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Christian Science and Healthcare in Canada

by

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Christian Science and Healthcare in Canada

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Abstract

Christian Science is one of several religious groups with doctrines that suggest that medical use hinders spiritual development and/or is ineffective. Because of the beliefs, Christian Science has faced controversy in both Canada and the United States, and experiences difficulty maintaining a committed following. In some cases, Scientists who choose to rely on Christian Science risk increased pain or death for themselves or their children. This study seeks to identify the influences that Scientists face when deciding upon a healthcare option for themselves and their children. I applied interpretative phenomenological analysis to eleven interviews with current Canadian Scientists and one interview with a former Scientist. In addition, I analyzed biographies, church policies and doctrines, Canadian laws, and relevant court cases to contextualize my data. I concluded that Scientists use diverse forms of healthcare (some of which may be risky).

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Chapter 1: Introduction

Introducing Christian Science

> *It is plain that God does not employ drugs or hygiene, nor provide them for human use; else Jesus would have recommended and employed them in his healing. The sick are more deplorably lost than the sinning, if the sick cannot rely on God for help and the sinning can. The divine Mind never called matter medicine, and matter required a material and human belief before it could be considered as medicine* (Eddy, 1875: 143: 5).

Several religious groups in North America, most of which are sectarian Christian organizations (such as Faith Tabernacle,[1] Faith Assembly,[2] and Christian Science) claim the capacity to heal followers through divine inspiration or the power of the mind alone. Some of these groups (including Christian Science) encourage members to refuse (or overcome the need for) conventional medical treatment for their children and themselves while promoting spiritual healing as an alternative.

Christian Science teaches that medical treatments are ineffective. The belief that medical practices are ineffective may have served some purpose in the late 1800s and early 1900s, when certain medical practices lacked the efficiency they demonstrate today. Despite the greater number of medical errors in this early period, individuals refusing medical treatment for ineffective alternatives faced opposition. In particular, court cases arose if those who refused medical treatment failed to heal an individual who could not consent to treatment (such as a child) whose condition early medicine treated successfully. Consequently, when medicine gained the ability to treat more ailments, the controversies regarding spiritual healing in lieu of medical care rose dramatically. Moreover, for each

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[1] Faith Tabernacle was founded in the 1890s and is concentrated in Pennsylvania (Peters, 2008: 134). This group has spread its belief (that medicine is unnecessary because Christ will heal people) to eight American branches and foreign countries such as Sir Lanka and India (Peters, 2008: 134).

[2] The Faith Assembly was founded by Hobart Freeman in 1963 and is based in Indiana (Hughes, 2005: 247, 249). This group expanded to nineteen states and six foreign countries (Hughes, 2005: 249). According to Freeman, healing comes from faith and "[a]ll medical, nursing, and pharmaceutical facilities are temples of Satan; and the medical personnel, particularly physicians, are the priests of Satan" (Hughes, 2005: 251).

court case involving children, there are likely adults who legally forgo medically necessary treatment for themselves and may suffer other consequences.

Christian Science is the largest and most recognized of these groups (Hickey and Lyckholm, 2004: 265). Even so it also has a lower number of deaths in comparison to its membership than many other groups, such as the Church of the First Born, End Time Ministries, the Faith Assembly, and the Faith Tabernacle (Battin: 1999: 15). It appears that the most recent court case involving lack of medical treatment for Christian Science children in Canada was in 1925, whereas cases continued until 1990 in the US (Scheopflin, 2002: 212, 217). Individuals in some groups, such as modern Christian Science, may turn to medical treatment for specific ailments. In fact, even the founder of Christian Science, Mary Baker Eddy (1821-1910), resorted to medical aid on occasion (Gill, 1998: 546).

In this thesis, I demonstrate how some Christian Scientists attribute their physical well-being to Christian Science and manage or avoid the cognitive dissonance[3] that could emerge from holding beliefs that can deviate from the surrounding environment. In addition to these individual practices, the church established a criteria for maintaining the validity of its belief system and the commitment of its members. Specifically, I analyze the influences that Canadian Christian Scientists face when making healthcare decisions, and how they interpret those influences. From my findings, I argue that Canadian Christian Scientists likely carry a wide array of beliefs regarding healing and illness, which they develop from living between two contradictory worlds: the larger society and their religious organization.

I base my findings on semi-structured interviews with ten Canadian Christian Scientists, academic literature, Christian Science literature, legal documents, and news media. Moreover, I engaged in one interview with a former Christian Scientist that provided a unique perspective from someone who was no longer involved in the religion. (This perspective is important because, in many

[3] Leon Festinger theorized (1957: 2) that people always seek consonance between their beliefs and their actions. They try to rationalize away any exception to this consonance and when they fail, they experience psychological discomfort (i.e. cognitive dissonance).

instances, religious groups regulate what their adherents reveal to the public [Ayella, 1993: 111]). I compared the interviews with statements from several books written by former Christian Science children who left the group and who wished to share their stories, and one book written by an individual who remained a Christian Scientist. In addition to these interviews, I analysed the historical context within which Christian Science emerged (primarily in reference to the surrounding medical practices), Christian Science policies and doctrines, Canadian laws, and court cases that could affect Canadian Christian Scientists' healthcare choices.

From this analysis, I found that Canadian Scientists manage evidence in personal ways that is either confirming and disconfirming to their belief system. I conclude that the influences on healthcare decisions that my research participants mentioned resulted in various healthcare actions for the Christian Scientists and their children ranging from nearly full use of medical treatment to outright refusal.

This introduction contextualizes Christian Science within the larger context of religiously based medical alternatives. First, I outline the use of alternative medicine in contemporary society. Next, I discuss some ways religion can influence medical practices. Finally, I demonstrate how religiously based refusal of medical treatment can result in harm.

Alternative and Medical Treatments

Over the past few decades, the use of secular and spiritual complementary and alternative medicine (CAM) has increased substantially in Canada and the United States (Esmail, 2007: 4, 15; Kessler et al., 2001: 266). This trend, however, may have stabilized in Canada in recent years (Esmail, 2007: 4, 15). Many healthcare professionals are beginning to integrate some of these therapies into their practices, or at least notify patients of their benefits and consequences. Moreover, some patients and practitioners see medicine as only one healthcare option. Although some people disagree, many medical anthropologists argue that just like complementary and alternative therapies, "biomedicine is also a cultural system in its own right, with its own deeply held belief structures, and faith in

specific methods and forms of knowledge" (Barnes, Plotnikoff, and Pendleton, 2000: 902).

Nevertheless, studies suggest that over half of CAM users do not inform their doctors about their CAM use, leaving their physician unable to accommodate to potential risks associated with the combination of therapies (Achilles et al., 1999: 262; Eisenberg et al., 2001: 345; Esmail, 2007: 26; Health Canada, 2003: 11).[4] Therefore, it is difficult for healthcare professionals to take necessary precautions for the potential dangers that some CAM therapies may elicit (Cohen, 2003: 603; Eschiti, 2006: 52).

In the case of religious alternatives, however, patients may gauge their spiritual well-being as equally important to their physical, which is only a problem when their spiritual well-being rests upon specific medically related practices. Many religions promote complements or alternatives to medical treatment:

> healing techniques are common to nearly every spiritual/religious tradition. Religious therapies include prayer, anointing, laying on of hands, and other versions of faith healing, visits to the sick, pilgrimage, petitions and related vows to saints, exorcism, retrieval of a lost soul, animal sacrifice, the undoing a curse, or amulets, icons, and other religious objects (Barnes, Plotnikoff, and Pendleton, 2000: 901).

Prayer is the most prevalent of all CAM practices in the United States. In 1997, 82% of Americans believed in the healing power of prayer (Barnes, Plotnikoff, and Pendleton, 2000: 899). Spirituality and prayer are common, safely used CAM in the United States. In most cases, these therapies constitute something that

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[4] These risks are more prevalent in alternative therapies other than prayer. For instance, taking garlic capsules can increase bleeding time in coronary surgery patients and thereby complicate healthcare procedures (Eschiti, 2006: 52). Moreover, many CAM therapies await objective scientific evaluation for effectiveness or safety (Eisenberg et al., 2001: 344).

Moreover, in a tightly regulated ideological group like Scientology, following alternative therapies, such as the heavy use of vitamin regimens, can produce specific risks. For instance, officials from Narconon (the Scientology drug-treatment program based on founder L. Ron Hubbard's work) allege that "when enough niacin [which is a vitamin B_3 complex] is taken in the right amounts, it appears to break up and unleash the drug and chemical deposits—including LSD crystals—from the body tissues and cells" (L. Ron Hubbard Library, 1991: 54). Taken in large doses (>1,500 mg), however, niacin can potentially damage body organs (Bays and Gayton, 2007).

patients can use in addition to medical care. Modern trends in medicine suggest that many healthcare practitioners are moving towards integrative or holistic healing on the premise that spirituality, diet, and other treatments can play a significant role in a patient's health.

Moreover, religion may constitute an invaluable coping mechanism for people who feel the need for support regarding their ill health. Consequently, "A child's sense of spirituality and/or engagement in a religious community may provide a structure for positive coping strategies" (Barnes, Plotnikoff, and Pendleton, 2000: 900). Intersections between spirituality and coping can assist children in managing "nighttime fear, psychiatric problems, suffering, hospitalization, disability, cancer, and terminal illness" among other difficulties (Barnes, Plotnikoff, and Pendleton, 2000: 900). Furthermore, spirituality and religion can encourage some adolescents to forgo health-damaging activities, such as drinking, smoking, drug use, and promiscuity (Barnes, Plotnikoff, and Pendleton, 2000: 901). Despite these potential benefits, religion can also damage a child's health. Breaking religious and spiritual traditions can result in guilt; some religions may promote heavy corporal punishment or religious therapies; and various other potentially harmful consequences can emerge from religious and spiritual practices (Barnes, Plotnikoff, and Pendleton, 2000: 901). This potential harm is greater in groups with doctrines that specifically oppose some or all modern medicine.

Several alternative healing systems arose prior to the early 1900s, when scientific medicine was becoming the dominant healing institution (ayurvedic medicine, Mind Cure, prayer in various Christian sectarian groups—including Christian Science, Peculiar Peoples, and Pentecostalism, etc.).[5] During those years, many people chose to rely on faith as a healing alternative (Hoertz Baracco, 2008: 93).

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[5] Some authors disagree about when scientific medicine gained its dominant position as a healing institution. For instance, Paul Wright (1979: 87) asserted that medicine rose to its dominant position in the 17th century, whereas Peter Morely and Roy Wallis (1976: 9) argued that medicine began to successfully organized into the dominant healing force in Western society from the 1820s to the 1870s.

The adherents of groups that promote alternative medicine or medical refusal can experience the unnecessary pain of untreated illness or even harm the surrounding community (in the case of forgoing immunizations).[6] The potential harm of forgoing medical treatment has become increasingly notable with recent medical advances. Consequently, cases where non-consenting religious affiliates (such as children) suffer death due to ineffective alternative treatments often catalyze legal and societal opposition.

Religious Groups that may Refuse Medical Care

Healthcare practices based on religious beliefs range from the refusal of treatments (such as blood transfusions by Jehovah's Witnesses [JWs]) to the insistence on medical treatment for futile cases (such as the sanctity-of-life principle[7] followed by Orthodox Jews, Protestant fundamentalists, and pro-life Catholics [Post, 1995: 20]). Several researchers have focused on the refusal of medically necessary treatments. Luanne Linnard-Palmer (2006: 54) and Rita Swan (2000: 15) provide lists of religious groups whose doctrines encourage paediatric and medical refusal.[8] Most of the religious organizations in these lists

[6] The results of immunization refusal also can be dangerous, especially in isolated communities. For instance, in 1972, by the time an outsider notified a health official, polio had spread across a Christian Science boarding school, leaving eleven children paralyzed (Merrick, 2003: 274). In 1985, measles broke out at the American Christian Science's Principia College (*The Seattle Times*, 1985: B9). Many students chose to receive treatment after the outbreak on their campus affected 120 of the 712 students, three of whom died (Merrick, 2003: 275).

In addition, in 1994 a young Christian Scientist spread measles to 247 people (most of whom were children) in St. Louis (Merrick, 2003: 273). In the St. Louis case, the lack of immunization for one child endangered the health of many non-Scientists as well as Scientists. Similarly, in British Columbia (Canada), a unnamed Chilliwack Christian Group that has a low rate of vaccinations experienced a mumps outbreak in 2008. "On average, the region has only 10 cases a year of the viral disease," but that year, there were 116 confirmed cases and seventy-four suspected (Todd, 2008).

[7] Supporters of the "sanctity-of-life principle" argue that there is an infinite value to every fraction of human life. These supporters regard life as sacred, regardless of its quality and believe that physicians should not play God by removing life-saving treatments. Some more moderate proponents of this principle argue that in some situations it is permissible not to prevent death; others adamantly oppose abortion (Post, 1995: 20).

[8] Refusal is the patient's or patient's representative's overt rejection of any medical, surgical, or investigative procedures or other components of hospital care that a physician recommended (Linnard-Palmer, 2006: 29).

are sectarian Christian organizations (Linnard-Palmer, 2006: 54; Swan, 2000: 15).[9]

Linnard-Palmer (2006: 8) mentioned that even some Muslims, who support almost all medical treatments, may oppose specific treatments for religious reasons—such as pigskin grafts that are occasionally used on burn victims—but also have viable alternatives (Linnard-Palmer, 2006: 8). Muslims may choose to refuse narcotics or medicines that they believe are addictive or alcohol based (some Muslim healthcare workers even refuse to use alcohol-based hand-washes [Ahmed et al., 2006]). Patients may refuse pain relievers known to cause intoxication when taken in large amounts,[10] or they may insist that female healthcare practitioners conduct physical exams for females (Linnard-Palmer, 2006: 86). Moreover, some Catholic physicians may refuse to perform medically necessary abortions and other procedures that involve contraceptive practices (Joyce, 2002: 93).[11] Few (if any) members of groups that do not have direct doctrinal support for the refusal of many medical treatments—such as Muslims and Catholics—experience similar controversial situations compared to those that overtly encourage refusal.

Luanne Linnard-Palmer (2006: 53-55) argued that over the past thirty-five years, thirty-one churches have existed that had the potential to influence healthcare choices. Peter Morley and Roy Wallis (1976: 14) defined such religious healing institutions as marginal medicines, some of which legitimize their treatments through claims of divine revelation or belief in God. These groups often adopt a sectarian nature by denying the legitimacy of medicine and

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[9] Swan (2000: 15) and Linnard-Palmer (2006: 54) list many more organizations, some of which have policies far more dangerous than Christian Science. These lists, however, are not exhaustive.

[10] During the sixteenth meeting of the Muslim Scholars' Board of the World Muslim League in Mecca, Saudi Arabia, several recommendations were made and all medicines that contained alcohol in any quantity and did not have an adequate substitute were deemed permissible (Ahmed et al., 2006: 1026). Therefore, many Muslims would not refuse these medicines when they are necessary.

[11] Early Catholic opposition to abortion was based on the premise that all lives are equal: "But many Catholic writers went beyond this balanced equation, becoming so emphatic in their defense of fetal life as to suggest a fundamentally unequal valorization of human lives" (Joyce, 2002: 97). With recent mergers between Catholic and secular hospitals and medical developments, some physicians in Catholic hospitals are changing their stance regarding medically necessary abortions, but not all of them.

insulating their own practitioners and clients—by means of physical isolation and/or doctrinal insulation—from external contamination (such as medical discourse [Morley and Wallis, 1976: 16]). In fact, "followers of these sects are apt to be hostilely sensitive to searching inquiries by outsiders: The 'we/they' aspect of group relationships looms large in their behaviour" (England, 1954: 448).

Potential harm

The creation of medical controversies depends upon the members of each spiritual healing group submitting to both official church policies and the statements of church leaders. In some of these groups, however, adherents' submission may be shifting as medical advances demonstrate the ability to save lives. Some individuals choose not to refuse life-saving medical care, despite their church's policies. These choices may bear a cost to the church member. In some instances, ex-communication, stigma, or spiritual guilt following medical care and can be equally as frightening to an individual adherent as the danger of an untreated illness or injury.

In other instances, members are so involved in their spiritual beliefs regarding healing that they cannot imagine the possibility of needing medical care—it is possible that individuals could avoid admitting they are ill, or unable to spiritually relieve their illness. Adherents truly may believe that their spiritual healing is the most effective therapy. For instance, Christian Science has documented thousands of alleged healings since its founding, which all faithful Scientists attribute to the realization that God is all, God is good, and therefore, nothing evil (such as illness) exists. Regardless of this alleged evidence and the adherents' belief in the ability to treat a condition religiously, the results can be devastating.

Both adults and children suffer from forgoing medical treatment, but children are the most vulnerable because they cannot legally refuse treatment for themselves. Many children have perished in the U.S. and Canada from religiously motivated medical refusal. For example, in the U.S., Seth Asser and Rita Swan (1998) conducted a study of 172 child deaths whose parents refused medical

treatment. Of the children in their study, Asser and Swan (1998: 443) found that 140 children would have had over a ninety-percent chance at survival with treatment. Rita Swan (2000: 13) suggested many of these groups escape surveillance for years. For instance, when authorities noticed the Followers of Christ congregation, the group had already buried seventy-eight children in its own cemetery near Oregon and another twelve near Caldwell, Idaho. Despite the cessation of Canadian court cases involving Christian Science in 1925, cases continued to emerge in the U.S. until 1990 (Hickey and Lycholm, 2004: 265; Schoepflin, 2002: 217).

Even with this drop in Christian Science cases in the U.S., the number of medical refusal cases pertaining to children is growing. It is difficult to know how much this phenomenon has grown because “there is no national registry or reporting mandate for these cases” (Linnard-Palmer, 2006: 16). In addition to these cases, countless children suffer without treatment, muted by their own survival: “[death] makes visible that which life had kept in the shadows” (Diedrich, 2007: 6). The biographies of children who grew up in but left these groups demonstrate how living without medical treatment can affect children. Individuals raised in Christian Science have been quite vocal after leaving the group (see Fraser, 1999: 322-325; Simmons, 1991; or Wilson 1997). Moreover, the former member (Gordon Francis) whom I interviewed had numerous negative stories regarding his experiences without medical treatment.

