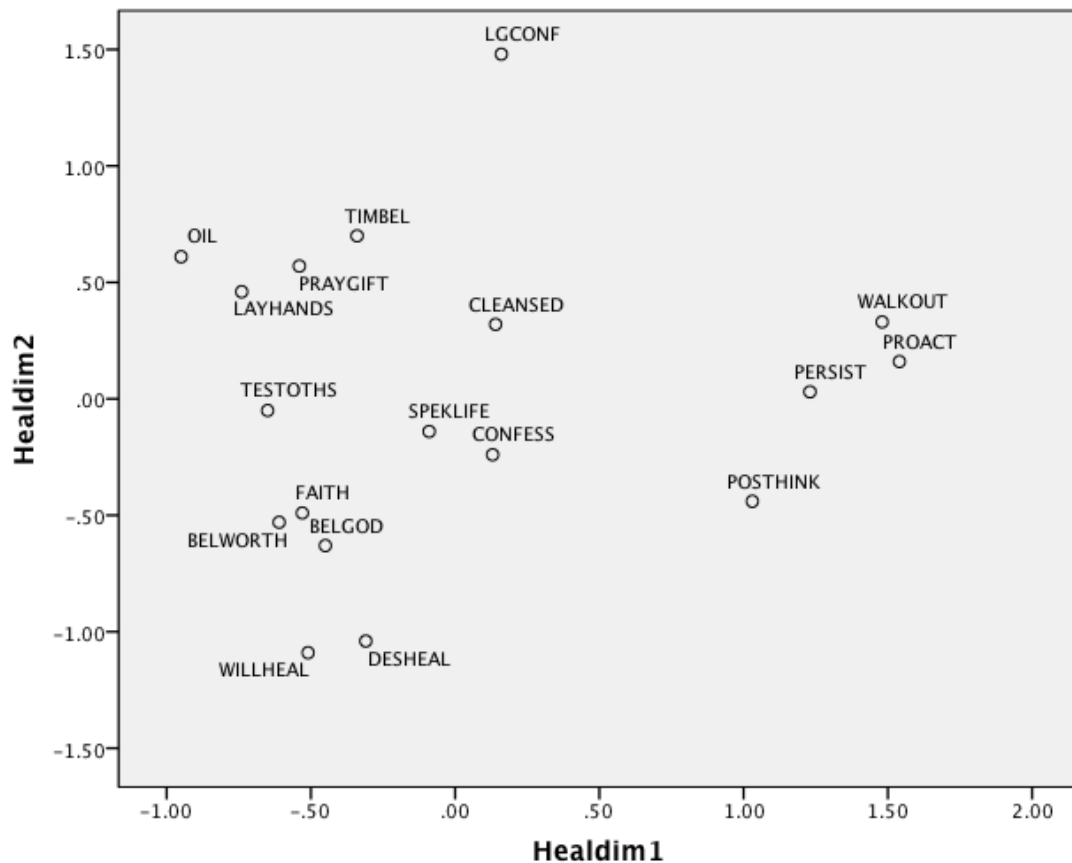
Confession, speaking life and being cleansed form another subgroup, with *faith* an outlier of this group. A few people put *faith* in its own category, with one woman saying, “none of this stuff matters except believing in the finished work of Jesus on the cross.”

Anointing with oil, prayer with those gifted in healing, laying on of hands, testimony of others, and spending time with believers form the category of activities involving other people, with *large conferences* being an outlier for this category.

<Figure 6>

➤ Pathways to Healing Male

[DataSet5]



Positive thinking, persistence, walking it out, and being proactive also formed a clear category among male participants. Among the remaining elements, internal beliefs and attitudes like *willingness to be healed, desire to be healed, believing we are worthy to be healed, faith and believing God wants to heal us* formed one subgroup. *Confession, speaking life and being cleansed of persistent sin* formed another subgroup. *Anointing with oil, laying on of hands, prayer with those gifted in healing, spending time with believers, and testimony of others* formed a group of activities involving other people. Again, *large conferences* was an outlier to this subgroup. One man scoffed when he saw the card for *large conferences*, saying “those are just a scam.” Others professed to have been healed or seen others healed at healing conferences; however, no one felt this was a necessary component to the healing process.

