

Christian Science: A Comment

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Perhaps I should start by stating clearly what I am here for and what I am not here for.

I am not here to try to rebut Dr. Swan's presentation, as if this were a political debate, and deeply as I question some of the statements made and conclusions drawn.

I am not here to question the depth of Dr. Swan's commitment to helping children, much less to belittle the experiences that led her to found the CHILD organization and lobby to change the legal environment in which Christian Scientists have historically raised their children. I'm sure that it isn't fully possible for those who haven't been through what she has been through – the loss of a beloved child – to understand the magnitude of a parent's pain. And in all honesty, from what I've been able to gather of the circumstances of that loss, I'm not sure that my own fellow church members at the time helped very much. It may not have been Dr. Swan's intention, but one of the side effects of her efforts over the past decade has been to cause many Christian Scientists to think long and hard about the ethics of their healing practice, about their own responsibilities to their church brethren as well as to their families.

Although I'm here representing my church, I am not here to present an "official church line" on these matters, but to speak with you simply as an individual who has thought about them and wrestled with them from the standpoint of firsthand experience.

Some of that personal background may be helpful to share here. My parents became Christian Scientists when my brothers and sisters and I were young. The family relied pretty consistently on prayer in Christian Science for healing, and this approach seemed quite natural and rational, rooted in the conviction that there's a basic connection between spirituality and physical health. To deny or ignore that connection in caring for human beings still seems to me totally irrational, frankly.

But my mother had been a hospital nurse trained at the Johns Hopkins School of Nursing, so we certainly were taught to respect the goodness and concern for people expressed by those in the medical professions.

While we looked in a different direction for healing than most others and were very conscious of that difference even as children, there was no adversarial sense involved. There was no sense that the school nurse who took our temperature and called my mother whenever we reported to the infirmary was anything less than the kindly woman she was. There was no sense that the doctors who gave us the physicals required for participation in sports were in any way enemies. When I got to college, one of my roommates and dearest friends was a pre-med student, and I can remember my father remarking that his natural way with people would make him a fine doctor with a wonderful bedside manner. He's now a cardiologist and I'm sure – a fine doctor.

Obviously, not just the legal but the medical and religious climate has changed enormously in the last thirty years. There's been a tremendous hardening of attitudes. Christian Scientists have experienced this hardening not only in the highly visible legal prosecutions directed against them but also in more subtle and insistent pressures for conformity in everyday life. While Christian Scientists haven't always reacted well to these pressures, I'm not sure that those who are involved in the conventional health care system and who take its assumptions for granted fully realize how aggressive and coercive that system has become on those who don't take its assumptions for granted. That's one reason that continuing dialogue on medicine and religion is important, I think – to hold up a mirror so that those on both sides can see themselves more clearly – and I'm grateful for the tolerance of the organizers of this symposium in permitting a Christian Scientist to be heard.

Of course, one change for the better in the last thirty years is also reflected in the title of this symposium – an increasing recognition of the rights of children and the need to pay more serious attention to those rights. This attention is essential, not optional, in an increasingly fragmented society where families simply don't hold together as well as they may have at one time; where drug abuse and economic stress take far too many casualties; where sexual and other forms of abuse have come “out of the closet” and dramatically into public consciousness. A good friend of mine who's a hospital social worker has convinced me that my own upbringing in an extremely supportive and loving family may not be very “normal” in today's world, even in middle America, so I can relate deeply to the urgency which she and others in her profession feel about the need to protect children in less fortunate circumstances.

Yet should that urgency translate into a climate in which it is automatically

assumed that those who seek a pathway outside the conventional medical system are the adversary, or in which parents who are clearly not criminals are labeled as criminals? I realize that it may sometimes make things easier legally and perhaps less troubling morally to approach the issue of protecting children as if it were so black-and-white, so unambiguous, but I don't think it is that way, on either side. I don't think it's going to help children in the long run to get in the habit of too glibly separating their interests from their parents' love, or of prosecuting good parents, even as a means to an end.

An Episcopal clergyman in Connecticut, when asked by a reporter last year about the Twitchell case, stated that perhaps our society ought to use the "suspicion or fear" generated by the case as "an opportunity to become better acquainted." He went on to explain that people today are often disinclined to exhibit enough "connectedness" with their neighbors to learn who they really are and what they really believe: "We like to call up the authorities and say: "These people are weird. You better watch out for them." He added: "There's not the link, which is the moral responsibility of being your brother's brother and sister's sister."