Similarly, some Scientists have addressed the media. Brain Quincey (1998) responded to a local newspaper regarding his childhood experience with Christian Science. Quincey (1998) disagreed with his parents’ refusal of his own medical treatment:

> It infuriates me to think of all the times that I had headaches, earaches, flu, childhood diseases, sprains and bumps, with my parents simply telling [me] to do my mental work in Christian Science. I think of all the pain

> and suffering I endured, which could have been relieved by aspirin[12] (Quincey, 1998).

During his childhood, Quincey (1998) learnt that pain was an illusion because God only created good. His parents did not permit him to undergo any material treatment. Consequently, aside from vocal former members, no way exists to estimate the number of children who go without medical care because of their parents' religious beliefs.

Individual agency

Some religious adherents from several of these groups may practice medicine silently or ban together as dissenters. For example, some Jehovah's Witnesses (JW) have banned together to form *The Associated Jehovah's Witnesses for Reform on Blood* (AJWRB [2006]). This organization works to raise awareness among JWs and health policy makers as to inconsistencies inherent in JW doctrines. Members of this group, such as Lee Elder (2000), argue that no biblical basis exists for the Watchtower Society's (WTS) partial ban on blood products. JWs who choose blood transfusions often are ex-communicated and face great obstacles if they attempt to return to the congregation (Elder, 2000: 378). Alternatively, AJWRB may offer a community in which JWs can attempt to maintain their faith without forgoing medically necessary blood transfusions.

Christian Science dissent groups differ in that they oppose certain aspects of the church leadership, and they publish books that the Christian Science Publishing Society does not authorize (Kramer, 2000:199). Nonetheless, Christian Science does not appear to monitor *all* of its members' healthcare choices as proficiently as the WTS. While some people, such as Rita Swan (2000: 11), attested that her Christian Science practitioner and members of her church heavily pressured her to refuse medical care for her son, others (Scientists with whom I spoke) attested that they do not discuss medical use or that they are not judgemental. While these standards likely vary from church to church, it

[12] While Quincey (1998) was irritated because he did not receive any medicine, aspirin may not have been the best example of a medicine that he should have taken. Many healthcare professionals recommend that children should not take aspirin: "Aspirin['s] use in children is still a matter of concern and each aspirin package throughout the world contains a warning label" (Schrör, 2007: 196).

appears that some (likely not all) Christian Scientists feel free to act according to their personal interpretations. Subsequently, some Scientists I interviewed claimed to use medicine, while others said they would likely never use (or more specifically, need to use) medicine. Some former Scientists, however, claimed after leaving the group that they had practiced medicine secretly for years (Kramer, 2000: 160). Consequently, while JWs who may resort to blood use in times of need have formed a dissent organization, the Scientists appeared to use medical treatment and remain members in good standing.[13]

Even so, medical refusal may not be the only possible consequence of doctrines that oppose medical use. In fact, guilt and other social and psychological repercussions can be severely damaging to individuals who feel that they have strayed from their beliefs by choosing medicine over doctrine. Consequently, some individuals may not feel that they are able to select treatments that their religion does not support.

Christian Science in Canada: Belief and Practice Regarding Healthcare Choices

This study attempts to demonstrate some methods that Canadian Christian Scientists use to maintain their faith and make healthcare decisions. Many authors (Cawley, 1969: 209; Hickey and Lyckholm, 2004: 267; Skolnick, 1990b: 1226) assume that Canadian Scientists seek medical treatment for their children. While fewer children may find harm from the Christian Science practice in Canada than in the U.S., cases exist where children may have suffered medical neglect (see Balmer, 1979: 88). I also documented cases from my interviews with

[13] Several potential reasons may indicate that many Canadian Christian Scientists seek medical treatment more frequently than their American counterparts. First, the laws in Canada pertaining to freedom of religion and child neglect differ from those in the United States. Second, recent reports of Canadian Christian Scientists refusing conventional medical treatment for their children are virtually nonexistent. Third, the First Church of Christ, Scientist claimed that all Christian Scientists are free to choose whether to use conventional medicine. Fourth, although very little academic literature is available on Canadian Christian Scientists, some authors claim that Canadian Scientists seek medical treatment or attest to personal experiences where Canadian Scientists used medical treatment (Cawley, 1969: 209; Hickey and Lyckholm, 2004: 267; Skolnick, 1990b: 1226). Finally, because of the gaps in academic literature pertaining to Canadian Christian Scientists, many other factors—such as the extent to which a country pursues litigation, the population size of Christian Scientists, or the integration of Scientists in mainstream society—may influence healthcare choices within that group.

Gordon Francis and a participant whom I call Paige, which I discuss in Chapters Five and Six. I make no accusations against specific current Scientists whom I interviewed, but some of the healings that they reported to me sounded as though they had potential for harm for either adults or their children.

Moreover, many sectarian groups isolate their members from society, but Christian Science does not. Christian Science is composed largely of upper-middle class individuals who interact with members of mainstream society on a constant basis (Nudelman, 1976: 42). Although Scientists are insulated by their beliefs, they cannot avoid some external influence from society, especially from loved ones (Nudelman, 1976). In Canada, however, due to a smaller population size, Scientists may be even more socialized into mainstream society than in the U.S.

In this thesis, I discuss the factors that influence Canadian Christian Scientists' healthcare decisions. To begin this discussion, I outline how I conducted my interviews and collected data in Chapter Two. Then, in Chapter Three, I provide a theoretical background regarding how proponents to a belief system maintain the validity and commitment to that system as well as how individuals in that system manage cognitive dissonance and come to attribute events to their religious practices. Historical information regarding healthcare in the eighteenth and nineteenth centuries, the emergence of Christian Science and alternative medicines, and the controversies that followed Christian Science to Canada comprise Chapter Four.

Next, I detail the influences that my research participants recognized as impacting their religious practices (and ultimately, their healthcare choices) in Chapter Five. In this chapter, I also relate information to the theories I highlighted in Chapter Three and argue that Scientists are faced with various competing forces while they attempt to maintain their belief system. Finally, in Chapter Six, I mention the types of healthcare choices that I noticed and summarise my findings.

Chapter 2: Method

> *[N]o matter how exalted a position a Christian Scientist may occupy in the movement, never accept what he may say as valid unless you can verify the statement in our textbook, 'Science and Health with Key to the Scriptures'* (Thompson, 1943: 69).

In this analysis, I make no claims that my respondents represent official church policy. The purpose of this thesis is to analyze the lived experience of a few Canadian Christian Scientists. In fact, Borhek and Curtis (1975: 54) warn that each participant in a subculture may experience the beliefs of that system differently based on her/his own personal social position, interests, experiences, and cultural understandings. It is unlikely that any of my interviews provided a complete explanation of Christian Science as a belief system. Consequently, I find, as Borhek and Curtis (1975: 81; emphasis in original) would expect, "The abstract *ideal* system of belief is not identical with the concrete *actual* description of behaviour." For a more detailed understanding of the church's views, refer to the Christian Science website (www.tfccs.com), *Science and Health with Key to the Scriptures*, or visit a Christian Science reading room.

Qualitative Research

Qualitative researchers often try to discover the respondents' point of view through detailed interviews and observations (Denzin and Lincoln, 2005: 12). Through this process, qualitative research provides reports for representations of the "other" (Denzin and Lincoln, 2005: 1). For instance, my thesis reports on Christian Science from interviews in which Christian Scientists and one former Christian Scientist represent their experiences pertaining to the phenomenon of healthcare. Additionally, qualitative research is ideal for challenging representations, especially when all possible outcomes are unknown, because qualitative methods allow researchers to gain fresh slants on a phenomenon (Robinson, 1995: 59).

In qualitative research, the observer attempts to interpret and make sense of a phenomenon in terms of the meanings that people bring to it (Denzin and Lincoln, 2005: 3). The researcher links all aspects relating to the phenomenon together in

a "quilt making" process where the researcher brings all odds-and-ends of data together to form a conceptual model (Denzin and Lincoln, 2005: 4).

Qualitative research requires multiple methods of sources, data collection, and/or analysis to produce triangulation (Denzin and Lincoln, 2005: 5).[14] Some authors (such as Laurel Richardson and Elizabeth St. Pierre [2005]) suggest that the concept of triangulation is not necessary. I think, however, that the usefulness of triangulation depends on the context of the phenomenon under analysis. In the context of Canadian Christian Science beliefs and behaviors regarding medical care, triangulation of sources is necessary to contextualize results and recognize biases. Religious organizations such as Christian Science often regulate what members disclose to the public (Ayella, 1993: 111). The analysis of interviews with eleven current Canadian Scientists, one former Scientist, biographies, church policies and doctrines, Canadian laws, and relevant court cases allowed me to assess the reliability of the information that I gathered during interviews. Moreover, analyzing multiple sources helps to offset recent arguments that no clear insight exists into the mind of a participant (Denzin and Lincoln, 2005: 21).

It is vital to choose the method of analysis based on the specific research question. The method of analysis should guide methods of data collection. I follow authors who argued "that it is best to pick an analytical method before starting a qualitative research project, because this can have many implications for the collection of data which cannot be overcome retrospectively" (Hale et. al., 2007: 140). In response to my research objectives, I chose to use Interpretative Phenomenological Analysis (IPA), which follows a very similar procedure to Grounded Theory. IPA allowed me to analyze how each participant makes sense of her or his experience and understand the context of external influences, such as family, church doctrines, and state laws (Eatough and Smith, 2007: 38).

Collecting Data on Canadian Christian Scientists

[14] Researchers use several forms of triangulation and the two are most relevant for my research. One of those forms is the triangulation of sources, which involves using the same method on several sources, such as interviewing people who fill different positions (i.e. church members, adherents, and former Scientists [Mertens, 2004: 255]). The other is the triangulation of methods, which can involve mixing quantitative and qualitative methods or using different qualitative methods. "For example, multiple methods such as interviews, observation, and document review can be used . . ." (Mertens, 2004: 256).

Data collection for IPA analysis most often involves conducting semi-structured interviews and related documents for analysis. In addition, IPA researchers keep a journal of notes regarding their understandings and feelings regarding the phenomenon so that they can assess how those biases and insights could influence analysis (Storey, 2007: 54). IPA also allows a researcher to interpret the context of the interview. In this case, the context not only included the social dynamics of the interview, but also those between members and the church, and between Christian Science and external influences (including myself). My discussion of some of these influences has become a major segment of my analysis itself. To understand the context within which my participants were situated, I have analyzed church policies and doctrines, biographies, court cases, and Canadian laws.

I began conducting background research prior to my interviews. First, I attended a couple of First Church of Christ, Scientist congregations irregularly from October 2007 until November 2008. While attending services, I always felt like an outsider. Initially, I felt extremely awkward and out of place. Nonetheless, some members of the church showed me around and immediately told me personal anecdotes, which I am not ethically able to disclose. Eventually, I felt more comfortable at the churches, although it was clear that I was an outsider. To ensure that I would understand the specialized language of my participants, I read *Science and Health with Key to the Scriptures* and the *Church Manual* (Eddy, 1875; 1895). My knowledge of the terms in these books proved incredibly useful during my interviews because many of the words my participants used—such as Mind, matter, Thought, etc—carried very specific meanings in Christian Science. In addition, some participants would disclose more information after I demonstrated that I understood the terms that they were using.

Sampling Methods

After attending services at the First Church of Christ, Scientist churches I began to distribute information sheets. I discretely asked individuals who attended the church if they were willing to participate in my study and offered them an envelope containing my contact information, ethical considerations, and

information about the study.[15] This way, members could choose to contact me without others knowing of their participation. I also handed out envelopes to more people than I desired (or planned) to interview, not only to ensure I would find enough participants, but also to aide anonymity. Therefore, even if other members discovered who received an envelope, they would remain uncertain as to which individuals participated. Through a professor at the University of Alberta, I was able to contact one former Canadian Christian Scientist, Gordon Francis. I attempted to snowball sample through this former member, but was unsuccessful. I also attempted to contact former members by asking current members if they would give my information to children who had left the church. This request, however, made some of my participants uncomfortable, and so I did not pursue it as readily as I could have due to concerns that it could affect my rapport with the current members.

From these sampling procedures, I gathered twelve participants (one of whom was a former adherent) who I successfully interviewed and two others who consented to the interview, but with whom I was unable to resume contact. One other church member provided me with a description of how a biblical scene related to the human experience and said that I should read that section. This Scientist told me that that was her/his contribution to my project. Because I could not guide the conversation around my research interests, nor gain formal consent, my use of the information s/he provided is quite limited.

My sampling method was based upon volunteerism, because I interviewed everyone with whom I maintained contact and distributed information sheets (in sealed envelops) to as many people as I could—rather than to specific individuals. Perhaps the Christian Scientists who did not reply to my interview requests differed from the others significantly, but I have no way to prove or measure the ways in which they differed. I distributed envelops to as many different types of people as possible (youth over eighteen, men, women, elderly, middle-aged, church members holding positions, and non-members who self-identify as Christian Scientists) in an attempt to conduct theoretical sampling. But, because

[15] This sheet is attached in Appendix A.

most First Church of Christ, Scientist adherents are middle-aged to elderly females and because I was conducting a small sample to begin with, each of my participants fell somewhere between middle-aged and elderly.

Surprisingly, despite the fact that women are overrepresented in most Christian Science congregations, I managed to interview six men (one of whom was a former Christian Scientist named Gordon Francis, who consented to full-name release) and six women. I conducted each interview based on very broad sample questions and new emergent questions from the interview itself. Each interview took place in person in varying arenas—in homes, malls, my office, my participant's workplace—or over the telephone. A couple of participants requested to conduct the interview at their local Reading Room, but I refused because I felt that the Church environment could bias their responses.

The Social Reconstruction of Reality

My research interests, my expectations, and my experience at the First Church of Christ, Scientist[16] guided my semi-structured interview topics.[17] The knowledge I gained from attending church services was invaluable because it helped me to prove to my participants that I had some familiarity with their world and that I expected in-depth narratives of their experience (Rubin and Rubin, 2005: 114). The interview topics were connected to one another and I used prompts to guide the conversation between topics. Nonetheless, each conversation did not address every topic (Rubin and Rubin, 2005: 108).

When I conducted my interviews, I reassured participants of their anonymity and confidentiality and acquired their consent on tape. To maintain anonymity for the participants in my study, I did not disclose any identifying information regarding at which church I found participants or which individuals participated in my write-up. In addition to assuring participant anonymity, I also

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[16] I did not analyze the information that I gathered from attending church events and informally conversing with members. Nor did I include any of that information in my write-up. Instead, I used that information solely to sensitize myself to the community from which I interviewed members.

[17] Semi-structured interviews differ from unstructured interviews in that they ask several open-ended questions rather than asking for a general feel of an experience. Semi-structured interviews share the same flexibility with unstructured interviews that allows the interview to follow tangents or dwell on questions (Rubin and Rubin, 2005: 4-5).

needed to consider personal information of third parties discussed during the interview. I suppressed identifiable information regarding third parties. Moreover, I used unisex pseudonyms to disguise each participant. Due to the small number of Christian Scientists in Canada, I have found it necessary to keep anonymous even the gender, age, and the number of children most of my respondents have. As a result of these actions, I have lost some important analogies regarding relationships regarding gender specific medical treatments and a respondent's narrative, and the position a respondent occupied in the church and her/his healthcare beliefs and behaviors.

I preceded each interview with a casual conversation and then turned on the tape and gave some easy "confidence building" questions (Rubin and Rubin, 2005: 116-117). After asking some easy questions, I guided the interview towards questions of healings and healthcare decisions. Depending on the interview, I gathered varying amounts of information regarding children's healthcare and the healthcare of my participant. When I could see that a respondent was uncomfortable, I asked broader questions about how Christian Science doctrine relates to medical treatment or their other experiences. I assured my interviewees that they were under no obligation to answer any question. But, only one interviewee refused a question and it was not one that was vital to the study (specifically, date of birth). After each interview, I often spoke casually with the interviewee for a few minutes.

Because the interview is a social phenomenon in which the participant and researcher interact and influence each other's behavior (Rubin and Rubin, 2005: 12), I needed to be careful while interpreting my results. Even so, according to IPA, in order for the results of the interview to carry any meaning, the researcher must assume that the responses bear some meaning in reality (Smith, 1995: 10). In a semi-structured interview, the researcher treats the respondent as an expert in the area (Smith, 1995: 12). Consequently, I treated each respondent as an expert both in the area of making healthcare decisions while involved in Christian Science and in their personal experience. Some respondents were aware that their memory of specific instances was less than exact or that their opinions were not

fully formed, but the events they did share with me still contained rich information regarding how they make decisions within the context of their belief system.

Moreover, in semi-structured interviews, the researcher allows the respondent the opportunity to tell her/his story in her/his own words, rather than attempt to locate her/his opinion within a set of closed responses: "The interviewer proceeds through dialogue, reducing distortion but at the expense of reactivity, reliability, replicability, and often representativeness" (Burawoy, 1998: 13). As a result, the reality participants describe in a semi-structured interview is often personal, rich, and both theory-and knowledge-expanding (because it allows for unanticipated results [Burawoy, 1998: 12]).

Jonathan Smith (1995: 12) identified four benefits of semi-structured interviews that are crucial to the success of a project such as mine. First, these types of interviews may help to establish rapport between the interviewer and the respondents. Second, because the goal is to understand each participant, the ordering of questions is unimportant. Third, the interviewer is free to follow interesting tangents. Fourth, the respondent's interests and concerns can direct the interview (Smith, 1995: 12). Consequently, I found these interviews extremely useful for getting at issues and topics that I may have missed if I had a strict interview schedule.