CULTURAL CONSENSUS ANALYSIS

CAUSES OF ILLNESS PILE SORTS, CONSTRAINED

<Figure 7>

POOR DIET	2.08
NO EXERCISE	2.04
NO REST	2.02
BAD LIFESTYLE CHOICES	1.89
STRESS	1.88
LAZINESS	1.55
GENETICS	0.87
EMOTIONAL PROBLEMS	0.80
GUILT	0.67
NOT SPENDING TIME WITH BELIEVERS	0.18
NOT SPENDING TIME WITH GOD	0.16
WEAK SPIRITUAL LIFE	0.07
SPEAKING SICKNESS OVER YOURSELF	0.06
UNFORGIVENESS	0.04
DEMONIC OPPRESSION	-0.04
FEELING INADEQUATE	-0.07
CHILDHOOD EXPERIENCES	-0.10
SIN	-0.22

SATAN	-0.34
GENERATIONAL CURSES	-0.74
SINS OF A NATION	-0.90

The elements that most people agreed were the leading causes of illness were *poor diet, no exercise, no rest, bad lifestyle choices, stress and laziness*. These are physical aspects that over which a certain level of responsibility and self-control is required. Emotional and social elements were the second most agreed upon factors leading to illness, while the darker spiritual elements were the factors people agreed upon the least as factors leading to illness.

PATHWAYS TO DIVINE HEALING, CONSTRAINED

<Figure 8>

BELIEVING GOD WANTS TO HEAL US	1.34
FAITH	1.25
DESIRE TO BE HEALED	1.17
WILLINGNESS TO BE HEALED	1.1
BELIEVING WE ARE WORTHY OF HEALING	1.1
SPEAKING LIFE/GOD'S WORD	1.05
CONFESSION	0.95
BEING CLEANSED OF PERSISTENT SIN	0.91
PRAYER WITH THOSE GIFTED IN HEALING	0.53
POSITIVE THINKING	0.47
PERSISTENCE	0.29
LAYING ON OF HANDS	0.29
TESTIMONY OF OTHERS	0.15
WALKING IT OUT	0.03
SPENDING TIME WITH BELIEVERS	0.01
ANOINTING WITH OIL	0
BEING PROACTIVE	-0.13
LARGE CONFERENCES	-0.34

Believing God wants to heal us, faith, willingness to be healed, believing we are worthy of healing, and speaking life/God's Word were the elements participants agreed

were the most important requirements for divine healing. These are spiritual attitudes and beliefs that people believe have an important impact on the healing process.

RESULTS FOR REPORTED INSTANCES OF HEALING

Out of 30 participants, 23 reported experiencing divine healing at least one time. Of these, nine reported healing one time, two reported being healed twice, 11 reported being healed three or more times, and one person did not give an exact number. This person said that he credits God and divine intervention for his general health over the last eight to ten years. He said he has been healed numerous times of small things like head colds but that he has never had any major health problems. He also reported emotional healing of past relationships that he experienced as the ability to forgive certain people in his life. Among the 23 participants who reported experiencing divine healing, there were over 35 instances of physical healing and over 25 instances of emotional healing. I do not have an exact number because some people did not report an exact number of instances. Among males, 14 out of 17 reported experiencing divine healing. Ten of these reported experiencing physical healing for a total of at least 22 physical healings. Seven reported experiencing emotional healing for a total of at least 19 emotional healings. One person classified his healing as “other,” saying “all healing is divine, especially emotional healing.” Among females, nine out of 13 reported experiencing divine healing at least one time. Six reported experiencing physical healing for a total of at least 17 physical healings. Four reported experiencing emotional healing for a total of at least five emotional healings. One woman classified her healing as “other.” One woman described her physical healing as leg growth, calling the experience “freaky weird.” A few people

were able to recall specific instances of healing but reported that there may have been more. One person described his physical healing as being “saved from certain death.” One man reported an intense emotional healing experience at a conference where he had a vision that Jesus healed his physical body. “While Jesus was healing me, my sores on my body were healed. I knew that it was healing for my childhood pain. Very freeing even to this day.” One man who reported seven or eight emotional healings pointed out that his wife was a psychologist who played an important role in his healing. It is unclear whether or not he used medication in the process, but he attributes his healing to divine intervention. One man said he was having severe back pain right before a mission trip. As he got up to call the leader of the trip and tell him he could not go, he realized his pain was gone. He went on the trip and did not experience pain the whole time. Upon returning, the pain returned and he eventually got back surgery. One woman described her emotional healing as an ongoing process that continues to this day. She said she was saved from depression and suicidal thoughts through speaking life over herself and receiving prayer and laying on of hands by others. Of the seven participants who reported that they had not received divine healing, one man had to think about it for a while, but finally he decided that because doctors and medicine were involved it could not be considered divine healing. This was not the case with most people, who attributed their healing to God even if doctors, medicine and medical procedures were involved.