If we're going to make any genuine progress toward resolution of differences, then we have to get past the "These people are weird" stereotypes. And Christian Scientists, I know, must move beyond the defensiveness that those stereotypes tend to engender. If we're going to make progress toward an approach to protecting children that doesn't simply polarize, the way issues like abortion have polarized, then the first step must be toward greater understanding, toward recognizing values shared, toward identifying what we agree on and where specifically we differ, toward taking seriously the issues of conscience on both sides.

Several years ago the Bioethics Committee of the American Academy of Pediatrics issued a statement calling for the repeal of laws permitting reliance on spiritual healing for children. This statement made a gesture in the direction of affirming religious values, but I believe it stopped short of taking religion seriously, and that as a result, in spite of its good intentions, it reflected more the repressive side of modern medicine than the healing impulse which leads people to become pediatricians in the first place, and that's in some ways contrary to resolution.

That isn't intended as a personal criticism. I mentioned this concern several weeks ago to one of this morning's speakers, Dr. Bartholome, who served on the AAP's Bioethics Committee at the time the statement was written. Also, yesterday's keynote speaker, Dr. Fost, was the chairman of the Committee, so I have no doubt that the position taken in the statement is one of conscience. My criticism is that the statement does not sufficiently allow for the conscience of others. It was saying, as Dr. Bartholome said in a different context this morning, that the "only relevant ethical system" was that of doctors.

The AAP statement acknowledged that “Religion plays an important role in the growth and development of many children and families.” The statement even went so far as to acknowledge that, in its words, “the efficacy or necessity of many medical practices” is “arguable” and that therefore “those who claim that much of common medical practice can be replaced or improved by various forms of non-medical intervention...will find some basis for their claims.” But the thrust of the statement was essentially a call to put religion “in its place,” and a highly subordinate place at that. From a Christian Scientist’s perspective, this points to the central issue that any symposium on medicine and religion runs into – the fact that religion and what religion deals with, namely, man’s relationship with God, while often seen as helpful and humanizing as an adjunct to medical care, is basically marginal if not irrelevant to modern scientific medicine and what it deems the curative process.

As in the Anita Hill/Clarence Thomas hearings that held so many of us transfixed over the weekend, where one comes out on specific questions of law regarding religious healing depends on one’s perception of the truth. If one believes that the tragedies described by Dr. Fost and Dr. Swan are representative; if one really believes that hundreds of Christian Science children are being killed or injured because of their parents’ faith; if one feels that religious healing as Christian Scientists practice it is simply mythical, a superstition held over from a prescientific era, and that any healings reported, if they happened at all, are just luck, or normal remission, or a placebo effect – if one feels this way, then of course one must adopt the position taken in the AAP statement, and one can feel quite morally justified in attacking any suggestion that there’s something here, something substantial in Christian Scientists’ experience that needs to be considered.

Yet for others, the fact of healing occurring in real people’s experience again and again keeps intruding on this self-contained logic. Oh, it’s possible to argue that all these Christian Scientists are too ignorant to know what’s going on, or maybe they’re just delusionary and subject to fantasies, like some of the Senators portrayed Anita Hill. And of course the witnesses, they may be able to present evidence that these healings happened, but they can’t prove that God or prayer or spiritual power and grace were involved, any more than those witnesses to whom Anita Hill told her story years ago can prove that she actually experienced what she said she did. After all, if we accept the view that possibly these healing experiences happened and can’t all be explained away, then we really have a problem, because maybe religion isn’t so marginal, and maybe we’ll need to rethink this whole medicine and religion relationship, and then how difficult and complex public policy would be.

I don’t mean to be flippant. All I’m saying is that it isn’t enough, or even intellectually honest, for the medical community to decide that these healings

couldn't have happened, and therefore to conclude that they didn't happen, and then to go about finding reasons why. It especially isn't enough when the issue is one as close to people's hearts as their children, and when a claim is being put forward that a whole class of parents is incompetent to make decisions on their care.

Last year there was a widely-reported case in which a Chinese woman lost custody of her daughter because she wanted to take her back to Shanghai to be placed under traditional Chinese medical care. The little girl had severe rheumatoid arthritis, which doctors here in the U.S. had treated for a lengthy period without success. They now insisted that without surgery, which the mother balked at, the child would never be able to walk. "This is serious," one physician at Yale Medical School said.