The areas that I used to guide conversations include background information regarding the religious community and relevant demographic information, medical treatment for children, the interviewee's personal healthcare choices, her or his personal opinion regarding medical neglect court cases, and Christian Science treatments in general. During the interview, I focused on the respondent's personal experiences with healthcare and if and how the respondent felt that her/his experience was affected by Christian Science. I left the respondent enough time to answer each question thoroughly and worked to keep the interview close to my research interests. Moreover, I allowed respondents the freedom to express concerns about potentially sensitive questions. As a result, my

interviews ranged in length from thirty minutes to over two hours, but the majority of my interviews were about forty-five minutes.

I recorded the interviews for transcription. Following the first few interviews, I transcribed the conversations as quickly as possible in case new information would affect my future interviews. When I had nine interviews transcribed I coded each of them using NVivo (ensuring that I included the interviews that seemed to differ most from one another in my initial analysis).

Storage of Data

During and after completing my data collection and analysis, I stored my original transcriptions in a locked office and the electronic version in a password accessible file. Moreover, I asked respondents if they would mind if I could keep data from their interviews indefinitely, but allow them to withdraw consent from my keeping the tapes at a later point. In the case that I conduct further research on Christian Science, the transcriptions and tapes could provide invaluable information.

Analysis

Interpretative Phenomenological Analysis

Like Grounded Theory, IPA researchers construct findings by applying specific codes to raw data, grouping those codes into themes, and then grouping those terms into larger constructs. In both methods, analysis is a non-linear process; the researcher moves forwards and backwards, coding and recoding data. Moreover, it is very easy to combine these methods at any stage of analysis because of their similarities.

IPA differs most from grounded theory in that it analyses the psychological or social psychological aspects of a specific phenomenon (in this case, healthcare choices) whereas grounded theory focuses on the social influence and structures. Unlike grounded theory, which focuses on the social world, IPA was designed to analyze how individuals interpret the world regarding a specific phenomenon. Because the focus of my research is how individual Scientists interpreted the world and how those interpretations impacted their healthcare decisions, IPA fit well.

IPA is also unique on a few other fronts. First, IPA addresses the interview as a social phenomenon, in which the interviewer and the respondent influence each other (Storey, 2007: 54). Second, IPA emphasizes the respondent's meaning-making process in the context of all other relevant data (i.e. Church policies and doctrines, Canadian laws, and court cases [Brown Trinidad and Starks, 2007: 1374]). Finally, where grounded theory involves the construction of a mid-range theory, researchers use IPA to create descriptive results that can be related to existing theories (Eatough and Smith, 2007: 38; Payne, 2007: 70).

***Interpreting the Interview*:**

Ethnographer Michael Burawoy (1998: 5) recognized that in qualitative research it is impossible to separate completely the social roles of the researcher from the data gathered from the participant. Therefore, the researcher should focus on understanding her/his role in the social phenomenon under analysis in addition to the assumed folk and academic based theories that influence the researcher (Burawoy, 1998: 5-6). In this process, the researcher acknowledges the assumptions that s/he brings to analysis, but prepares for results that may contradict or confirm pre-existing biases (Eatough and Smith, 2007: 36): "complete objectivity can never be achieved in any research project" (Hale, et. al., 2007: 143). Once aware of her/his biases, the researcher can interpret her/his findings (Hale, et. al., 2007: 144).

IPA includes the social role of the participant (and the researcher) in both her/his community and the interview itself and the influence that those social roles can have on the interview itself (Hale, et. al., 2007: 143). Consequently, IPA is a tool for analyzing a respondent's interpretation of her/his lived experience based on the representation of that experience in the social context of the interview. In the case of Christian Science, for instance, IPA allows me to interpret the interviewee's reaction to my role as a researcher as well as the role s/he plays in church and during the interview.

***Interpreting the Lived Experience*:**

IPA acknowledges that the interview is a glimpse into the respondent's interpretation of her/his lived experience, rather than the experience itself (Smith

and Osborn, 2003: 51; Storey, 2007: 51). As a phenomenological method, IPA involves a detailed examination of each participant's lived experience in relation to a given phenomenon (Smith and Osborn, 2003: 51). In IPA, the researcher focuses on the meanings of particular experiences, events, and states for each research participant (Smith and Osborn, 2003: 51). Therefore, the researcher focuses not only on the participant, but also on how the context of the research design influences and becomes a part of the interpreted phenomena (Eatough and Smith, 2007: 37). Whereas Grounded Theory focuses on explaining the social structures and processes that influence social interaction, those structures and processes only account for a segment of IPA's description of a particular experience (Brown Trinidad and Starks, 2007: 1372; Hale, et. al., 2007 143).

***Describing the Phenomenon*:**

The main goal of IPA is to explain how the participant makes sense of her/his world, personal experience, and constructs meanings to understand those experiences (Eatough and Smith, 2007: 36). Although the researcher can analyze the phenomenon without specific reference to the existing literature and theories (similar to grounded theory), the goal is only to refer back to existing theory after completing analysis, rather than to create a mid-range theory:

> The IPA approach therefore combines both description (of an event or experience) and personal interpretation of the event or experience within the context of the life and surroundings of an individual. The researcher will go on to analyze the data gathered still further, interpreting the results with reference to existing theory and literature within the field (Hale, et. al., 2007: 143).

IPA's focus is on the personal interpretation of the event or experience, but that interpretation is analyzed within the context of the life and surroundings of that individual (Hale, et. al., 2007: 143). The result should be both a general understanding of the sample and an understanding of each participant's specific life-story.

The researcher can then relate understandings to existing theories and literature. Referring back to the literature, which Michael Burawoy (1998:5)

suggests is a way to establish objectivity when unable to generalize to the larger population, will help prove the legitimacy of my study: "Objectivity is not measured by procedures that assure an accurate mapping of the world but by the growth of knowledge; that is, the imaginative and parsimonious reconstruction of theory to accommodate anomalies." The reconstruction of theory allows the researcher to relate her/his results to mid-range or grand theories.

Applying Interpretative Phenomenological Analysis

In my research, I sought to uncover how and why Christian Scientists choose between Christian Science treatment and conventional medical treatment. I examined the phenomenon of healthcare choices for Christian Scientists by applying IPA to transcribed interviews (of both former and current members) and checked my findings against former Christian Scientists biographies, related court cases, church doctrines, Canadian laws, and academic literature.[18]

I began by coding specific statements and concepts and gradually linking these concepts to create generalizations (Smith, 1995: 19). In this process, I recorded personal feelings and theories, which I believe may have affected my analysis (Storey, 2007: 54). Once I linked some of the themes together I used flexible codes and titles to move up and down through the various levels of analysis, changing and reiterating my findings. In this process, I constructed a master list of themes from the first interviews and continuously added new themes to that list as they emerged. I analyzed the interviews with current and former members for both similarities and differences within and between these groups.

Once I came up with a descriptive assessment of my data, I referred back to the literature to assess relevant theories. Throughout this process, I used theoretical concepts to inform my analysis but not to drive it. I did not anticipate,

[18] Of these sources, I found that the former members' biographies bore the greatest resemblance to my interviews. Although I feel that moderate Christian Science parents may be underrepresented in former members' biographies, several of my participants who attempt to rely wholly on Christian Science treatment brought up very similar themes to these biographies. Nonetheless, the meanings that each member and former member applied to a theme vary dramatically. For instance, some current members told me that their children did not express illness because they were healthy. In the biographies, former members attested to having been fearful of expressing illness because each was supposedly "God's perfect child" (Fraser, 1999; Kramer, 2000).

however, which theories were most relevant to my study until I neared its completion.

From my analysis, I found several factors influence a Christian Scientists' healthcare choices. The Christian Science churches I visited and found interviewees from were not isolated communities. These were communities that contained people who actively interact with outside society in every realm: working (mostly high income careers, although this generalization did vary) and interacting with non-Christian Science family, friends, and acquaintances. Consequently, the people whom I interviewed all recognised that their beliefs differ from those of the general public. Each interviewee responded to these differences in a different way and thereby, I found that four types of healthcare choices were likely to emerge from the influences on Christian Scientists. I detail the influences on these decisions in Chapter Five and the outcome of these decisions in Chapter Six.

Impression Management

While my results are telling, it is very important to keep in mind that I cannot regulate honesty:

> *We don't do this among ourselves, so I really don't have much of an idea with what's going on with others thinking and other's experience. Now if they're honest you'll find out. Now how honest they'll be I just don't know* (research participant with pseudonym Jordan, 2009).

In every social situation, people manage their impressions in an effort to project specific impressions upon others. This management does not need to be conscious or intentional, but it can involve the minimization of stigma, and in the case of Christian Science, the preservation of a religion's status. Nonetheless, the individuals with whom I spoke provided me with a variety of interpretations regarding their beliefs. Because of this variation, I find it unlikely that the religious organization closely monitored the responses of my participants (at least regarding certain issues).

For the purposes of this thesis, I only could analyze how Christian Scientists project themselves. I could not analyse their internal beliefs, which

(according to the quote) other Scientists may not know well. Consequently, in some instances, I had access to knowledge that Christian Scientists do not generally discuss, but in other instances, I accessed the ways in which Christian Scientists project their own beliefs. Although I could not tell which instances are which, I could tell that the Christian Scientists who participated in my study claimed to use a variety of healthcare practices, ranging from some members who whole-heartedly relied on Christian Science treatment, to others who attended yearly medical check-ups.

Chapter 3: Theoretical Considerations Regarding the Maintenance of a Belief System and the Commitment of its Adherents

> *A belief system is a set of related ideas (learned and shared), which has some permanence, and to which individuals and/or groups exhibit commitment*. The conditions of permanence, commitment, and connectedness are *variable* characteristics through which we expect belief systems to be related to social organization (Borhek and Curtis, 1975: 5; emphasis in original).

Belief systems exist in many forms, ranging from ideology and common knowledge that transcend many segments of society to religious beliefs that are often isolated to a group of adherents. Sectarian groups (sects)[19] are of particular interest for this thesis because like sects, Christian Scientists claim to hold the truth, not only in their religious beliefs, but also in their healthcare beliefs. Like most belief systems, these sectarian belief systems closely relate to their social structure and use both that structure as well as their own beliefs to reinforce commitment and validity (Simmons, 1964: 250). What is unique about these systems is their ability to maintain a following in the face of apparently disconfirming evidence from the external world. In fact, existing group members often do not accept a new adherent's judgments until that individual has undergone the group's socialization process (Simmons, 1964; 254).

Rodney Stark and William Bainbridge (1987: 123) and Werner Stark (1967: 28) argued that sectarian groups emerge from disaffection with the existing social structures that can be economic and political, but can also be personal and psychological, or any dissatisfaction with access to power. Stark (1967), nonetheless, attributed the emergence of Christian Science not only to the

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[19] For the purposes of this thesis, I will use Roy Wallis's (1979: 302) definition of sectarianism: "the notion of sectarianism seems to center on the right to exclusion, a self-conception as an 'elect' or elite, totalitarianism, and hostility to or separation from the state or society." Kenneth Jones (1985a: 1) argued that medicine has been plagued with sectarianism and schisms just like religion. Because Christian Science constitutes both an alternative religion and an alternative medicine, and because it has acted in a sectarian nature in both areas at different points during its existence, it is both a medical and religious sect. In fact, Christian Science is even more controversial as an alternative medicine than a religion, but it is nearly impossible to separate its medical claims from its religious doctrines.

economic plight of the predominantly working class students that Eddy first attracted, but also to the fact that the nineteenth century physician was always from the upper class: "To have healers of their own class was not an entirely unnatural desire of the lower strata" (Stark, 1967: 30).[20] In addition, Christian Science offered an early feminist response for nineteenth century women (Stark, 1967: 31). Eddy was anti-capitalistic for a short period, but through her association with the *rentier* class (a social class that was well to do but countered materialism with hyper-idealism) and her desire to strengthen her religion, Eddy chose to move her practice to the more wealthy region of Boston (Stark, 1967: 32-33).

Wallis (1979: 31) claimed that whether socio-economic factors or other feelings of deprivation motivated Eddy's followers is difficult to determine. As time passed, however, Christian Science became increasingly accepting of the surrounding society as a whole and it now maintains a following in the upper-middle class (Stark, 1967: 34). In fact, Roy Wallis (1979: 31) argued that for Christian Science "[t]he world is tacitly accepted (even if it is held not to exist) and the adherent seeks new means of attaining the good things it has to offer." Nonetheless, despite ongoing medical advances, Christian Science continues doctrines that deviate from the medical practice and often physical reality itself.

As a belief system, however, Christian Science must ensure that members have the tools to reduce cognitive dissonance and attribute events to Christian Science, or else the system's membership would dwindle until it ceased to exist. In this chapter, I analyze how groups and the individuals within those groups can maintain commitment by validating their beliefs enough to minimize cognitive dissonance and to attribute belief-confirming events to the practices relating to that belief system.

In 1957, Leon Festinger published his theory on cognitive dissonance, which he argued was a natural experience that people continually worked to decrease

[20] Alternative therapies offered a different form of knowledge as well as treatment (in some cases) from practitioners belonging to lower social statuses, like that of patients who could not afford to pay for scientific medical treatment. Patients may also seek to escape from medical explanations because many members of the public do not understand medical terms in the way that they can understand alternative medicines (Hess, 2004: 702).

(Festinger, 1957: 4). Festinger (1957: 3) argued that although natural and nearly impossible to completely eliminate, the existence of dissonance between cognitions was enough to motivate efforts towards dissonance reduction because it was psychologically uncomfortable: "the human organism tries to establish internal harmony, consistency, or congruity among his opinions, attitudes, knowledge, and values. That is, there is a drive toward consonance among cognitions" (Festinger, 1957: 260). Moreover, individuals will not only work to reduce dissonance, but also to avoid future situations and information that could increase dissonance (Festinger, 1957: 3). Joel Cooper (2007: 80), however, argued that cognitive dissonance may be less about inconsistencies than it is about unwanted consequences.[21]

Festinger (1957) identified three methods that individuals use to reduce cognitive dissonance. These methods include: changing an element(s) that is causing dissonance, adding new consonant elements to the pre-existing cognition, or by decreasing the importance of the involved elements (Festinger, 1957: 264). Like cognitive dissonance theory, Spilka, Shaver, and Kirpatrick (1997: 154) emphasize that: "All attribution theories begin with the assumption that people seek to make sense of their experiences, to understand the cause of events" (Spilka, Shaver, and Kirpatrick, 1997: 154). Interpretations of reality form the basis for people's everyday knowledge, which is "subjectively meaningful to them as a coherent world" (Berger and Luckmann, 1966: 19). People seek to make sense of events by attributing them to causes (i.e. making causal attributions [Spilka, Shaver, and Kirpatrick, 1997: 154]). Furthermore, individuals base their attributions upon other relevant information, which is stored in their memories (Hamilton, 1988: 362).

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[21] Joel Cooper (2007: 73, 75) claimed that cognitive dissonance only emerged when: decision freedom is high, people are committed to their behaviour, the behaviour leads to adverse consequences, and when those consequences are foreseeable, especially when those consequences are irrevocable. With this self-standards model, he alleged cognitive dissonance arises when the consequences of an act are significant to the actor, which differs from Festinger's (1957) assertion (Cooper, 2007: 115). Judson Mills (1999: 34) added that along with people's drive to maintain consonance between two cognitions, people also seek their desired consequences. At times, seeking a reward, or desired result, could involve an immoral act that could distort a person's personal image (Beauvois and Joule, 1996: 36).

Often an event has several possible causes and it is the attributer's task to choose between them (Spilka, Shaver, and Kirpatrick, 1997: 155). In the case of religion, that task could involve attributions to belief-confirming causes or to disconfirming causes. In addition, attributions are often tied to self-esteem, personal understandings, individual goals, and individual morals; and therefore, individuals often choose confirming causes over disconfirming ones (Spilka, Shaver, and Kirpatrick, 1997: 158; Thomas, 1997: 36). Without adherents' attribution of causes to religion, religious belief systems would cease to exist: "[a]ttribution theory would suggest that labelling and interpretation are fundamental to the religious experience" (Proudfoot and Shaver, 1997: 146). I relate some of the dissonance-decreasing methods and theories about attribution to James Borhek and Richard Curtis' (1975) analysis of how belief systems maintain validity and commitment as well as how individuals attribute events to particular causes.

Commitment and Validation

All belief systems require both commitment and validation from their members (Borhek and Curtis, 1975: 85). Groups that maintain a belief system establish validity through internal validation mechanisms, which are often socially determined and abstract (Borhek and Curtis, 1975: 102, 112). In fact, the logic and proof that a group uses to establish validity is as much a social construct as the belief that those logics and proofs validate (Borhek and Curtis, 1975: 112). Consequently, individuals choose beliefs and the mechanisms that validate those beliefs through a series of social conventions (Borhek and Curtis, 1975: 112).

Commitment and validation within these groups constantly face events (some internal to the group, some external) that could either confirm their beliefs or initiate doubt. In order to maintain belief systems, an organization must maintain consensual validation and specific criteria for establishing that validation (Borhek and Curtis, 1975: 102). As a belief system, Christian Science requires validity for both its religious and healthcare claims. Healing practices within Christian Science are closely linked with the movement's religious beliefs, and consequently, failures in healing could result in a disconfirmation of religious

belief. Through maintaining the validity of these beliefs, a belief system can maintain the commitment of its members (Borhek and Curtis, 1975: 102).

Nonetheless, the true criterion for validity often is hidden. "A Ford salesman will never be convinced of the truth of Chevrolet's advertising claims by mere laboratory tests. *His* criterion is whether a car is a Ford or not" (Borhek and Curtis, 1975: 15). Often these criteria are subconscious theories that individuals automatically assemble based on their own commonsense ideas (Thomas, 1997: 31). Consequently, it is likely commonsense to the Ford salesman that a Ford is a good vehicle. Because people can make attributions with goals in mind and the desire (conscious or not) to maintain self-esteem and enhance a positive self-image (Spilka, Shaver, and Kirpatrick, 1997: 156-157),[22] the Ford salesman's criteria should not be surprising. Similarly, some Christian Scientists believe that results from any non-Christian Science treatment are temporary and false healing, whereas Christian Science is true healing.