DISCUSSION

Belcher's (2001) assertion that divine healing occupies a central role in the Charismatic Christian experience because it allows church members to reenact the salvation story on a regular basis holds true at Tuscaloosa Life Church. The divine healing system at TLC treats the whole person – physical, emotional and spiritual – and its functions on many different levels. McGuire (1993) emphasizes the interconnectedness of these three areas of life in religious settings, and my data shows that congregants at TLC conceptualize health in this way. Pastor Steve uses the analogy of the buckets to demonstrate this holism. Each person has a physical bucket, an emotional bucket and a spiritual bucket. If one of these buckets is not full, it can affect one's overall state of wellbeing. Keeping the physical bucket full involves eating properly, exercising and getting plenty of rest. The emotional bucket stays full by dealing with stress and maintaining good relationships with people, for example not harboring unforgiveness or resentment toward others. The spiritual bucket requires one to spend time in prayer and worship, read the Bible, and spend time in fellowship with other believers. This analogy exemplifies the fact that spiritual healing relies heavily on metaphor, verbal and visual images, and ritualized roles and actions. Pastor Steve heavily emphasizes emotional healing as part of the Christian experience. This may be due to the fact that he has not experienced many significant physical maladies in his life for which he needed healing, but he does claim to have been delivered from intense emotional pain rooted in his childhood experience. As a result, he believes strongly that a person's emotional state will affect all other areas of his or her life. He feels called to lead others in emotional

healing and often emphasizes this form of healing in his sermons and prayers. As Glik (1990) and others have concluded in similar studies, these kinds of symbolic elements mediate the healing process for the individual and allow sufferers to ascribe significance to their illness experiences as they are integrated into the group's shared belief system.

The cultural domain analysis showed three fairly clear distinctions in how church congregants think about the causes of illness and suffering. These categories correspond nicely to Pastor Steve's bucket analogy – the physical elements, the emotional elements and the spiritual elements. Among females, the physical domain was much more distinct than the emotional and spiritual domains. On the other hand, men tended to group physical and emotional elements more closely, leaving the spiritual elements as a more distinct grouping. Both men and women often categorized the elements according to things we have control over and things we cannot control. There is an obvious need for personal action in maintaining good health and in seeking relief from suffering. This held true in the healing analysis as well, with elements that require personal action being grouped separately from elements that involve other people.

Suffering is an important part of the salvation process at Tuscaloosa Life Church and it is experienced both individually and collectively. The church teaches that suffering is inherent due to the Fall of man, but that Jesus offers his followers a life free from suffering and distress. However, there are constant temptations and distractions that lead even the most ardent followers back into a life of sin and suffering. Belcher (2001) suggests that this battle between good and evil is an ongoing process that is important to the lived experiences of church congregants, and it is often manifested through suffering and healing experiences. My research confirms that congregants at TLC believe that

suffering is important in that it draws people closer to Jesus because he was also made to suffer in this world. Further, suffering allows individuals to stand up in front of the congregation and give expression to their suffering experiences, whether these be physical or emotional. This act is generally followed by other members of the church gathering around the individual, touching the individual and praying for him or her to get better. This can be a very validating experience, especially for people who do not have much social support in other areas of their lives or whose illness experiences have been diminished by others. Similarly, when a person feels that he or she has been healed in some way, he or she will stand up in front of the congregation and give testimony to the healing. Members of the congregation will typically clap and smile and hug the person, all the while shouting praises to God, but directing their jubilation toward the individual who has been healed. Experiences like these can validate a person's faith both on a personal level and among other members of the church, and it often serves as encouragement to those who may also be in distress. Pastor Steve often calls upon members of the congregation to give testimony to the work God is doing in their lives, and this often elicits someone standing up to tell a healing story. In these stories, common bodily processes are often regarded as miraculous workings of God. Similar to Glik's findings, people at TLC may exaggerate their pain or leave out part of the details of the healing process in order to make their healing seem more miraculous while still being believable. Further, congregants often make the point that they sought medical care from a doctor, but that the doctor could not explain certain things that happened that led to healing. This leads me to wonder if the doctor did not offer an explanation, or if the patient did not fully understand the explanation and has recreated the account in his or

her retelling of the healing experience. Either way, illness experiences serve as a precursor to healing experiences, and both processes function in important ways in the church, both in the lives of the individuals experiencing sickness as well as the larger church body. It is through these processes that congregants reenact the salvation story and become more deeply enmeshed in the Christian experience.