I'm obviously not here to discuss whether traditional Chinese medicine has any merit, but I found it interesting that several months later, when a colleague mentioned to some doctors a healing in Christian Science of a similarly severe case of juvenile rheumatoid arthritis in a young child, their immediate response was, in effect, "That's not a serious condition. That can just go away by itself or be cured psychosomatically." The doctors did not even inquire about the circumstances of the healing. The fact was, though, that the physician who first examined the child had reported the Christian Science mother to the Child Protective Services in that midwestern state, and she, too, was threatened with loss of her child and legal action because of the seriousness of the condition. The healing was confirmed by a second doctor who was willing to give her more room to work out the problem in Christian Science.

Several months ago some longtime family friends asked my wife and me if we would be willing to be named as guardians of their children in the event that something happened to them and they were no longer around. This friend and her husband happen to be Jewish. Of course, we were deeply moved to have been asked, to think that these friends would even consider entrusting such a responsibility to people of another faith. And the first thing that was clear to us, when my wife and I talked this over, was that if we were to accept this responsibility, and if those children were ever under our care, it would be important that they would continue to be raised in the Jewish tradition and to be cared for as their own parents would have cared for them. I'm sure the parents knew and expected that we would feel this way, but it seemed important to make it explicit. It seemed important to affirm, in case there were any questions whatever, that we would indeed take them to synagogue and Hebrew school and to the hospital just as their own parents would.

As I was pondering what to say to you today, I asked myself what I would ask of a friend if the shoe were on the other foot – if a child of mine were under the

guardianship of, say, my cardiologist friend from college.

Of course, I would hope that my friend would do what he could to enable the child to have at least some sense of the religious faith and way of life that has meant so much to his parents. I would want the child to be able to grow up with a sense of God's love as something real, and not just a nice-sounding word – to grow up knowing that the power of that Love brings healing as one lives it in some measure. I would ask my friend to seek help in Christian Science for the child, when there's a need for healing, as far as his own conscience permits. I would not ask my friend to violate his conscience in this regard. I certainly would not ask him to lay aside his own beliefs as a physician, as if that were even possible, but would tell him simply to use his own best judgment in making decisions, seeking God's guidance in his own way.

I'm not sure how this kind of mutual respect between human beings translates into public policy. I know the process isn't easy. But it seems to me that this mutuality, recognizing and feeling deeply the full humanity even of those with whom one has major differences, is the necessary starting point for constructive policy-making. It is the only thing that can make possible any two-way give-and-take on this issue, or movement toward a consensus we can both live with.

That's not just important for the parents' sake, either. This symposium is about the rights of children. The most basic right of all, as Christian Scientists see it, is the spiritual right of all children to know God, to experience God's love. Obviously, this right isn't something that can be protected directly by law or guaranteed by a particular religious upbringing. Obviously, too, it's worse than meaningless to refer to such a right if it is merely rhetoric or theory, if it is not confirmed by actual healing.

Yet I hope it is still possible for a Christian Scientist in a forum like this to speak of what it means to grow up with some tangible sense of God's care.

The talk which follows this one after the break is entitled "Why Does God Let Children Suffer and Die?" It is a legitimate, agonizing question, one that I'm sure hits physicians and nurses hard walking the hospital wards, and one that the founder of my denomination, Mary Baker Eddy, struggled with from early in her life. Christian Scientists do come at this deepest of questions from a radically different angle than most. Much of their theology grows out of the fact that they cannot accept the conventional theological or medical answers to this question.

They insist that the question framed this way is like the proverbial "When did you start beating your wife?" That it is every person's right to know that God does not simply abandon His children to the enormous suffering we see all around us. That a

God who would let His children suffer is not morally credible, much less a God to be worshipped. That this whole pervasive sense of God's absence or abandonment is the problem, the description of life that if true and final would drain all meaning from human life. That the only beginning of an answer or solution is not in theological or philosophical abstractions, however comforting, but in the actual experience of God's presence and the healing that it brings in day-to-day living.

I see my time is up, and I've hardly begun. I haven't run through a litany of healings of serious non-self-limiting conditions, or discussed what medical evidence there is and is not. I haven't explained why Christian Scientists feel that prayer can be understood, and needs to be approached, in a much more profound way than just asking God for personal miracles. I hope that what I've said will give you some sense of the spirit in which many Christian Scientists are thinking about the issues on your agenda and about the tough questions that those in the medical professions have rightfully been asking in recent years. I can't pretend to be able to answer all of those questions, but this is at least where we honestly stand.

Thank you very much.