Maintaining validity can be difficult in the face of alternative theories (especially when those theories are rationally sound): "The appearance of an alternative symbolic universe [basically an understanding of the world] poses a threat because its very existence demonstrates empirically that one's own universe is less than inevitable" (Berger and Luckmann, 1966: 100). Borhek and Curtis divided belief systems between those that are highly empirically relevant or have low levels of empirical relevance (testable), and between those that are highly systematic (meaning the logical interrelatedness of the system's beliefs is strong) or have low levels of systematic organization (a low degree of interrelatedness). High levels of empirical evidence make it easier to invalidate the belief (Borhek and Curtis, 1975: 114): "To the extent that beliefs are untestable, either because they are tautological or because they are non-empirical, they are safe [protected] from the challenge of empirical events" (Simmons, 1964: 256).

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[22] Elliot Aronson (1999: 103) added to Festinger's original theory the idea that the self-concept influences cognitive dissonance. Most people, Aronson (1999: 111) alleged, have relatively positive views of themselves and want to see themselves as moral, competent, and able to predict their own behaviour.

Highly systematic belief systems are less resistant to external influences because an attack on one principal is an attack on the entire belief system (Borhek and Curtis, 1975: 115). If an adherent feels cognitive dissonance for one belief in a highly systematic belief system, then there could be significant costs involved for that individual who reduced her or his dissonance by changing a cognitive or behavioural element (which Festinger [1957: 19, 22-23] identified as the two easier ways for an individual to reduce cognitive dissonance). Such action would involve discarding or changing the entire belief system and possibly the construction of an entirely new cognitive system (i.e. if one belief changes in such a way that other beliefs are no longer consonant with one another, an individual may change her or his other cognitions to match [Festinger, 1957: 137]).

Nonetheless, believers can deny systematic links between ideas in the avoidance of realizing contradiction through the segmentation of belief systems (Borhek and Curtis, 1975: 155). People often use these denials to reduce cognitive dissonance when individuals hold beliefs that are largely important to them and also resistant to change.[23] In these circumstances, individuals may deny the validity of the information they are receiving that would invalidate their beliefs and in effect, compartmentalize their beliefs (Festinger, 1957: 199; 271). In fact, "if a belief system is not systematic *or* empirically relevant it is because the community of believers has chosen not to make those connections" (Borhek and Curtis, 1975: 113). Thereby, believers can choose not to test their faith and/or collectively assemble a belief system that is less susceptible to empirical evidence.

Catholicism serves as an example of a belief system that operates with low empirical evidence and a fairly low level of system. Catholicism has experienced numerous internal and external attacks to the belief system. For instance, Pope Paul VI decanonized a number of saints (Borhek and Curtis, 1975: 115). The church authority that established the dogma could later de-establish it. In other

[23] In cases where an issue is extremely important to an individual, the intensity of dissonance that that person experiences is stronger (Festinger, 1957: 130; Mills, 1999: 27). Even so, Judson Mills (1999: 29) did not find that greater levels of dissonance produced greater levels of avoidance of further dissonance.

words, church authority could remove the non-central beliefs without the entire belief system failing. In this instance, the decanonization could have produced cognitive dissonance for individuals who followed those saints because, as Festinger (1957: 177) stated, social groups can produce dissonance by disagreeing with individuals' cognitions. Even so, individuals could potentially reduce that cognitive dissonance by changing their cognitions regarding those saints. The Catholic belief system is not systematic enough that changing some auxiliary beliefs will destroy the entire system.

Alternatively, ascetic Protestant groups with puritan norms are highly systematic. Beliefs include the idea that spontaneous emotion is evil, man is a tool of divine purpose, and no thought or action is irrelevant. These beliefs constantly are confronted with society's projection of the idea that "if it feels good, it *is* good" in the public media, which ascetic Protestants cannot avoid (italics in original, Borhek and Curtis, 1975: 116). When possible, people avoid such disconfirming information to maintain consonance, but in some situations it is unavoidable and threatening to their belief system (Festinger, 1957: 132-133).

As a result, unsystematic systems can survive against opposing empirical evidence in part because "[u]nsystematic belief systems permit much greater dissention among believers because the existence of disagreement is hard to demonstrate" (Borhek and Curtis, 1975: 116). Systematic systems, however, allow for very small disagreements to lead to vast disagreements regarding the overall nature of the belief system (Borhek and Curtis, 1975: 116). But, because unsystematic systems are less interconnected, individuals can deviate from one another slightly without deviating from the entire system. For example, all Christian Scientists may believe that all physical experiences are either non-existent or are error, which eventually they need to overcome (Eddy, 1875: 264). Some of these Scientists, however, may decide that relying on any medical treatment is wrong, whereas others may believe that it is a personal choice.

Maintaining belief is not always necessary for individuals to enhance the internal validity of the group: "Of course, some, and even a majority of believers may be cynics (consider the social context of contemporary belief in Santa Claus),

but if *all* are cynics, the external power of the belief system is lost all together" (Borhek and Curtis, 1975: 113; italics in original). Consequently, belief systems must maintain criterion that are significant enough to convince adherents of the belief system's validity. Even so, cynics could suffer from cognitive dissonance if they self-identify as hypocrites who are purporting one view while practicing or believing another (Aronson, 1999: 119).

Non-empirical belief systems can thrive without widespread appeal: "Most deviant sciences flourish *because* they produce applications needed and appreciated by a segment of society and, in particular, the seekers in the counter-culture" (Dolby, 1979: 35). Dolby (1979: 37) argued that when orthodox science cannot offer an explanation or solution for someone, that person may be more likely to turn to unorthodox treatment: "For example, those with terminal cancer may not actually believe the claims of a healing cult, but they still reason that when everything else has failed the small but finite chance that the cult can help makes it worth trying." Turning to non-medical procedures after medical procedures seem to fail could be a method of reducing cognitive dissonance or trying to attribute meaning to an undesirable event.

People tend to attribute meaning to events in a way that suggests the ability to predict and control such events in the future (Spilka, Shaver, and Kirpatrick, 1997: 156). Attributing religious meaning to an illness may allow individuals to assume God will lend support to them and increase their personal control by adding "God control" to the equation (Spilka, Shaver, and Kirpatrick, 1997: 163; Thomas, 1997: 41). In the case of Christian Science, adherents expect to grow in knowledge of the gnosis[24] by studying the movement's literature, and they expect great returns in the form of spiritual advancement and often physical healing (Wallis, 1979: 39). In the case that Scientists do not experience spiritual

[24] Gnosis is a specialized form of knowledge that Kenneth Jones (2004: 704) argued is not only used in religious settings, but also in alternative medicines, which contain a certain "cultic element."

advancement and physical healing, they may experience greater cognitive dissonance (Brehm and Cohen, 1962: 178).[25]

By virtue of their beliefs, Christian Scientists could face disconfirming evidence for any healthcare choice that they make. Christian Science texts emphasize that medicine is not only less than ideal, but also rendered ineffective: "When morals forsake the material for the spiritual basis of action, drugs lose their healing force, for they have no innate power. Unsupported by the faith reposed in it, the inanimate drug becomes powerless." (Eddy, 1875: 159-160). Moreover, the belief that Christian Science treatment and medical treatment render each other useless (Eddy, 1875: 159) must impact the degree of dissonance a Scientist faces if she or he choose to use medicine.

Challenges to Commitment and Validity: The Creation of Cognitive Dissonance

Maintaining a committed following is not easy in belief systems such as Christian Science, which Wallis (1979: 39) characterised as a "manipulationist sect:"

> Manipulationist sects are faced with a further major problem, that of maintaining membership commitment. This problem exists principally because they arise in secularised societies in which the domain of religion is highly restricted, and in which religious institutions are obliged to compete with secular agencies as sources of knowledge and technique[s] to control the world. As the natural world has been rendered more explicable by natural science the concern of new religious movements has been directed towards the less predictable and less well explicated areas of human relationships, psychology, health and social achievement (Wallis, 1979: 38-39).

As a belief system, Christian Science faces increasing obstacles from the physical and scientific world as medicine becomes increasingly effective.

Most successful modern alternative healing systems thrive best when they claim to have their own scientific basis as a form of justificatory theory and evidence (Dolby, 1979: 22):

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[25] The drive for confirmation is so strong that at times people may actively seek out specific results in order to confirm their expectations regarding the nature of their self-concept (Brehm and Cohen, 1962: 178).

> A mystical religion may present itself as anti-rational rather than as deviant science. Since established religions appeal to faith as much as to reason, such a stance is socially acceptable. In contrast, a deviant form of medicine must compete with orthodox medicine, which claims to be science-based (Dolby, 1979: 21-22).

Christian Scientists allege that their healing practices, which have remained unchanged since Eddy's time, cannot be measured by scientific means because failed healings could simply be an individual's failure to properly apply the practices.

As a result, Christian Science experiences threats to its validity from increasing disconfirming evidence: "By virtue of its structure, a belief system may be able to fend off negative evidence in a given environment but experience difficulty as social conditions change" (Borhek and Curtis, 1975: 113). Borhek and Curtis (1975: 112) suggest that a belief system sometimes can accommodate to the two non-social factors that they identify as potentially impacting the validation process. First, the belief system's internal logic system may lead in a direction that the powerful members of the group do not want it to. Second, external events may bring pressure on believers to change a belief (Borhek and Curtis, 1975: 112). In response, groups attempt to maintain commitment:

> Consider the possibilities that are open when a belief is challenged by events. First, the belief may be discarded, or at least the level of commitment reduced. Second, the belief may be affirmed in the very teeth of events—the 'triumph of faith'—which must represent consensual validation of some sort. Third, the believers may deny that the events were relevant to the belief, or [deny] that the particular belief that was challenged was importantly related to the rest of the belief system (Borhek and Curtis, 1975: 113).

On the individual level, these responses would constitute a change in cognition that could reduce cognitive dissonance: "Uniform dissonance in a large number of people may also be created if undeniable and incontrovertible information impinges which is dissonant with a very widely held belief or opinion" (Festinger, 1957: 194).

Efforts made to reduce group dissonance could be highly effective because of the social context of individuals with similar beliefs:

> Group membership provides a convincing force outside the individual, who may be personally beset by doubt. In effect it seems as if the water is not wet, that rocks are not hard, or that night does not follow day, one's immediate and natural response is to seek support in the agreement of other humans (Borhek and Curtis, 1975: 121-122).

Individuals can reduce cognitive dissonance by finding others who appear to agree with them (Festinger, 1957: 188).[26] In fact, considerable evidence shows that social interactions are integral in establishing individuals' beliefs and standards (Dolby, 1979: 27). Usually, people are in contact with a disproportionate number of people who support their own beliefs (Weiss Ozorak, 1997: 199), which can allow them to conclude: "If everyone believes it, it most certainly must be true," even if this conclusion involves the denial of unequivocally disconfirming evidence (Festinger, 1957: 200).

One obstacle to this adaptation, however, is that often non-scientific systems are concerned with knowledge conservation whereas science is generally more concerned with knowledge production (Dolby, 1979: 28). Without the production of new knowledge, it is difficult for a belief system to adapt to their surroundings and to maintain relevance to their followers as social conditions change.

Attribution and the Placebo Effect

Groups design belief systems with internal validation mechanisms that prime adherents to attribute relevant events to them and either prevent individuals from feeling high levels of cognitive dissonance or provide them with tools for reducing it. From these validation processes, adherents form cognitive representations that they use as a basis for future responses to events, persons, and groups (Hamilton, 1988: 361). In fact, Cooper (2007: 113) suggested that if

[26] Festinger (1957: 246-247) alluded that proselytizing is one method that groups often use to reduce dissonance. Christian Scientists, however, do not proselytize actively. Instead, Christian Scientists often seek others in their group who share common beliefs.

individuals are not primed regarding their attitudes, then they may not display any cognitive dissonance.

Without any scientific evidence, socially maintained belief and personally derived empirical evidence can be very convincing to adherents. Sometimes, physiological responses to psychological conditions can add to the perceived validity of a belief. Elizabeth Weiss Ozorak suggested that people try to interpret events as supporting their existing commitments and may unwittingly cause outcomes that provide this support: "They may also experience confirming outcomes solely because they expect to—in other words, they experience a kind of placebo effect. The psychological state of belief creates a different physical state" (Weiss Ozorak, 1997: 200).[27]

Weiss Ozorak (1997: 200) was referring to any general expectations, but J.J. Homer, C.E. Sheard, and N.S. Jones (2000) found that in the case of medical surgery a patient may judge the outcome more favourably in order to avoid cognitive dissonance. In fact, "some patients report changes in symptoms which cannot be confirmed by objective measurement" (Homer, Sheard, and Jones, 2000: 195). The impact of such dissonance, and the resultant placebo effect, increases if: "the patient exercises free choice in opting for surgery; strongly believes that the operation will be of benefit; if the operation causes pain and inconvenience; and if it actually yields little benefit" (Homer, Sheard, and Jones; 2000: 195).

Although Homer, Sheard, and Jones (2000: 195) measured these effects in reference to scientific medicine, I suspect similar results are possible with an analysis of Christian Science treatment. Like some surgery patients, Scientists choose Christian Science treatment and they expect benefits from that treatment.

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[27] "The placebo effect is 'any effect attributable to a pill, potion, or procedure, but not to its pharmacodynami, or specific properties'" (Homer, Sheard, and Jones; 2000: 196). Basically, the placebo affect is the misattribution of the cause of an apparent healing to a particular treatment that in reality may not have caused the healing. In the case of Christian Science, the placebo effect would be nearly, if not completely, impossible to measure because there is no empirical means for determining if someone has realized their spiritual nature. Consequently, there is no way to determine whether recovery is due to placebo (which could be anything from improvements due to the perception of doing something to improvements due to the body's natural healing ability) or not.

Moreover, the enthusiasm of the Christian Science practitioner[28]—who is often unaware that her or his treatments may simply elicit a placebo effect—can heighten this result (Bausell, 2007: 30; Homer, Sheard, and Jones; 2000: 196).

Although the placebo effect can be strong initially, it diminishes in effectiveness with time (Homer, Sheard, and Jones; 2000: 196). R. Barker Bausell (2007: 37-38) asserted that it is easy for individuals to misattribute causal relationships through their personal experience and even apparent generations of successful healings. Consequently, the placebo could result from the body's ability to produce some opiods, such as endorphins and adrenaline (Bausell, 2007: 161). Aspects of the treatment that are not the primary treatment itself may benefit the patient;—i.e. stress relief can result from meditation, healthy lifestyle choices often follow the use of a naturopath or homeopath, and so forth (Bausell, 2007: 260, 266). Finally, many ailments such as arthritis occur in cycles of worsening and improving. In these instances, the individuals may find temporary relief through the placebo effect, spread the news of their apparent healing, and then return to the practitioner when the condition reappears (or in some instances leave the group [Bausell, 2007: 39]).

Although the placebo effect may be short lived and caused by cyclical patterns in diseases, cognitive dissonance, optimism, and so forth (Bausell, 2007: 55); its effects on the patient are at least temporarily real. Therefore, "[i]t may be theologically pertinent to ask whether God intervened to produce the result, but in practical terms the answer is irrelevant: The result itself is indisputably real" (Weiss Ozorak, 1997: 200). Nonetheless, the placebo effect will only carry a belief system so far.

Fragility and Deviant Belief Systems

David Snow and Richard Machelak (1982: 22) argued that the potential for cognitive dissonance to result from inconsistencies between mainstream beliefs and deviant beliefs may be more of an issue for researcher than adherent. Similarly, Jean-Léon Beauvois and Robert-Vincent Joule (1996: 133) suggest that

[28] The First Church of Christ, Scientist trains Christian Science practitioners in a two week program to help patients who feel unable to overcome their illness without guidance, although the aid of a practitioner is optional (Merrick, 2003: 270).

in some psychological experiments they conducted, participants may have either not had the tools to rationalize (and therefore decrease the dissonance) of an act, but that in other cases, the participants may not have experienced dissonance at all. Therefore, the elimination of cognitive dissonance does not necessarily require the elimination of all inconsistent cognitions because they all may not produce dissonance (Beauvois and Joule, 1996: 24). Due to some of the reasons mentioned above, and the process that groups go through to establish validity, Snow and Machalek suggested that "disconfirming evidence, however compelling to the nonbeliever, goes unnoticed by the believer" (Snow and Machalek, 1982: 23).

Snow and Machalek (1982: 16) argue that most academics seem to subscribe to the assumption that unconventional beliefs are highly vulnerable to everyday experience and therefore inherently fragile:

> Given this presumed fragility, it is further assumed that believers are continuously confronted with the problem of salvaging their beliefs in the face of disconfirming evidence. This discrepancy between belief and existence is assumed to induce cognitive dissonance that must be resolved if belief is to persist (Snow and Machalek, 1982: 16).

Snow and Machalek (1982: 18) do not disagree with the existence of structures designed to reduce cognitive dissonance, but they argue, "there is nothing particularly unusual about these kinds of reality-maintaining devices." In fact, all belief systems use similar mechanisms to ensure their maintenance despite the fact that they are to some extent arbitrary (Simmons, 1964: 252).

Festinger (1957: 16) argued that at least a small degree of cognitive dissonance is associated with every action a person takes. Therefore, it is not surprising that other belief systems would contain similar "reality-maintaining devices" to unconventional belief systems. But, it should also not be surprising that the beliefs that comprise these systems can play a role in the maintenance of commitment (Snow and Machalek, 1982). Borhek and Curtis (1975: 103) also emphasize this point, stating "There is a circular interplay between belief and

social organization." That is, neither a belief system nor a social organization could survive without the other.