Healing at Tuscaloosa Life Church extends beyond the physical body. Instantaneous or miraculous healing claims are made, but for the most part the healing experience is an ongoing process of spiritual development and maturity. Most healing experiences reported to me were carried out over a significant period of time. Often, participants claimed that the healing process began when they brought their illness before the church body and received prayer, though the total healing might have come much later. In some of these cases, participants are still “walking out” their healing; in other words, they have not yet experienced a total cessation of symptoms but they may have seen a decrease in pain or suffering. As Belcher (2001) showed and my research confirms, it is culturally acceptable and tacitly encouraged to claim healing even if symptoms persist. It is difficult to ascertain the extent to which people feel compelled to make healing claims, but the fact that these occur so often and many times regarding mundane or insignificant instances of distress make it likely that there is an underlying message that this is an important act of faith in which people should participate.

For this reason, I agree with Csordas (1988) and Glik (1990) that it is important to approach the study of divine healing systems by considering processes rather than outcomes. The shared model of the group alters the meaning of illness for an individual and affects the way a person experiences suffering on a personal level. As Foltz (1987)

asserts, the rhetoric of healing and the rituals associated with healing create a sense of solidarity among congregants and also specifies to participants what is “healable.” Participants may then have to adjust their own perceptions (Csordas 1988) or redefine their illnesses (Glik 1990) in order to make their claims more amenable to healing.

Tuscaloosa Life Church teaches that faith and health are intricately linked. All ten of the core members interviewed cited at least one spiritual element necessary for maintaining good health. Participants struggled with how much faith is required in the healing process, but all agreed that some amount of faith is necessary for God to act. No one was quick to blame failure to heal on lack of faith, although Pastor Steve did cite his own lack of faith in the cessation of the healing process on his elbow. Participants usually deflected this question by saying that God always heals, but sometimes in ways that are not made obvious to us. I found the question about why certain people who seek divine healing are not healed to be a bit unnerving to some respondents, and this is where I saw the most variation and the most equivocation in responses.

While faith is conceptualized as a requirement for healing, church congregants are not opposed to seeking biomedical care. Bill works in a doctor’s office with an oncology doctor, and he says that medical technology proves the existence and the power of God. “It would have had to have taken a God to make a man so creative as to come up with the technology, especially in cancer treatment.” He goes on to say, “I can’t see how anyone could walk in our office, look around at the amazing things we have, and not drop to their knees in awe of God.” Bill said that he struggles with high blood pressure and sleep apnea, and that the healing process for him has been one of God directing and guiding the doctors to figure out the right combination of medicine for him to get better. Grace

claimed healing over every problem she has ever experienced, even though doctors and medicine were involved in all of them. Further, she has yet to receive total healing for her anxiety, but she claims it because she believes it will happen soon. Interestingly, Grace's husband was one of the few participants to not make any claims of divine healing, his reasoning being that in all cases doctors and medicine were involved. She is much more involved in the church than he is; according to Grace, his spiritual life takes place largely in isolation. Grace, on the other hand, feels that she needs the church because it gives her a sense of belonging and connectedness that she cannot get anywhere else. As Finkler (1994) notes in her comparison of biomedical and spiritual healing systems, spiritual healing reorders a person's whole existence while biomedical care focuses on only the one aspect of the body that is malfunctioning. I think that sometimes healing claims become more believable when there is an aspect of biomedical care involved. The most seemingly impossible healing claims tend to be those witnessed or recounted by others. This may be due to the fact that as stories get passed along, certain elements become exaggerated and other elements left out. Two of the men who claimed to have witnessed a woman's leg grow back said that they were not sure if God was growing the leg or just realigning the spine. They assured me that while God definitely could grow a leg, they felt that maybe it was more of an issue with the lower back. I am not exactly sure why they wanted to make this qualification, perhaps to make it seem more believable to me.