For example, because Nichiren Shoshu (Buddhist group) beliefs define everything, Snow and Machalek (1982: 18) find that its belief system is not very open to contradiction and challenge. Likewise, only the success of a healing can prove the proper implementation of the Christian Science method, rendering the practice itself (not the individual) incapable of failure (Nudelman, 1976: 49). In Christian Science, the belief that Christian Science heals is empirically relevant. Nonetheless, the inability to measure whether Christian Science was properly applied makes the task impossible of designating whether an individual failed or the group failed. Consequently, like the Nichiren Shoshu, in Christian Science, "The system cannot fail, for the very occurrence of an event provides its confirmation" (Snow and Machalek, 1982: 19). Proudfoot and Shaver (1997: 149) emphasize: "Most, if not all, such systems have a theodicy [belief regarding the existence of evil and suffering] that enables the devotee to interpret events that are potentially discouraging as further evidence for the truth of the system and for the efficacy of appropriate religious action."[29]

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[29] Christian Science alleges to document its effectiveness; however, assessing Christian Science on its own terms could produce biased results. For instance, if an ill person refuses medical care, then Christian Scientists could argue for the support of the legitimacy of their healing methods from several possible outcomes. In one outcome, the ill individual eventually calls on a physician. At this point, if the individual has already progressed to the incurable stages of his or her disease, then Christian Scientists can interpret the failure of the physician's last-minute efforts to save the patient as another failure of medicine. In another outcome, however, where the patient recovers following medical treatment the Christian Science practitioner may claim his or her prayer led to the recovery (Cawley, 1969: 199).

If the disease is contagious from which the individual is refusing treatment, then the state often will force medical intervention (Cawley, 1969: 199-200). But if no one is at risk through the refusal except for the consenting adult who is refusing treatment, then the law sees no reason to force medical treatment upon that individual (Cawley, 1969: 202). Of course, the possibility also exists that the individual never receives medical attention and either survives or does not. If the individual survives without medical attention, then the Christian Science practitioner ignores the body's natural healing ability and suggests that Christian Science cured the patient (England, 1954: 451). Similarly, if the patient does not recover, the practitioner argues that that individual did not practice Christian Science properly or that no form of healing (medical or faith) is perfect (Peters, 2008: 21; Young, 2001: 278). These attributions of failures to the individual Scientist likely produce cognitive dissonance for that Scientist because people tend to attribute their successes to internal causes (such as their personal abilities) and their failures to external forces (Beauvois and Joule, 1996: 123; Hinton, 1993: 150). This attribution is also dependent upon the difficulty of the task. Individuals often attribute successes in easy tasks to the environment (Thomas, 1997: 41). Even so, the attribution of the failure to the practice of Christian Science

Proponents of a belief system can use several validation strategies to ensure the belief system explains everything. First, the group can use an empirically non-relevant belief to protect an empirically relevant belief (Borhek and Curtis, 1975: 127). For example, the Papogo Aboriginals of Arizona believe that God lives on top of Boboquivari mountain, which they could test empirically by searching for God there. This belief is protected, however, by the belief that spiders warn God when humans are approaching and he hides (Borhek and Curtis, 1975: 127). Similarly, Christian Scientists believe that error and false belief will one day be eliminated, which would manifest in the elimination of illness and physical needs, such as hunger (Wallis, 1979: 41). This belief is not subject to empirical evidence because adherents can believe it to be true indefinitely since the proof that it is true is yet to come.

Second, a group can use empirically relevant beliefs to validate an empirically non-relevant thesis (Borhek and Curtis, 1975: 129). For example, a millenarian group may justify the upcoming end of the world with the empirically documented crises and natural disasters that the newspaper reports on a daily basis (Borhek and Curtis, 1975: 130). Christian Scientists also use this tactic with the argument that the medical practice fails to save people based on several documented cases. They claim that Christian Science does not fail more than the medical system, even though there is no registry for failed Christian Science healings (aside from the few resultant court cases [Podmore, 1963: 279]).

Finally, a group can manipulate issues or enemies to strengthen their own case. A group can do this manipulation in three ways: First, the group can lump enemies or issues together. This tactic is particularly effective when hate or fear rage high. (Eddy lumped apostates together by accusing them of practicing malicious animal magnetism,[30] which she claimed resulted in her personal harm

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could produce uncertainty in other members regarding whether future attempts at healing would find success. Attributing the failure to the individual may be necessary to prevent high levels of cognitive dissonance within the group and maintaining the pride of the group itself.

[30] Eddy originally identified animal magnetism as mesmerism and she attested that animal magnetism represented false belief: "Animal magnetism is the voluntary or involuntary action of error in all its forms; it is the human antipode of divine Science" (Eddy, 1875: 484). Eddy (1875: 584) also included "animal magnetism or hypnotism" as part of her definition of the "Devil." Moreover, for animal magnetism to be the opposite of Christian Science, then animal

[Cather and Milmine, 1909: 2210-221, 231, 238, 241-242].) Second, groups can dissect issues so that they appear to only attack one aspect of the enemy's belief. In this case the group can defend itself by denying that they disagree with the central issue (Borhek and Curtis, 1975: 131). (For example, Christian Scientists often argue that they support the protection of children and medical physicians' efforts to help in general. Scientists believe that medicine is only temporarily effective because, they allege, it only treats the symptoms of an ailment rather than the cause.) Finally, a group can use polarization by allowing beliefs from opposing camps to become increasingly extreme and contrasting until there is no middle ground exists between them (Borhek and Curtis, 1975: 132). (Eddy used this tactic when breaking from her former teacher's practices, which she later alleged were malicious animal magnetism).

In fact, defensive structures can be extremely important for sectarian organizations:

> Fringe group members are usually keenly aware of the fact that the larger culture disagrees with their view of the world, however, and often adopt a defensive judgement of the layman as unenlightened. This judgement makes it easier for the fringe group member to disregard the rejection and derision of the unbeliever (Simmons, 1964: 255).

Opposition from the state and medical agencies that oppose Christian Science's healthcare doctrines and practices have allowed the group to band closer together as brave proclaimers of truth in the face of persecution and intolerance (Wallis, 1979: 41).

Hostility also can motivate a group to withdraw and isolate its members from mainstream society (Wallis, 1974: 303). Moreover, defensive strategies can strengthen commitment: "'It is not our group which is pig-headed and unreasonable', the sect argues, 'but the ignorant public, who persist in attacking us when they don't really understand what we are trying to say'" (Dolby, 1979: 27). Even so, Stark and Bainbridge (1987: 147) attested that if a sect faces a

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magnetism could restore power to suffering, sinning, and dying beliefs: "Suffering, sinning, dying beliefs are unreal. When divine Science is universally understood, they will have no power over man, for man is immortal and lives by divine authority" (Eddy, 1875: 76).

coercive environment and that sect also impedes the formation of schisms, then that deviant members of the sect may find other expressions, such as forming schisms within the organization

Commitment and the Social Structure

In addition to the sheer impact of interacting with others who share similar beliefs, groups can work actively to enhance the social environment that best maintains the commitment of their adherents. The social structures of belief systems differ, but often they contain similar components (Borhek and Curtis, 1975: 154). Borhek and Curtis (1975: 105) identified two intertwined methods for building commitment to belief: 1) cutting off alternative beliefs, and 2) building dependence on belief.

These methods usually operate through encapsulation and entanglement (Borhek and Curtis, 1975: 106). Encapsulation involves *insulating* members from the outside through barriers (but not through physical separation) and *stacking*, or giving members too many duties so that they spend a great deal of time exposed to group dogma. Entanglement involves blurring the difference between the individual and the group so that the members feel an inability to survive outside it. If an individual has reduced her or his ability to differentiate between oneself and the group, then that individual likely views religion as extremely significant. Because people tend to make attributions that maintain a positive self-concept, then increasing the importance of religion, while decreasing one's awareness of alternative beliefs, could increase the likelihood that an individual will attribute an event to a religious cause (Spilka, Shaver, and Kirpatrick, 1997: 163).

Moreover, in the social environment, the group often can block out information that might invalidate individuals' beliefs and at the same time build a dependence on the group's beliefs (Borhek and Curtis, 1975: 105). Isolation (encapsulation) is achievable through physical isolation and/or mental conditioning. In the case of physical isolation, a group can retreat from society and establish a communal living environment or create an alternative social structure in close physical proximity to larger society (sometimes with the condition that membership depends upon avoiding outside contact [Borhek and

Curtis, 1975: 106; Stark and Bainbridge, 1987: 250]). Alternatively, a group may insulate its members through the creation of a belief system that invalidates external sources (Borhek and Curtis, 1975: 107).

But whatever approach it takes, the group can block out disconfirming evidence in a similar way that individuals themselves often do when avoiding increases in cognitive dissonance (Festinger, 1957: 30). Isolating members in this way, however, can help maintain both the commitment of members and their conformity to the belief system:

> Commitment is further enhanced by ideological insulation, the prohibition or denigration of alternative sources of opinion, ideology or involvement (Wallis, 1979: 40).

In addition to these social structures, the time and effort one puts into a movement often deepens one's beliefs and consequently, commitment (Borhek and Curtis, 1975: 102).

Stephen Kent (2004: 102) recognized this isolation as a common characteristic with some groups that detach from society to enable similar behavior to that of abusive families. Consequently, Kent (2004: 107) claimed that "sometimes the gods are crazy, and in a divinely (mis)attributed craziness, people can, and do, hurt and sometimes kill themselves and others." In line with the statements and beliefs perpetuated by a leader in this condition, many followers substitute faith for reason and obedience for questioning (Kent, 2004: 108).

The survival of the group often requires conformity among members, which leads the group to counter internal deviance:

> Deviance in belief is threatening because it implies loss of that predictable social order through the ineffectiveness of social control over the deviant. This would leave conforming members in the worst of all possible worlds: controlled, but unable to rely on social order (Borhek and Curtis, 1975: 123).

In sectarian groups, "[t]he purity of truth can be maintained only if those who threaten to defile or misuse it are excluded, and its protection requires extensive control over those to whom access is permitted" (Wallis, 1974: 303).

Many belief systems integrate surveillance and repercussions for deviance within the group and all religions monitor their adherents in some way. Nonetheless, "little discussion exists about the ways that religions, sects and other religious collectivities monitor both their members and their social environments" (Raine, 2009: 67).

Social control may comprise informal sanctions that group members easily teach (i.e. guilt) and learn in highly systematic groups (i.e. a code of ethics) [Borhek and Curtis, 1975: 27]). Either way, sanctions often render deviance costly enough for members of the religious group that they will conform to the code of behavior (Stark and Bainbridge, 1987: 125). Religions with relatively low system, such as Christian Science, often depend on external sanctioning (i.e. physical behaviors—such as not eating meat, dressing a certain way, forgoing medicine, and so forth). Social control, however, always involves a little of both internal (individually regulated) and external (group regulated) sanctions (Borhek and Curtis, 1975: 27).

Like other sects of its time, Christian Science began as a loosely structured group that was prone to disintegration and disappearance (Wallis, 1979: 25, 31). Nevertheless, the movement evolved, and became a "cohesive, authoritarian sect" (Wallis, 1979: 25).[31] Eddy also began inducing fear of external influences by making scapegoats of former members and enemies. Then, she centralized church bureaucracy within the Mother Church[32] to monitor all local churches, which she required to follow the Mother Church's program and refrain from the use of local pastors (Wallis, 1974: 312). In fact, Eddy ordained *Science and Health* and The Bible as the only pastor:

> I, Mary Baker Eddy, ordain the BIBLE and SCIENCE AND HEALTH WITH KEY TO THE SCRIPTURES, Pastor over The Mother Church, -- The First

[31] See Wallis (1973) for a description of how Christian Science silenced critics.

[32] The Mother Church is the original branch of the First Church of Christ, Scientist and is located in Boston. The Mother Church conducts all administrative affairs, ensures that Christian Science stays true to Mary Baker Eddy's teachings, and controls public relations among other duties. For more information regarding the duties of the Mother Church, please refer to Fraser (1999).

> Church of Christ, Scientist, in Boston, Mass., -- and they will continue to preach for this Church and world (Eddy, 1895: 58).

In addition to these developments, "Members were forbidden to join more than a limited range of voluntary associations, to seek medical assistance or advice, and to read other occult or metaphysical literature" (Wallis, 1974: 312).[33] With these measures, during its early days, Christian Science ensured that loyalty was directed not only toward individual practitioners, but also to the Mother Church (Wallis, 1979: 40).

While isolating adherents from external influences, Eddy claimed that *Science and Health* and her other writings were "inspired revelations whose profundity and true impact could be understood only by constant study" (Wallis, 1979: 33).[34] Elizabeth Weiss Ozorak (1997: 198) stated that "[T]he person whose religious schemas are constantly primed will notice, remember and reinterpret religious information more than a person not thus primed." Similarly, David Hamilton (1988: 363) attested that individuals who spend more time thinking about an item are more likely to contribute it to their long-term memory, and therefore, use it to attribute causes in the future. Consequently, it is not surprising when Christian Scientists attribute many of the positive happenings in their lives to their belief that "Evil has no power, no intelligence, for God is good, and therefore good is infinite, is All" (Eddy, 1875: 398).

Moreover, in this process, Wallis (1979: 33) asserted that Eddy developed a hierarchy of sanctification by establishing different levels of courses. The use of levels within a group is a program of training and a process of conversion from which successful members can feel pride. Critics argue these levels represent stages of increased suggestibility heightened by issues that they relate to

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[33] When Arthur Nudelman (1976: 47) researched Christian Science, however, he found that many Scientists did not follow this rule and belonged to professional groups, fraternities, and other organizations.

[34] Arthur Nudelman (1976: 48) claimed that because "Scientists avoid a good deal of mental contamination from the biological sciences, they are seldom confronted with un- or anti-Scientific [i.e. anti-Christian Science] facts in this realm." The Scientists with whom I spoke claimed they found medical claims were prominent everywhere and difficult to ignore—even though by virtue of attempting to disregard those claims, they likely isolate the impact that any knowledge of medicine will have upon their beliefs.

"brainwashing," such as heightened emotional states and physical factors, including fatigue or sensory deprivation. Insiders, however, view these stages as symbols of rational commitment (Dolby, 1979: 27). The act of successful healing and forgoing serious ailments, however, may be more significant to some members than attending classes. Few individuals with whom I spoke had attended classes, but they seemed to see individuals on different levels based upon their ability to heal.

Moreover, Wallis' (1979: 38) comment that, "members of Christian Science and Scientology have no official voice in policy and decision-making, and little basis for united opposition to the leadership" seems to still bear true. It is part of the reason for the few dissident groups that Linda Kramer (2000: 199) highlighted who "support both Mrs. Eddy and Christian Science, but are labelled dissident because they dare to question The Mother Church's leadership (i.e. the Board of Directors) and/or to publish books not authorized by the Christian Science Publishing Society." In addition to needing the Christian Science Publishing Society to support books, Branch Churches and Societies must find approval from the Mother Church before they can claim to practice Christian Science (Wallis, 1979: 36). Moreover, the Mother Church also must approve of the Readers[35] for these organizations (Wallis, 1979: 36).

While all these surveillance measures remain in tact, Scientists whom I interviewed demonstrated that they were not under strict personal surveillance. On the one hand, therefore, it seems that the Mother Church may be very concerned about preserving the authenticity of its belief system by ensuring that all church publications and group activities reflect the "Truth." On the other

[35] Readers are responsible for administering the Sunday lesson sermons and the Wednesday night testimonial meetings (when individuals discuss successes they found through Christian Science): "They [Readers] shall read understandingly and be well educated. They shall make no remarks explanatory of the LESSON-SERMON at any time, but they shall read all notices and remarks that may be printed in the CHRISITAN SCIENCE QUARTERLY" (Eddy, 1895: 32; emphasis in original). Eddy (1895: 33) maintained that, "[t]he Church Reader shall not be a Leader," but allegedly Christian Science has no pastors or leaders aside from Eddy's works.

hand, the Mother Church may be less concerned about the activities of *some* members—or at least, so it appeared during interviews for this thesis.[36]

Ample evidence exists that *early* Christian Science closely monitored the behavior of its adherents and it is very likely that some branch churches closely monitor their own members—sometimes with dire results, such as Rita Swan's story (Dolnick, 1990: 15). Even with healthcare choices left to one's own discretion, however, it appeared that some members are quite strict in their behaviors and even may believe that other members are equally strict.

Disconfirmation and Adaptation

Although commitment is an important factor in maintaining a following, "If a belief system demands total commitment and cannot motivate the persons to make this commitment, it is not likely to persist for very long" (Borhek and Curtis, 1975: 32). High commitment often produces noisy apostates, whereas low commitment usually results in people dropping the belief silently (Borhek and Curtis, 1975: 32). Depending on their position and personal experiences, individual members of the group may demonstrate varying levels of commitment (Borhek and Curtis, 1975: 33) and consequently, they may experience different levels of influence from external sources.

Even so, Christian Scientists are well integrated into the surrounding society and consequently, they are exposed to large amounts of external information. Werner Stark (1967: 262) suggested that: "A strain of consistency goes through every social order, as a tendency towards the mutual adjustment of the component elements goes through every biotic and physical system." In fact, Stark (1967: 264) found that an upward movement in the prosperity of a movement tended to coincide with a downward movement in the rebelliousness of that movement: "There is something in sectarianism itself which leads—*via* worldly success—to the decay of sectarianism" (Stark, 1967: 267). While Christian Science, as an organization, appears to be losing prosperity and

[36] I have no evidence to suggest that the individuals who I interviewed are representative of the entire Christian Science population, especially that outside of Canada.

membership (Sheler, 1998), remaining adherents to the faith still appear to belong to the middle-to-upper class (Stark, 1967: 34).[37]

Perhaps this inconsistency with Stark's (1967: 267) assertion that sectarian groups dwindle when socio-economic conditions improve is understandable in relation to the nature of Christian Science. Christian Science tends to have flourished only in countries and populations where the general level of health is relatively high (Caucasian middle to upper class Canadian and American society for example [Benson and Dusek, 1999: 62; Nudelman, 1976: 42]). Because the faith denies the efficiency of scientific medicine, it would be unlikely to thrive in population segments whose health is not above average and who benefit noticeably from medicine.

Perhaps of more importance is the individualization that seems to occur among adherents of a belief system:

> Socialization is never completely successful. Some individuals 'inhabit' the transmitted universe more definitely than others. Even among the more or less accredited 'inhabitants,' there will always be idiosyncratic variations in the way they conceive the universe (Berger and Luckmann, 1966: 98).

One of the factors in the inability to completely socialize an individual could be that people are involved in several social groups at one time and that each of those groups socialize individuals into differing roles. Because Christian Scientists are now fully active in mainstream society they are subject to external influences They often attend post-secondary institutions, hold professional jobs, have many non-Scientist friends and family, and are often retired seniors who have converted later in life (Benson and Dusek, 1999: 62; Nudelman, 1976: 54; Nudelman, 1986: 437).

Because of the unique combination of groups with which each individual is involved, interpretation of a belief system may differ among members: "Each participant in a subculture has a unique perspective based on his unique social

[37] In a telephone survey, Herbert Benson and Jeffery Dusek (1999: 543) found that Christian Scientists reported the same average income as the other respondents and a higher than average education level.

position, interests, experiences, and cultural 'worlds' available to him" (Borhek and Curtis, 1975: 54). These differences in belief could manifest as the small subsections of deviance that can be threatening to a belief system, unless the system accommodates for some acceptable level of variation.

Generally, even with differences in content, belief systems require a procedural consensus. Nevertheless:

> In the short run, even consensus on procedures may be absent without jeopardizing social order if 'pluralistic ignorance' exists. Pluralistic ignorance is the contradiction in which groups of people perceive substantive agreement in belief specifically because they misunderstand one another and each projects his own beliefs onto the others. This may allow a population to live in peaceful disharmony for what seems to be an indefinite period of time, engaging in occasional rituals that emphasize consensus and that are either so low in empirical relevance and so well established in tradition that they do not bear on current conflicts of belief, or so vague and platitudinous that they are almost without specific content (Borhek and Curtis, 1975: 147).

Because Christian Scientists do not typically discuss their beliefs regarding healing practices with one another, it is possible that members of that group could follow different healthcare practices (sometimes without even realizing that they do so).

Christian Science as a Belief System

Belief systems operate on many levels and maintain the commitment of their followers as well as the validity of the system through many different tactics. While cognitive dissonance likely emerges for some individuals due to these circumstances, it is difficult to determine at what points people are experiencing dissonance. Attribution is much easier to identify, however, because it is a tactic through which everyone understands worldly events, people, and groups.

In the next chapter, I discuss the historical context of Christian Science. While I use that chapter primarily to illustrate the historical context within which Christian Science emerged, I also highlight some of the changes in external influences on the group when possible. These influences forced the group to

respond by insulating members, establishing an organized social structure, and validating its belief system.

Chapter 4: The Creation of Christian Science, a Medical-Religious Sect

> *Such religions [as Christian Science, Seventh-Day Adventists, and Jehovah's Witness] flourished because many people feared both the unreliability and the power of American medicine* (Hoertz Baracco, 2008: 93).

It is nearly impossible to imagine Western society without the reliability of modern medicine. Medicine, however, emerged as a belief system and faced (and continues to face) issues relating to the maintenance of validity and commitment. In nineteenth century America, laissez-faire attitudes, anti-intellectualism, and fear of medical practices limited the validity of scientific medicine and promoted a tolerance for medical sects (Morley and Wallis, 1976: 11). Furthermore, although scientific medicine continued to improve, prior to and during the late 1800s and early 1900s the medical community routinely used methods considered questionable by today's standards. Consequently, public commitment to medicine remained low.[38]

Peter Wright (1979: 88, 97) suggested that—despite its increasing effectiveness in modern years—seventeenth century medicine began to gain state support because of its alignment with the cultural and ideological conditions of its day. Early medicine, furthermore, maintained consensus through the "religious and physical submission" of individuals (Hoertz Baracco, 2008: 47, 185). It was only in the nineteenth century that the presumption that medicine *should be* "scientific" emerged (Bivins, 2007: 34). Scientific medicine's domination allowed physicians to claim a monopoly on legitimate forms of healing, to charge inflated fees,[39] and to label all non-scientific doctors of the time "quacks" (Jones, 1985: 8). In the late 1800s, when physicians were treating patients with ineffective and often harmful therapies, it is hardly surprising that alternative therapies such as Christian Science found widespread support.

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[38] Today, some medical practices continue to receive public distrust. For example, medical practitioners' still use a preservative containing ethyl mercury in some vaccinations and some people believe it is responsible for the spread of autism in children (Hoertz Baracco, 2008: 36; Scahill and Bearss, 2009: 51). Nonetheless, Scahill and Bearss (2009: 52) argued that increases in autism resulted from changes to the diagnostic criteria and assessment procedures rather than the prevalence of immunizations.

[39] Some patients could not afford or chose not to pay for the high rates of a semi-effective medical physician, when they could as readily turn to an alternative healer with similar results.

With its origins in science, however, medicine worked to change and adapt to its social surroundings, and consequently, became more effective. Science often works to adapt to its surrounding environments, whereas other belief systems (including alternative medicines) sometimes adopt a conservative approach by refusing to accommodate their knowledge (Dolby, 1979: 28). Once medicine solidified its own validity criteria (that of objectivity), many patients began to believe medical claims and to view their own health through a medical lens.

In this chapter, I discuss how Christian Science emerged in and reacted to other healing methods in the late nineteenth to early twentieth centuries in both the U.S. and Canada. I base this discussion on the historical books and articles about Christian Science. First, I outline the increasing validity of the medical world that Mary Baker Eddy encountered, then the role of alternative medicine in that world. Next, I discuss the emergence of Christian Science, the methods that early Christian Science used to maintain commitment within the group, and how the legal systems in Canada and the U.S. regulate this group. Lastly, I argue that Christian Science as an organization has changed since its origins and that these changes have produced the necessary context for what I observed in my interviews.

Risks in Early Medicine

> *Christians are accustomed from the Bible to think of illness and healing in terms that synthesize the physical, mental and spiritual conditions. But the triumph of a scientific Western medicine in the past 150 years has progressively diminished the tendency to conceive of illness as a multi-faceted phenomenon and yielded to the habit of defining illness in exclusively physical terms (Philibert, 1998: 1).*[40]

Early Christians often relied on religious healing instead of medicine. An early Christian prayer used for healing goes: "help Christ, you are our sole physician" (Biser, 1998: 69). Fourteenth century Christians did not approve of medicine; they mixed Christianity with magic: "What God had sealed within the body

[40] Roberta Bivins (2007: 34) argued that scientific medicine did not gain its status as an established orthodoxy with acceptance from society until the interwar years, which would date after Eddy's death in 1910.

should not be opened for the secular purposes by the surgeon" (Turner, quoted in Samson, 1999: 5). The Catholic Church used sacraments to heal illness and seventeenth century Protestants considered prayer equal or superior to scientific healing (Dellimeau, 1998: 43-47). In the nineteenth century, religion remained a strong influence on medicine. In fact, much of the populace regarded physicians and preachers as the same: "Religion has influenced the directions and practice of American medicine since its earliest days, when the identity of the doctor and preacher were synonymous" (Hoertz Baracco, 2008: 14, 19).

In the nineteenth century, however, patients suffered greatly under scientific medicine: "[O]ne only can conjuncture about the level of fear about medicine that prompted so many Americans to seek alternatives, or to follow the latest quackery, whether herb or wheat, water or mind cure" (Mind Cure practitioners argued that pain originates in the mind itself and therefore the mind can heal bodily ailments [Hoertz Baracco, 2008: 44; Lee, 1976: 29-30). Medicine offered a great deal of empirical evidence (in the form of pain, death, and failed cures) that contradicted the claims that medical professionals made.

For example, physicians prescribed toxins and heroic drugs, such as mercury and arsenic, in heavy doses to treat simple ailments such as headaches (Bivins, 2007: 104; Hoertz Baracco, 2008: 36): "'Assaulting' illness, they prescribed not only mercury and arsenic but also alcohol, opium, and strychnine in order to 'reinvigorate' the patients" (Hoertz Badaracco, 2007: 19). Patients on heroic cures often perished, but if they did survive without healing, then physicians would often recommend a change of climate as a last resort (Hoertz Baracco, 2008: 36). Heroic cures lost favor in America by 1840 as alternatives to medicine became increasingly popular, but the fears of medical practices remained vivid.

The tendency to process information in a "top-down" method, likely perpetuated fears of scientific medicine because patients often experience "scientific illiteracy" and therefore, do not always understand scientific reasoning (Hess, 2004: 702; Weiss Ozorak, 1997: 194). This type of processing implies that individuals attribute preconceived notions (such as the belief that medicine is

ineffective) to events and thereby attribute meanings that confirm rather than challenge their beliefs (Weiss Ozorak, 1997: 196). Moreover, because of links to an individual's self-concept (Spilka, Shaver, and Kirpatrick, 1997: 158) patients may be likely to continue attributing their preconceived notions to medicine rather than admit that they are wrong. Nevertheless, in Canada that fear also may have been rational because death rates remained high until World War I (Bernier, 2003: 13). Moreover, alternative healers flourished in Canada until the early 1900s because many medical practices were ineffective and governments poorly regulated medicine (Bernier, 2003: 13).

Consequently, patients feared that scientific medicine could perpetuate or worsen their conditions. Patients feared not only the pain associated with treatment, but also the potential for death or serious injury resulting from that treatment. "Their inability to produce cures, despite their claims to ever more knowledge of the body's inner workings, left patients dissatisfied and in many cases disgusted" (Bivins, 2007: 6). Joel Cooper (2007: 80) suggested that individuals feel cognitive dissonance (psychological discomfort) when they experience unwanted consequences from an event. The consequences of undergoing medical treatment around 1875 when Mary Baker Eddy published *Science and Health* (Peel, 1966: 5; Podmore, 1963: 266-267) certainly would have produced cognitive dissonance. Consequently, it is possible that patients turned to alternative medicines as a method of avoiding their fear of medicine.

Gender and Nineteenth Century Medicine

Women particularly suffered under nineteenth century medicine. Before 1900, women's life expectancy was higher than males: elderly women outlived elderly men and female infants were more likely than males to survive the first year. Conversely, females in Canada and elsewhere between the ages of five and twenty had significantly higher mortality rates and married women were about twenty-five percent more likely to perish before their husbands (Mitchinson, 1991: 54; Shorter, 1982: 228).[41] Even in Canada, the predominance of male

[41] Many risks to women's health in the late nineteenth and early twentieth centuries involved the combination of childbearing and rearing, fieldwork in rural areas, housework, and

physicians led to "use the male body and how it functioned as the norm by which to judge whether women were healthy or not" (Mitchson, 1991: 12). In these earlier years, because the knowledge of feminine illnesses was limited, physicians frequently misdiagnosed or used heroic cures and toxins to treat ailments that are now safely treated (such as anemia [Bivins, 2007: 104]).

For instance, most women and some men allegedly suffered an apparent form of nervous disorder and physicians tried various prescriptions in attempt to find a cure (Hoertz Baracco, 2008: 16). The attitude of many physicians to this nervous disorder is exemplified in the teachings of medical doctors of the time, such as Dr. Wendell Holmes who lectured to an all male class at Harvard Medical School. In 1860, he taught that the commonplace of "'invalidism' was the 'natural state' of many women although it might degenerate into disease, it would never lead to full health" (Hoertz Baracco, 2008: 14).[42] Consequently, women who, like Mary Baker Eddy, were diagnosed invalids may have sought medical alternatives (such as Christian Science) in an effort to avoid negative consequences and attribute their illness to something more controllable than a "natural state" (Gill, 1998: 99).

Although men suffered some uniquely male ailments (and very few men did suffer some of the female-dominant disorders such as invalidism), these ailments were far less common and tended to occur very early or late in life unlike women's health problems (Shorter, 1982: 281). Furthermore, it was less likely for male-dominant treatments to face religious opposition than it was for female treatments. For instance, when some practitioners introduced chloroform to replace ether as a pain reliever for women in labor (Canadian physicians used

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poor diet (Shorter, 1982: 239). Although childbirth likely deteriorated the health of women, Edward Shorter (1982: 241) states that women's deaths were likely the result of overwork and under nutrition (primarily because studies fail to link women's mortality rates with number of births). Family support also may have played a large role in women's health: "The *traditional* husband, however, usually trivialized or ignored a wife's physical complaints" (Shorter, 1982: 280). In Canada, as well, poor married women could not afford healthcare and were often overburden with household chores (Buckley, 1988: 149). Consequently, single women often faired better than did their married counterparts.

[42] In addition, women often had other issues with the medical hegemony, for instance, they often found the field of gynecology increasingly invasive, paternatilisic, and opposed to notions of decency (Jansen, 1997/1998: 1). Consequently, women may have been more open with female alternative healers than they were with the male doctors who dominated scientific medicine (Schoepflin, 2002: 37).

chloroform until the 1870s, when ether made a resurgence), some religious proponents claimed that "'it would 'rob God of the deepest cries' of women in labour" (Jones, 1985a: 7; see Hoertz Baracco, 2008: 25; Mitchinson, 1991: 41).[43]

Despite these factors, Shorter (1982: 279) argues that the predominant cause of women's medical woes stemmed from ignorance. This ignorance began to change, however, about several female specific ailments at the turn of the nineteenth century (Shorter, 1982: 252). Even so, it would be some time before the consequences of inappropriate medical treatments diminished and the fear of those consequences faded to the point where many people would return to mainstream treatments.[44]

Moreover, in support of Stark's (1970: 30) claim that sectarian groups often stem from socio-economic conditions, these alternatives posed a unique opportunity for women and men who wanted to reclaim their bodies and enter the lucrative market of healing. The very existence of an alternative belief system (such as Christian Science) reduces the validity of one's original belief system (such as scientific medicine) because it proves that other interpretations are possible, and thereby, threatens the original beliefs (Berger and Luckmann, 1966: 100). Alternative medicines appeared to offer women (and in the case of

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[43] Physicians may have denied chloroform to some female patients. Ether first found its way into medicine, however, for its ability to combat the use of Mesmerism as an anaesthetic (Bivins, 2007: 88). Whether the effects were testable or not, Mesmerism appeared to decrease the pain of some patients and the medical orthodoxy saw its use as threatening.

[44] Kenneth Jones (1985a, 2004) claimed that some of these risks were perpetuated beyond their times as new discoveries and medical schisms were labeled 'quackery' and illegitimate until they either lost popularity or integrated into mainstream medicine (Jones, 2004: 704). Resistance to new knowledge that countered 'conventional wisdom' was an early reason for not accepting new concepts, such as inoculation (Jones, 1985a: 6). Consequently, mainstream medicine once rejected what are now widely accepted medical theories, such as "antisepsis, anesthetic, even germ theory itself," on the basis that these theories divided the medical establishment (Jones, 2004: 711). Some "quacks" practiced surgery as successfully as mainstream practitioners, but on areas of the body that the orthodox profession considered "too risky" (Jones, 1985a: 8). In fact, various healing techniques that did not find widespread acceptance have influenced modern medicine.

For instance, despite their life-saving potential, the advent of forceps remained unknown until 1750 despite their use by one physician and his family as early as 1650 because it was more profitable for the family to keep the development a secret (Jones, 1985a: 10). Inoculations also faced opposition when they were initiated due to concerns for medical hegemony (Jones, 1985a: 10). Nonetheless, the claims of many alternative practitioners "tend to cluster around a hostility to allopathy, and a rejection of bacterial and germ theories of disease, in favor a monocausal theory" (Jones, 1985a: 13). Mono-causal theories would allege that ill health originates from one source (such is the case with error in Christian Science; or Philibert [1998:6] suggested physical causes in scientific medicine).

Christian Science, both women and working class men) an opportunity to become independent, healthy, and useful beyond their household: "More and more women assaulted social conventions, gained access to medical education (often sectarian), and explained the rewards of professional independence" (Schoepflin, 2002: 43).

Alternative Medicines

When individuals have exhausted measures that they expect to produce a positive outcome (such as medicine), they sometimes turn to practices that they may not expect to work (such as faith healing [Dolby, 1979: 37]). Dissonance can result from responsibility for consequences rather than from inconsistency in cognitions (Cooper, 2007: 85). Individuals generally seek good health, try to avoid the cognitive dissonance associated with being responsible for choosing medical treatments with undesirable consequences, and desire to attribute their health to something that they can control. Consequently, during this era, individuals were likely motivated to use alternative treatments. Using a treatment with either helpful or at least harmless consequences may have been more appealing than using scientific medicine, which often resulted in personal harm.

Among the numerous alternative medicines available in the nineteenth century, homeopathy, mesmerism (also called animal magnetism), and Quimby's healing method contributed to the emergence of Christian Science. Homeopathy and mesmerism became prominent in late eighteenth and early nineteenth century Europe (Bivins, 2007 79). The founders of each garnered support from some medical elites and claimed their practices were scientific, a practice that often helps deviant sciences to maintain their validity (Bivins, 2007: 79; Dolby, 1979: 21-22).

In 1810, Samuel Hahnemann[45] proclaimed two new medical "laws." The first was "the law of similars"—the idea that a drug that causes similar symptoms in a patient will also relieve those symptoms. And the second was the "law of infinitesimals"—the idea that the body's ethereal vital force required treatment on a metaphysical level to remove disturbances (Bivins, 89-90; Fuller, 1989: 22; Hoertz Badaracco, 2007: 56). Homeopathy found popularity among the public

[45] Hahnemann supported the use of Mesmerism (Fuller, 1989: 55).

because it offered a new outlet for enthusiasm and allowed patients to avoid harmful medical treatments:

> The infinitesimal doses used by homeopathic physicians proved far more beneficial in cases where the bleedings and purgings of regular physicians so weakened patients that they failed to overcome illnesses that if left alone, would have run their natural courses and receded (Fuller, 1989: 24).

Many people, including a young Mary Baker Eddy, relied on homeopathy as an alternative to heroic drugs (Hoertz Badaracco, 2007: 56).[46] Moreover, by the mid-1800s, homeopathy threatened Canadian physicians' social status and income (Mitchinson, 1991: 19).