The following illustrations make it clear that illness is a shared experience among church members. The pastor's wife Sue referred to the biblical passage in 1 Corinthians 12 (add footnote) regarding the body of Christ to illustrate this point. Sue said that if her

arm hurt, pain signals would be communicated to her whole body and she would respond accordingly. In the same way, if one person in the body is experiencing distress or discomfort, she must assume that distress and respond to it as if it were her own problem. Every Sunday service allots time for any member of the church to come forward to express his or her needs, whether physical or emotional, and to receive prayer for healing from the other church members. This is a very intimate process that usually involves the sick person standing with his or her hands in a receiving position (held out with palms facing up) while others gather around and touch the person on the back or the arm (or sometimes in specific parts of the body that are the source of discomfort or pain). In one particular service, during the prayer and healing time, the pastor asked two men to come forward to receive prayer for healing. He said the Lord had put it on his heart to have the congregation pray for these two men specifically. One suffered from severe pain in his legs and shoulders associated with previous injuries and the other suffered from what the pastor called severe arthritis in his hands and fingers. After explaining why they were in desperate need of healing, he told of their incredible faith in the Lord. The pastor then asked the entire congregation to come forward and lay hands on these men. Congregants gathered around them, reaching their arms out to touch wherever they could. The pastor went to the man with arthritis first, anointed his forehead with oil in the shape of a cross, placed both hands on the man's head and began to pray. Resounding cries of "Amen" and "Yes Lord" came from those gathered around. Some people mumbled prayers quietly. The pastor slipped in between English words and speaking in tongues. After about five minutes, he left this man and went to the next, using the same procedure. Neither man experienced instantaneous healing that day, but when everyone sat down,

the pastor said he believed that God had begun the healing process. He also admonished the congregation to think about these two men this week when they were performing simple tasks like writing or lifting a box down from a shelf (things that these men could not do without immense pain) and to pray for them every time the Lord brought them to mind. I use this example to illustrate the fact that the whole church community shares in the pain and the suffering of each of its individual members, offering support and encouragement to anyone in distress.

The divine healing system provides a sense of intimacy and connection that patients do not get from doctors and hospitals. During the greeting time one Sunday, a man walked up behind me and said, “You’re doing a study on healing, right?,” to which I responded, “Yes, sir.” He then said, “the number one thing we see healed is hopelessness.” People seeking relief from hopeless life situations often find solace and support at TLC. This is an example of Kleinman’s distinction between disease and illness. Whereas biomedicine does not recognize hopelessness as a disease, the church treats it like one. Thus, the church creates a category of illness as well as the appropriate response to this form of suffering. This corresponds to Baer’s (2001) suggestion that spiritual healing systems create the predisposition to be healed, the sense of spiritual empowerment that one can and deserves to be healed by God, and a means of undergoing personal transformation. This process, as Csordas illustrates, involves the reorientation of perception to a more sacred reality. One woman I interviewed said that she was going to a larger church but decided to switch after she saw her father’s pastor throw himself at her father’s feet and sob when he died. It occurred to her in that moment that her pastor did not even know her name. When Pastor Steve invited her to TLC, she went because it

felt right and because she could feel the spirit of the Lord there. It was at TLC that she was baptized in the Holy Spirit and started practicing the gifts of the Spirit. She feels that divine healing is not taught enough in the church but that it is very clearly a gift God gives his followers. TLC definitely teaches that healing is possible and that God wants to heal his followers. She believes that the laying on of hands by believers is an important component of the healing process. She claims to have been healed of all the diseases she has ever had. These include what she called a debilitating case of agoraphobia, which she received healing from at a healing conference in which a healer “looked at her with the compassion of Jesus Christ” and blew on her face. She fell out, and when she rose, that was the beginning of her healing. The healing process continues to this day, with the help of anxiety medication, and she claims to be “so far beyond what [she] thought [she] could do.” She takes Lexapro when she feels she needs it, but she can tell she is almost completely free of anxiety.

One of the women I interviewed has been on quite a few mission trips outside of the United States, and she says that most immediate or spontaneous healings occur in other countries. She attributes this to the people being more open to it and more willing to believe that it is possible. In the US, she laments, we tend to be over-educated for our own good with regard to things of that nature. “If we just believe, God can do it,” she proclaimed, “but we often just fail to rely on Him.” This appears to be a common sentiment and one over which people often express remorse. At the beginning of the year, Pastor Steve announced that God told him that he was going to witness several miraculous healings at the church this year. He told me in an earlier interview that while

his faith was in “things unseen,” it was “sure nice to see the physical expression of God’s work.”