Between 1773 and 1775, Anton Mesmer started mesmerism or animal magnetism: "Mesmer was convinced that the presence and proper action of the magnetic fluid (like those of *qi* [energy in Chinese medicine] and *ojas* [energy in Ayurvedic medicine]) ensured health" (Bivins, 2007: 80; Podmore, 1963: 1). Mesmerism also received support from the scientific community and physicians for a short time until it largely fell from use in the 1850s (see Podmore, 1963: 14-17, 88, 151).[47] Beginning with the arrival of French Magnetist, Charles Poyen in New England in 1838, many Americans found mesmerism as not only successful at healing, but also at establishing inner harmony (Fuller, 1989: 46; Podmore, 1963: 219).[48] After mesmerism influenced hypnotism, Mental-healing (such as Phineas Quimby's practice), Mind-cures, and Christian Science; it gradually diffused into Spiritualism (Podmore, 1963: 250).

Unlike Hahnemann and Mesmer who began their healing careers as medical physicians, "Dr." Phineas Parkhurst Quimby (1802-1866) was a watchmaker

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[46] Because Mary Baker Eddy underwent several name changes through widowing and a failed marriage, I will call her Mary when discussing her childhood and young adulthood and Eddy for later in her life.

[47] For most of the years Mesmerism was popular, surgical procedures were conducted without anaesthetics, which were discovered in1842 (Fraser, 1999: 48). Nonetheless, physicians were aware of primitive pain relievers long before 1842, but many did not prioritize lessoning a patient's pain over the use of such treatments as cannabis, opium, and liquor (Jones, 1985: 6). Consequently, some physicians used Mesmerism as a form of anaesthesia (Podmore, 1963: 69-70).

[48] By the time of Christian Science, mesmerism had lost some popularity in the US and many people considered it trickery used to control and seduce unwary women. Moreover, Eddy and her followers came to view animal magnetism (mesmerism) as dangerous error that could cause "mental poisoning" (Gill, 1998: 81).

(Hoertz Badaracco, 2007: 29). When Quimby saw a mesmerist by coincidence one day, the idea of a higher power influencing health intrigued him, and he began his own practice on the premise that disease was imaginary and could be removed by a medium (like himself) rather than a physician (Fuller, 1989: 59; Hoertz Badaracco, 2007: 29). In fact, Quimby asserted that disease arose from wrong thinking (Cather and Milmine, 1909: 44; Fuller, 1989: 59). In 1862, Mary became Quimby's patient and later, his student.

While homeopathy and mesmerism admitted the validity of science and conducted laboratory tests, Abraham Flexner (1910: 159), who reviewed medical institutions in both the United States and Canada, found that homeopathy (he did not analyze mesmerism) did not contribute new knowledge to the medical field. Without the development of new knowledge, many alternative therapies, especially those not linked to science, found it increasingly difficult to accommodate to societal and medical advances (Dolby, 1979: 28).

Therefore, as scientific medicine rose in stature, alternative-healing methods suffered increasing marginalization (Morley and Wallis, 1976: 9). When Christian Science emerged, it was a controversial schism (similar to many others during its time) and faced opposition from both mainstream medicine and Christianity.[49] I, however, focus solely on medically based controversies involving Christian Science.

Christian Science and Mary Baker Eddy

According to Christians, God instilled humans with free will, but expected that they would maintain divine grace. Humanity failed to keep divine grace when Adam and Eve ate from the tree of knowledge and, allegedly, created the illness, death, sin, pain, and corruption that destroyed paradise (Larchet, 1998: 49). Mary Baker Eddy alleged that Christian Science attempts to recreate "paradise" by reacquiring the divine grace that God created in man (Eddy, 1875: 291; Gill, 1998: 198). Christian Science attracted those individuals who sought to

[49] In fact, medical refusal is fairly common among fundamentalist Christians, since "[s]ickness and healing figure prominently in the sacred scriptures of Christianity" (Peters, 2008: 28). Most mainstream Christians, however, believe in and support the use of scientific medicine (Peters, 2008: 31).

make sense of their illness in a way that would suggest they could control their health. These people felt disaffected with physicians, and their own general position in society, and were attracted to Christian Science because of its alleged successes with other individuals.

Mary Baker Eddy and Christian Science: The Road to Discovery

On July 16, 1821, Mary was born in the township of Bow, near New Hampshire (Cather and Milmine, 1909: 3).[50] Gillian Gill (1998: 39), whose biography of Eddy the Christian Science church approves of, and church historian Robert Peel (1966: 13) acknowledged both that Mary had hysterical fits and that those "fits" frequently kept her out of school.[51] These hysterical outbreaks continued late into Eddy's life (Cather and Milmine, 1909: 21). Various illnesses—colds, fevers, chronic dyspepsia, lung and liver ailments, backache, "nervousness," gastric attacks, and "depression"—prompted Mary's search for remedies and ultimately, her discovery of Christian Science (Scheopflin, 2002: 17).

During her childhood, Mary experienced hearing voices calling her, which she alleged to answer with words from the story of Samuel (Eddy, 1891: 9; Gill, 1998: 9). At this time in her life, some biographers suggest that Mary was very religious while others suggest that she was not (Cather and Milmine, 1909: 19; Gill, 1998: 11; Powell, 1930: 56; Scheopflin, 2002: 18). Mary's supporters attested that she was actively engaged in daily theological debates, but critics claimed that Mary simply had a strong desire to believe in a just God and regularly questioned theology (Gill, 1998: 11; Scheopflin, 2002: 18).

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[50] There are over seventy-five biographies of Mary Baker Eddy (Hoertz Baracco 2008: 8). This quick overview is by no means inclusive of all the positive and negative depictions of her life.

[51] From childhood, critics Cather and Milmine (1909: 12), Dakin (1930: 6) and Schoepflin (2002: 12) claimed Mary was allowed to "throw off all restraint at home" and forgo school because of her hysterical outbreaks and illness. They claimed it seems that Mary used her illness on various occasions "to gain the space necessary for creative thought" (Scheopflin, 2002: 17; see Cather and Milmine, 1909). Supporters Lyman Powell (1930: 58) and Sibyl Wilbur (1907) make little mention of Eddy's childhood illness and instead, focus upon her allegedly impressive intelligence and determination. On this issue and several others, the biographies of Eddy's supporters and critics deviate from one another.

Throughout her lifetime, Mary married three men, two of whom passed away and one of whom deserted her (Cather and Milimine, 1909: 25, 32; Podmore, 1963: 264). Within six months of their marriage, Mary's first husband died, leaving her pregnant and financially desolate (Cather and Milimine, 1909: 25). Due to necessity—or as some critics asserted a lack of attachment—Mary gave her son away when he was seven (Cather and Milimine, 1909: 32; Gill, 1998: 88-89; Podmore, 1963: 264). During Mary's second marriage, to Dr. Daniel Patterson (who would later abandon her for a married woman), Mary began to seek treatment from Quimby. In October 1862, Mary traveled to Portland to see Quimby with the hoards of others who sought to improve their health (Gill, 1998: 119-121, 128-146; Gottschalk, 1973: 30; Peters, 2008: 91; Podmore, 1963: 265). Three weeks later, when she returned home, Mary found her health had improved and studied under Quimby until he died in January 1866 before publishing any of his manuscripts (Cather and Milmine, 1909: 57-58; Gottschalk, 1973: 104).[52]

When Quimby was dying or dead, Mary slipped on ice and claimed to have suffered a serious injury as a result of the fall (Podmore, 1963: 267). After her fall, Mary read a biblical account of Jesus' healing, and subsequently she overcame her injuries (Eddy, 1891: 24; Gottschalk, 1973: 30; Merrick, 2003: 270; Peters, 2008: 92). Mary claimed to have healed herself, defied her homeopathic doctor's prognosis that she would never again walk, and in 1868, placed her first advertisement for her healing ability in a Spiritualist paper (Cather and Milmine, 1909: 86; Gill, 1998: 163; Podmore, 1963: 266-268). Mary argued that her previous physical suffering, ineffective medical treatment, and Mind Cure therapy were all preparation for her discovery of Christian Science (Gottschalk, 1973: 30).

When Mary first began teaching, she called her practice "Moral Science" (Cather and Milmine, 1909: 139).[53] She found her first student in 1867 (Gill,

[52] A vibrant debate raged as to whether Eddy derived Christian Science from Quimbyism or managed to come up with the ideas on her own. Similarities between the two are undeniable, but given that Eddy studied under Dr. Quimby, she undoubtedly would have found some influence from him. For information about this controversy see Cather and Milmine (1909: 71-87); Gill (1998); Gottschalk (1973: 99-124); Podmore (1963: 285-287).

[53] Originally, Eddy taught Quimby's healing method for three hundred dollars (Cather and Milmine, 1909: 121). Eddy slowly changed her courses into what she claimed was her own revelation, and finally settled on the name Christian Science. Although Quimby influenced Eddy,

1998: 176). By 1875, Mary published the first edition of *Science and Health with Key to the Scriptures* and developed a small group of devoted followers. In 1877, she married a student named Asa Gilbert Eddy (Gill, 1998: xxxi; Podmore, 1963: 268).

Mary Baker Eddy (1875: 41: 14) claimed that Christian Science would remove healing from doctors' hands and return it to the hands of the Divine. Eddy (1875: 143) argued that matter requires human understanding to exist, and she claimed that medicine could not heal without the human belief that it will heal (i.e. the placebo effect and patients' misattributions of the cause of their healings to the medical practice allegedly are all the benefits medicine creates). Eddy claimed that turning to scientific medicine was a mistake since Jesus' miracles were nothing but healing tactics that all humanity could learn and would produce spiritual salvation: "It is recorded that the profession of medicine originated in idolatry with pagan priests, who besought the gods to heal the sick" (Eddy, 1875: 158: 1).[54] Eddy (1875: 41:14) claimed that Christian Science was the rediscovery of Christian healing methods, which were the "absolute science" that removed healing from the doctors' hands and placed it back in the hands of the Divine.

Eddy protected her empirically testable assertions of Christian Science's healing abilities with several untestable assertions, including the claim that Christian Science demonstrated a true understanding of Christ's teachings. Through this argument, Eddy constituted herself the "faithful messenger of the Second Coming" (Eddy quoted from an 1885 *Christian Science Journal* in Gottschalk, 1973: sxxi). According to Eddy, the Second Coming was her

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she rejected Quimby's influence and claimed he was a malicious animal magnetist (Cather and Milmine, 1909: 88; Gottschalk, 1973: 104).

[54] Eddy faced opposition for these beliefs on several fronts: former members, the medical field, and other religious organizations. In her battle against medicine and religion, Eddy attempted to combine the issues: "Ms. Eddy wrote that 'Christian Science, and Christianity are one'" (Gottscalk, 1973: 19). Despite her efforts, many Christian leaders heavily criticized Eddy's claims that all material (physical reality) was unreal and the only true being was the spirit. Catholics and Protestants alike opposed Eddy's claims and attacked her theologically (Gottscalk, 1973: 74-75). Eddy countered, arguing that she taught how to truly follow Jesus' teachings. Only by truly following Jesus, as early Christians did, could a Christian learn of his or her true spiritual nature. 'This power, she said, "is Christ come to destroy the power of the flesh"' (Gottscalk, 1973: xxiii). Eddy believed that Jesus Christ discovered Christian Science through years of work and that all Christians would appreciate a return to this early Christianity (Gottscalk, 1973: 29).

intellectual realization of heaven. No physical manifestation of Christ occurred and God's kingdom had allegedly always existed, but is attainable only through consciousness (Gottschalk, 1973: 95-96).

During her lifetime, however, Mary Baker Eddy failed to create this heaven on Earth: "her actions often hid insecurities rooted in years of personal struggle with illness, poverty, and professional rivals" (Schoepflin, 2002: 17). Eddy did overcome poverty, but she could not avoid illness or rivals. Eddy also continued to rely on certain medications—specifically morphine (Kramer, 2000: 135). Moreover, Eddy occasionally relied on eyeglasses to read her lectures and she relied on a dentist for oral health (Cather and Milmine, 1909: 263; 302).

Eddy asserted that a Christian Scientist could rely on medicine for specific ailments. Even so, Eddy cautioned that by resorting to medicine, the Scientist is admittedly "not ready" to heal through Christian Science and that the use of that medicine will further hinder her or his realization that the physical world is not real (Kramer, 2000: 135). This contradiction may cause cognitive dissonance for some current Christian Scientists, as well as some former adherents: "She placed her students in an almost impossible dilemma—do not tackle what you are not ready for, but you will never learn Christian Science unless you follow its teachings exactly, taking a firm stand against medicine and materiality" (Kramer, 2000: 136).

Eddy (1900: 525) asserted that sickness stretched beyond that of physical ailments: "Were there no 'soul-sickness' or 'sin-sickness' there would be no body-sickness, or physical ills." Eddy (1900: 525) continued, "It is rather true that the individual suffers as a consequence of the radical belief in the inevitability of sickness, and the general mortal fault of believing in powers apart from God." Consequently, it would be understandable if Scientists would seek positive results (possibly causing a placebo) in order to avoid the cognitive dissonance that results from the negative self-image of suffering not only "physical ills" but also "soul-sickness."

Eddy's followers brought Christian Science to Canada in the late 1880s, when medical professionals were questioning the nature of the mind, and interest in

hypnotism and psychic phenomenon was growing (Jansen, 1998: 9). By 1901, there were 2,644 Scientists in Canada (Jansen, 1998: 5; Lee, 1970: 37). Although the Christian Science population grew to 20,795 by 1951, it decreased to 19,466 by 1961 (Committee on the Healing Arts, 1970: 502). Jonathan Lee (1970: 39) attributed this decrease to a failure to retain second-generation members of the group.

Over half of Canadian Christian Scientists were women who wanted to avoid the humiliating medical procedures of the era. The higher proportion of female Scientists is not be surprising, however, since about ninety percent female Canadians were ill in 1895, and of that ninety, only about thirty percent would seek medical help, thirty percent would self medicate, and thirty percent would suffer silently (Mitchinson, 1991: 48). Scientists were (and remained) concentrated in Ontario (especially in Toronto, where a Christian Scientist formed a school) and British Columbia (particularly in Vancouver and Victoria [Jansen, 1998: 5; Lee, 1970: 42]).

Christian Science: The Origins of over a Century of Controversy

> *Although medical historians today describe the practice of orthodox medicine in that period [1880-1910] as highly unscientific and grossly ineffective, the American Medical Association of those years carried on its intensive crusade against Christian Science with the same Olympian assurance as the present medical establishment* (Peel, 1987: 39).

Patients of alternative therapies (even secular therapies) followed them more as a sectarian or religious truth, than those who relied on scientifically based cures (Whorton, 2004: 289). Furthermore, a certain cult of personality formed around the founders of therapies such as osteopathy, chiropractic, and naturopathy (Whorton, 2004: 289). To maintain a committed following, Eddy relied on her charismatic, authoritarian, and "self-sacrificing" nature. She insisted that anyone deviating from her method practiced malicious animal magnetism, and in an effort to thwart their deviance, they were subject to mental attacks from her devoted followers (Cather and Milmine, 1909: 231; Eddy; Hoertz Badaracco, 2008; Schoeflin, 2002). Through these accusations, and metaphysical, legal, and

possibly physical attacks from remaining adherents Eddy created high costs for any of her students who thought of dissention.

For example, Eddy asserted that her last husband, Asa Gilbert Eddy, died from mesmerism attacks, resulting in mental arsenic poisoning (Cather and Milmine, 1909: 288-289; Gill, 1998: 287). Even after Dr. Rufus K. Noyes diagnosed Asa Gilbert Eddy's cause of death as "unfavourable heart conditions," Eddy asserted that he had never suffered heart conditions (Gill, 1998: 288). Eddy validated this claim by having Dr. Charles J. Eastman conduct a second autopsy on Asa Gilbert Eddy to confirm that he died from mental arsenic. Eddy claimed Dr. Eastman was never her student, even though he was the director of the Boston Massachusetts Metaphysical College (Cather and Milmine, 1909: 288; Dakin, 1930: 227).[55]

Kent (2004: 108) suggested that a leader's personal traits could filter into the group's behavior, and Eddy's reaction to her husband's death is one example her behavior that diffused throughout her followers. Eddy claimed that most diseases (and some other unfortunate happenings, such as theft) that she suffered from, and even the flu symptoms that her students occasionally displayed, resulted from the malicious animal magnetism in which former students partook (Cather and Milmine, 1909: 266, 301, 303). Because of these claims, students were constantly suspicious of one another and of outsiders. In fact, in 1878 the authorities arrested and charged two of Eddy's students, her husband Asa Gilbert Eddy and Edward J. Arens, for the conspiracy to murder a former student (Cather and Milmine, 1909: 247; Dakin, 1930: 138). Although the courts dismissed these charges, Eddy often filed litigation, wished death upon her former students, or had her trusted students engage in mental action against former members (Cather and Milmine, 1909: 304; Dakin, 1930: 138; 159; Gill, 1998: 257).

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[55] The Boston Massachusetts Metaphysical College was chartered in 1881 (Cather and Milmine, 1909: 281; Gill, 1998: 281). The college granted degrees to the students of its sole professor, Eddy, after a few weeks of study (Cather and Milmine, 1909: 281). When the college closed in 1889, she continued to grant diplomas to her students under its name and Christian Scientists claimed that they had a right to their own licensing standards (Sheopflin, 2002: 158).

In addition to former members, Eddy needed to decrease the likeliness that her students would turn to non-Christian Science healing. In opposition to scientific medicine, Eddy insisted that she had found the ultimate truth. In *Science and Health*, Eddy (1875: 483: 1) stated that "it may be affirmed that [drugs, hygiene and animal magnetism] do not heal, but only relieve suffering temporarily, exchanging one disease for another." Eddy argued that Christian Science was a comprehensive science and religion (Gottscalk, 1973: xxviii). Nonetheless, Christian Science has never escaped the prying eyes of medical critics who fear that reliance on alternative healing methods may be dangerous.