One of the most important elements given as a pathway to divine healing was the testimony of others who have received healing. Pastor Steve often asks the congregation if anyone has anything to share about how God has healed them. At one particular service that focused on health and healing, an older gentleman stood up and told the congregation his healing story: he was a veteran and had struggled with pain in his foot related to an injury for close to a year. He had seen the doctor about this problem but had never experienced any relief. He sought prayer from Pastor Steve and another elder of the church, and when he went to the doctor next, the doctor gave him a new prescription that had finally given him some relief. The congregation clapped and cried out “praise the Lord,” relishing in this man’s healing (or partial healing) from foot pain. It seems that his healing claim was less about the healing and more about standing up in front of the congregation, demonstrating his faith, and receiving affirmation from others about his place in the church. Out of curiosity, I asked Steve later why it is that God gets credit for this, even though the doctor was the one who prescribed the new medication and it presumably was the medication that was giving him some relief. As football and Christianity go almost hand-in-hand in Tuscaloosa, Steve gave me a football analogy. He said that everyone gives the coach credit when the football team wins the National Championship (which the Alabama football team had done a few weeks prior to this), but the coach was never actually on the field, never scored any points. So who is really responsible for the win, the coach or the players? Both, said Steve, just as both God and the medicine are responsible for this man’s healing. Of course, at the end of the day, it is

the coach that is remembered for the win, just as ultimately God should get credit for giving the doctor the wisdom to prescribe the correct medication. I think this is a powerful metaphor, especially considering how teamwork is involved in winning football games and in healing experiences among members of Tuscaloosa Life Church.

STRENGTHS AND WEAKNESSES

Statistical analysis of empirical data is crucial in determining if shared models of a cultural domain exist, and if so, how closely the elements in a given cultural domain are linked. Having participants group elements in a domain according to like qualities allows one to begin to understand how people think about these domains before considering how they manifest this way of thinking in their lived experience. This brings a level of objectivity to subjective interpretation of interviews and personal observation. Further, it is a fun approach, and most of the participants said they enjoyed doing the pile sorts. According to one woman, doing the activity “made me think about, well, what I think.” Pastor Steve also said he enjoyed seeing all the causes of illness and all the pathways to healing laid out because it helped him see the “whole picture” and think about what is most important in healing.

My research was limited in several ways. My sample size was small, and I would have liked to have done more detailed interviews with all 30 participants, rather than just the ten core members. Though I always tried to emphasize that there were no right or wrong answers, I wonder if some people approached the pile sort activity as a test and answered according to how they thought they were “supposed” to answer. The data is relevant, nonetheless, because I am interested in how people think they are supposed to

think about health and healing as members of this church. This research could be enhanced by including a review of studies that explore the relationship of prayer and actual symptom alleviation, but that was beyond the scope of this project.

FURTHER RESEARCH

Due to time constraints, I was only able to gather data at one church. It would be interesting to see if these models hold true with other Charismatic or Pentecostal churches or if they are unique to Tuscaloosa Life Church. Determining how closely each church congregant approximates the cognitive models that the church promulgates is an important next step in this research. Looking at the degree to which a person has internalized these models and comparing this to healing claims and to actual healing outcomes will help elucidate the reasons people continue to seek out divine healing.

CONCLUSION

My research supports the notion that it is important to study suffering and illness as social processes that happen largely outside of the physical body. Shared cognitive models within particular social contexts will inevitably inform the way a person thinks about illness and appropriate forms of treatment and this will influence how the sick role is carried out and how relief is sought. It is clear that while people may use and rely on biomedical care, the way that they articulate and live out their suffering experiences depends on their social environments and the models of illness to which they subscribe.

At Tuscaloosa Life Church, the shared cognitive models regarding the causes of illness and distress as well as the beliefs about what is required to seek and receive divine healing inform the way church congregants express distress and seek relief. For the most part, church members articulate their suffering experiences as spiritual in nature, even if the physical body is affected, and they believe healing ultimately comes from God, even though God may use doctors and medicine as part of the healing process. They do believe there is an element of personal responsibility maintaining good health; however, a big part of keeping one's health in check involves emotional and spiritual elements that the biomedical community might not recognize. The social aspect of the illness process is also a vital part of the divine healing system. Church congregants have a platform to share their suffering experiences with others who are expected to share in their suffering through prayer or physical contact. Expressions of suffering are expected and encouraged at every church service, and sufferers are lavished with attention and physical affection. Claims of healing are also expected and encouraged, even if the original expression of suffering has changed in some way to be more conducive to the actual

outcome. Reports of healing are applauded vigorously and may function to validate the faith of an individual to other church members and to increase his or her status in the church hierarchy. Thus, it is clear that the experience of suffering extends beyond the physical body and is heavily informed by the social context of the suffering. The data correspond nicely to the way church members think about and talk about health, and while biomedical health care is available and acceptable to these individuals, they subscribe more closely to the church's models of health and illness than to biomedical models.

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APPENDIX

EXPLANATION OF FREE LIST TERMS

CAUSES OF ILLNESS AND SUFFERING

1. *Not spending time with God* refers to the amount of time an individual spends in prayer and worship. This may also include reading the Bible or receiving God's word from a sermon.
2. *Sins of a nation* refers to the sinful acts endemic of a nation. Examples given were homosexuality and abortion, as these are considered sins prevalent in the United States, or it could just signify that as a nation we are straying from the teachings of the Bible.
3. *Feeling inadequate* refers to an emotional state whereby people do not feel like they are successful in their social roles, whether as a parent, a friend, a church member, an employee, a child, etc.
4. *Guilt* may be experienced as a result of actions committed by the person or it may be inflicted by other people, such as parents or friends.
5. *Satan*, or the enemy, as he is commonly called, seeks to draw people away from God's favor.
6. *Laziness* can be physical, such as not exercising or maintaining a proper diet, or it can be spiritual, such as not reading the Bible or spending time in worship.
7. *Childhood experiences* may bring on health problems as a result of unresolved emotional turmoil experienced as a child.
8. *Weak spiritual life* would entail not having enough faith and not engaging in the activities necessary to maintain faith.

9. *Demonic oppression* is literally conceptualized as demons taking hold of a person's physical and spiritual self, keeping them from experiencing God's freedom.
10. *Emotional problems*
11. *No exercise*
12. *No rest*
13. *Speaking sickness over yourself* can mean saying to yourself, "I just know I'm going to get sick."
14. *Unforgiveness* refers to failure to forgive others in your life who you feel have wronged you.
15. *Generational curses* refers to the Biblical passage that states that curses will follow a family for seven generations.
16. *Poor diet*
17. *Genetics*
18. *Sin* refers not necessarily to an individual's sin but to the "present principle that presides in each of us," which began when Eve ate the forbidden fruit in the Garden of Eden.
19. *Stress*
20. *Bad lifestyle choices* were identified most of the time as drinking alcohol and smoking.
21. *Not spending time with believers*

PATHWAYS TO DIVINE HEALING

1. *Walking it out* refers to manifesting your healing. People would often claim to have received healing but still be in a process of symptom alleviation.
2. *Willingness to be healed* refers to the desire and the faith to come to God to ask for divine healing and to believe that healing ultimately comes from God alone.
3. *Anointing with oil* refers to Biblical passages in which the apostles anoint people with oil while praying for their healing.
4. *Positive thinking*
5. *Persistence* refers to being persistent about asking for healing and expecting healing.
6. *Large conferences* are usually led by famous “healers.” These usually cost money and seat thousands of people.
7. *Testimony of others who have been healed* – listening to the testimony of healing in others can give a person the faith he or she needs to seek his or her own healing, especially in instances where the person is in need of the same kind of healing that the other person has received.
8. *Confession* is sometimes necessary if a person feels guilty about some area of sin in his or her life.
9. *Desire to be healed* refers to the desire to live in God’s will.
10. *Prayer with those gifted in healing* – it is generally held that people who have been healed before are gifted in healing, and they often are affective in praying for others to receive healing.
11. *Being proactive* refers to keeping yourself fit both spiritually and physically.

12. *Laying on of hands* by others in the church – this is believed to unify the body of Christ. (Sometimes if people do not actually go forward to lay hands on another person, they might extend their hands toward the person as a gesture.)

13. *Faith*

14. *Speaking life/God's Word* may mean reading Scripture over yourself and your life situation or just generally speaking positively.

15. *Believing we are worthy of healing*

16. *Believing God wants to heal us*

17. *Being cleansed of persistent sin*

18. *Spending time with believers*