One, and perhaps the main, reason that Christian Science may never escape opposition from healthcare regulators is the issue of children and non-consenting adults:

> In the wake of convictions of parents for what has been called the religiously motivated medical neglect of their children, the Christian Science Church is trying to persuade state legislatures that its particular form of healing by prayer is at least as effective as medicine (Skolnick, 1990a: 1379).

Christian Science argues that religious exemption statutes pertaining to child neglect laws are part of their First Amendment rights and religious freedom (Skolnick, 1990a: 1379).[56] This argument, however, has not succeeded in completely ending the prosecution of parents whose children died without seeking life-saving medical care (Skolnick, 1990a: 1379).

Transforming social circumstances: Freedom of religion or malpractice

Before the 1830s, the medical system in the US was similar to the British professionalism model (Bivins, 2007: 96). Laws that allowed local medical schools to license medical practitioners, from one of the twenty-two American medical schools raised the status of "regulars," although they had little impact (Bivins, 2007: 96). Between 1830 and 1850, however, all but two states responded to the anti-elitist sentiments among their constituents by repealing the

[56] The First Church of Christ, Scientist also counters its own argument for First Amendment Rights by stating that it wants to be evaluated as a secular healing institution, but with the evaluation standards that Christian Science developed (Black, 1983; Dillon, 1987: 3).

laws that restricted medical practice to regularly qualified practitioners (Bivins, 2007: 97).

In Canada, very few unlicensed practitioners faced penalties; in fact, some successfully claimed unpaid fees in courts (Macdermot, 1967: 19; Mitchinson, 1991: 17). Canadian provincial bodies regulated medical licenses, but as late as 1871 the Ontario Medical Register had 1,777 registered professionals and about 500 others practicing without licenses (Bernier, 2003: 9; Macdermot, 1967: 19). Nonetheless, Canadian medical associations directed a great deal of energy into regulating practices their leaders believed were "quackery" (Jansen, 1998: 9).

In 1847, the American Medical Association emerged from professionals who desired to re-establish scientific medical orthodoxy (Bivins, 2007: 97). In 1850, medical malpractice litigation[57] became an established phenomenon in America. By the 1930s, almost every American physician met the criteria that only the most learned physicians were in during the 1840s (Mohr, 2000: 1732, 1734).[58] Nevertheless, by 1910, there were thirty-two medical sectarian institutions training practitioners in the United States in several areas, including homeopathy. No sectarian schools existed in Canada during the same period of time (Flexner, 1910: 158). As a result, alternative systems persisted well into the twentieth century (many into the twenty-first century), although they began to face legal opposition with the concurrent rise of malpractice laws (Bivins, 2007: 98; Mohr, 2000: 1735).

In its early years, the First Church of Christ, Scientist experienced heavy criticism from American law and public opinion. People began to feel that the Scientists' refusal of medical treatment was endangering children in the sect (Fraser, 1999: 261-269; Peters, 2008: 107). At least four American Christian Science practitioners have been charged since 1887 for practicing medicine without a license (Schoepflin, 2002; 150). For the court to find a practitioner

[57] The concept of malpractice originated in eighteenth century English legal theory. The modern term malpractice is derived from the concept of injuries caused by a physician's, surgeon's, or apothecary's neglect or unskilful management resulting in the patient's harm and loss of trust (Mohr, 2000: 1731).

[58] When Eddy was still alive, however, Cather and Milmine (1909: 288) claimed that Massachusetts medical laws were so lax that Christian Science graduates could write M.D. after their names and often referred to themselves as "Doctors."

guilty, however, the state must define the practice of medicine within the confines that the practitioner was operating (Fraser, 1999: 270-271; Schoepflin, 2002: 150). In defense, Christian Science practitioners and their lawyers of the late nineteenth century argued that Christian Science practitioners did not practice medicine and that as a religious institution, Christian Science is in fact a more successful at healing than medicine (Schoepflin, 2002; 152).

In many nineteenth century American cities and in the Canadian city of Toronto (where John and Isabella Stewart were convicted of malpractice in 1889, but that conviction was overturned), this defense ended with the acquittal of Christian Science practitioners (Jansen, 1998: 10; Schoepflin, 2002: 151).[59] Some cases, however, such as that of Abby H. Corner in 1888, generated a great deal of cognitive dissonance among other members who realized that Eddy and the Mother Church may not come to their aid if they fail to heal a patient. Corner attempted to deliver her own daughter's baby. Corner was a member of the Christian Science Association and a student of Mary Baker Eddy, but had not taken Eddy's six lesson obstetrical course (Cather and Milmine, 1909: 353; Cawley, 1969: 50; Gill, 1998: 346). When Corner's daughter and unborn grandchild did not survive the delivery, the state charged Corner for the death; but these charges were later dismissed because the death resulted from hemorrhage which also had a high death rate even with scientific medicine (Cather and Milmine, 1909: 354-355; Gill, 1998: 346).

Although Corner was a Christian Scientist, Eddy withdrew support of her following the prosecution. Because of this case, thirty-six of Eddy's students withdrew from Eddy's association and Eddy changed her stance by stating that a surgeon may be called for surgical cases to avoid future litigation and thereby, maintained the commitment of her members (Cather and Milmine, 1909: 356, 360-366; Gill, 1998: 347). Eddy decided to allow students to call on a surgeon in surgical cases and to have a medical doctor (who had also taken her course) teach

[59] For a list of court cases involving Christian Scientists that relate specifically to medical issues see Schoepflin (2002).

the anatomy and surgery aspects of her obstetric course (Cawley, 1969: 50; Dakin, 1930: 241).

In 1891, the Nebraska courts found Ezra and Elizabeth Buswell not guilty of manslaughter. This verdict set the precedent of acquitting two Christian Science practitioners in the more influential Rhode Island case (Schoepflin, 2002: 150). During the Buswell case, Eddy wrote to the Buswells, reassuring them by citing the acquittal of John and Isabella Stewart in Canada (Schoepflin, 2002: 151). In Rhode Island's *State v. Walter E. Mylod* (1898), the judge initially ruled that Christian Science was a system of medicine that required recognition and certificates like other medical forms. In response, the American Board of Health drafted a bill forbidding the practice of Christian Science (Schoepflin, 2002: 154). Due to the lobbying efforts, however, of Christian Scientists who claimed that they were practicing religion and not medicine the state changed the verdict to exempt Christian Scientists from acquiring licenses (Schoepflin, 2002: 154): "The court pointed out that the defendant not only did not attempt to treat the disease, but denied its very existence" (Cawley, 1969: 185).[60]

Following this case, the 1899 version of the *Church Manual* prohibited the use of the terms "Reverend" and "Doctor" unless received under state law (Peters, 2008: 95; Schoepflin, 2002: 159).[61] The church also established some external validity as well through lobbying and political activity, which proved that group members were active participants within American society (Peters, 2008: 108), but also buffered their belief system by transforming the issue of malpractice into that of religious freedom.

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[60] Christian Science lobbyists are called the Committee on Publications (COPs, pronounced "see-oh-pee"). COPs duties include: making most public statements regarding religious exemption, trying to ensure that Christian Science maintains a positive rapport with outsiders, and striving to keep exemption statutes in place (Cawley, 1969: 51; Young, 2001: 270, 271). About fifty COPs lobby full-time under the First Church of Christ, Scientist Mother Church (Young, 2001: 271). The website ChristianScience.ca (2007) lists COPs representing each region on the Internet. ChristianScience.ca lists information and names of Canadian COPs under "Meet the Committee." Information regarding American COPs is also easy to locate through a Google search, as COPs are listed on each denomination's website. In fact, COPs are so effective that the First Church of Christ, Scientist ensured that Oregon strengthened its religious exemption laws in 1995 and 1997 despite efforts to eliminate those exemptions (Young, 2001: 269).

[61] This clause remains in the most current versions of the *Church Manual* (Eddy, 1891: 45). Moreover, the Mother Church restricted the use of the initials C.S. to Christian Science practitioners (Eddy, 1891: 46).

Although the claim to religious practice allowed many Christian Science practitioners and parents to avoid or minimize their convictions following a charge of medical neglect or malpractice, in the mid-twentieth century, there was a series of manslaughter cases involving Christian Science parents (Peters, 2008: 110). With modern advances in medicine, parents and the First Church of Christ, Scientist were increasingly liable for children who perished without medical treatment (Peters, 2008: 111).

Redefining Freedom of Religion: Two Countries

Christian Scientists lobby in the U.S. and in Canada when they feel that their religion is threatened: "organized religious groups can be quite influential regarding the writing and passing of state laws" (Linnard-Palmer, 2006: 40). By 1917, the First Church of Christ, Scientist had succeeded (through countering charges of medical neglect in court and lobbying efforts) to have its practitioners exempted from licensing under the American Medical Act (Swan, 1984: 5).

In 1972, American courts began to hold physicians accountable for seeking their patients' consent (Gostin, 2006: 487). Since that time, American physicians have had the duty to inform patients of potential risks and obtain written consent for medical procedures (Gostin, 2006: 487). The informed consent clause intends to allow patients more autonomy in their medical treatment, but in cases such as Christian Science, the clause helps remove medical care entirely (Gostin, 2006: 487; Linnard-Palmer, 2006: 19). Canadian law also requires healthcare practitioners to obtain their patients' consent prior to any healthcare treatment (Knoppers, 1992: 133, 163). In emergency cases, however, where harm will result without treatment and when a patient is not capable of consent, Canadian and American physicians are not liable for any treatment that they administer (Gostin, 2006: 487; Knoppers, 1992: 163).

In the U.S. and Canada, there are three legal bases for adults to refuse treatment, which do not apply to children (Linnard-Palmer, 2006: 19). These rights include the right to freedom from non-consensual invasion of bodily integrity (or informed consent), the right of privacy, and the right to freedom of religion (Linnard-Palmer, 2006: 19).

Children's consent, however, is a different issue. Until 1905, American children had no rights separate from those of their parents (Cawley, 1969: 201): "In the United States animals were legally protected from cruelty before children were legally protected against work injuries and laws were established that limited the hours and conditions of children's labor" (Linnard-Palmer, 2006: 17). American children's rights arose when a lawyer from New York pursued legislation for child rights. Prior to this time, parental abuse and neglect were not a legal issue (Linnard-Palmer, 2006: 17). Today, parents are liable for most forms of child abuse, and medical examiner Larry Lewman suggests that one of the most devastating forms of child abuse is medical neglect (Young, 2001: 268).

According to the *Prince v. Massachusetts* case, parents do not have the right to withhold essential medical intervention:

> The right to practice religion freely does not include liberty to expose the community or the child to communicable disease or the latter to ill health or death.... Parents may be free to become martyrs themselves. But it does not follow they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves (*Prince v. Massachusetts*, 1944: para 10,14).

Despite what appeared to be steps toward the protection of children, no clear precedent was set for dealing with the treatment of children in religious groups (*Prince v. Massachusetts*, 1944). Many American legal experts disagree over how exactly to regulate Christian Scientists' medical decisions (Peters, 2008: 99). This disagreement left room for ambiguity in the law regarding the religious liberty of Christian Scientists and their rights to withhold medical treatment from their children.

In response to lobby efforts in 1974, the "US Department of Health, Education, and Welfare required states receiving federal child abuse prevention and treatment grants to have religious exemptions to child abuse and neglect charges" (Asser and Swan, 1998: 625). Within ten years, all fifty states had some form of exemption in place. Some states, however, met federal requirements by

providing exemption to Christian Scientists alone—specifically Arizona, Connecticut, Illinois, and Washington (Linnard-Palmer, 2006: 36; Young, 2001: 270). Other states used clauses such as the need for a "duly certified practitioner" to receive exemption as a means to single out Christian Science (Young, 2001: 270).

Several states attempted to eliminate exemption statutes, but the lobbying efforts of Christian Scientists ensured the protection of most of those statutes (Peters, 2008: 18; Young, 2001: 269). In 1996, the U.S. Congress ruled that states were neither required to nor prohibited from finding cases of neglectful medical refusal on religious grounds (Merrick, 2003: 277). Some changes in these laws materialized. Publicized child deaths and futile prosecutions, however, raised public concern (Peters, 2008: 18). Currently, forty-eight states offer some form of medical exemption for parents of certain religious groups, thirty-one of which allow the use of religion as a defense against criminal charges (Swan, 2009; Young, 2001: 268).

Critics argued that religious status should not shield adherents from child abuse laws (Larabee, 1998a). Rita Swan attested religious exemption laws divide children into two classes:

> One is entitled to preventive, diagnotistic and therapeutic healthcare because their parents have a legal duty to provide it. The other, those in faith-healing sects, have no right to immunizations, prophylactic eye drops, health screenings and, depending on the reach of the religious defense in the criminal code, no right to medical care for illnesses unless and until a state agency becomes aware of their needs and obtains care by court order (Swan, 2000: 16).

Therefore, children whose parents believe in a religious alternative to medicine lack the legal protection that other children receive.

In Canada, however, medical exemption clauses are limited to such issues as immunizations, and consequently, there are no recent controversies involving Christian Science parents, who generally seek to follow the law (Cawley, 1969: 217; Hickey and Lyckholm, 2004: 267; Merrick, 2003: 272; Skolnick, 1990b:

1226].[62] In Canada, the right to the freedom of religion allows parents to refuse non-medical treatments for their children (i.e. treatments that will not violate the child's constitutional rights, such as the right to life [Criminal Code – R.S.C. 1985: s. 215, "Commentary;" Knoppers, 1992: 121-123]).[63] The Canadian Criminal Code states that caregivers throughout the entire country must provide the necessaries of life.[64] After Christian Science practitioners were charged in Canada, the church recommended its parents to provide medical care for seriously ill children (Cawley, 1969: 210; Skolnick, 1990b: 1226; Swan, 1984: 6).[65]

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[62] The court case *Rex v. Brooks* (1902) set the standard for how the courts would handle future cases of religiously based medical refusal that resulted in the death of a child. From the case *Rex v. Brooks*, the responsibility to provide medical care under the necessaries of life in the Canadian Criminal Code came into existence (Criminal Code – R.S.C. 1985: s. 215, "Commentary"). This case involved church Elder Eugene Brooks from the sect Catholic Christians in Zion who advised another sect member to refuse medical treatment for his son and daughter, who both subsequently died of diphtheria in 1901 (Cawley, 1969: 217; Opp, 2005: 111; *Reg v. Brooks*, 1902). Brooks was sentenced to three months in prison because of this case, but prior to it, Brooks was involved in the deaths of two other children whose cases brought acquittals from British Columbia's courts because of insubstantial evidence (Opp, 2005: 101-109, 111, 114).

[63] "It is not a lawful excuse for a parent who, knowing that a child is in need of medical assistance, refused to obtain such assistance because to do so would be contrary to a tenet of his own particular faith. The guarantee of freedom of conscience in s. 2(a) of the Charter of Rights and Freedoms does not affect that issue" (Criminal Code, 1985: s. 215 "Commentary").

[64] The section of Canadian Criminal Code most readily used in cases of medical neglect involving Christian Scientists reads as follows:

> **Duties of persons to provide necessaries – s. 215**
>
> **215.** (1) Everyone is under legal duty
>
> (a) as a parent, foster parent, guardian or head of a family, to provide necessaries of life for a child under the age of sixteen years;
>
> (b) as a married person, to provide the necessaries of life to his spouse; and
>
> (c) to provide necessaries of life to a person under his charge if that person
>
> (i) is unable, by reason of detention, age, illness, insanity or other cause, to withdraw himself from that change, and
>
> (ii) is unable to provide himself with necessaries of life (Criminal Code, 1985: s. 215; bold in original).

Individuals are liable for failing to provide these necessaries if the person in paragraph (1)(a) or (b) is destitute or necessitous, and/or for the person in (1)(a),(b), or (c) if their failure to provide the necessaries results in permanent health damage or death (Criminal Code, 1985: s. 215[2]).

[65] Cawley (1969: 210-217) and Swan (1984: 6) argued that Christian Science practitioners became notably liable following the court cases *Reg v. Beer* (1896) and *Rex v. Elder* (1925). In the case of *Reg v. Beer*, Mrs. Beer was a Christian Science practitioner, who "did nothing" while a child died of diphtheria even though medical aid could have allowed the child to survive (*Reg v. Beer*, 1896). Beer was found not guilty, but only because the court believed that Christian Science treatment involved doing nothing (*Reg v. Beer*, 1896). In fact, the later case of *Rex v. Homeberg* (1921: 362), which involved a chiropractor who failed to treat appendicitis, the judge cited the *Reg v. Beer* (1896) conclusion as meaning that practitioners are liable whether or not they are licensed if they lack reasonable skill, knowledge, and care (*Rex v. Homeberg*, 1921: 363). Nonetheless, Christian Science practitioner William Elder was charged following the death of Robert Watson's sixteen-year-old daughter, Doreen Watson (*Reg v. Elder*, 1925). Elder was

In the U.S., the church is held responsible for the parents' beliefs in the ability of Christian Science to heal (which is non-criminal), but the parents are responsible for the resulting medical negligence (although exempt in some states). The U.S. has a literature regarding clergy malpractice, but this literature only relates to improper pastoral counseling, intentionally causing emotional harm, inadequate teaching, or intentional interference with contractual relations (Linnard-Palmer, 2006: 40; Peters, 2008: 71). In the U.S. "if a church is immune from civil liability, it may be because the medical treatment refusal for a child was considered to be *secular conduct*, which can be regulated by law, versus *secular belief*, which cannot" (Linnard-Palmer, 2006: 41).

In cases where Canadian or American parents refuse medical treatment for their children, healthcare providers may seek legal proceedings to administer it (Linnard-Palmer, 2006: 3). Without court jurisdiction to act, however, physicians cannot administer treatment to adults who choose to exercise their freedom of religion rights[66] and do not consent because of assault, battery, and trespass laws (Cawley, 1969: 207-208; Young, 2001: 269, 287).

The greatest success for the claim to religious exemption in both Canada and the U.S. is probably immunizations. The U.S. requires proof of vaccination for children entering into the public school system, unless the child is susceptible to adverse affects from vaccination or vaccination violates their religious convictions (Gostin, 2006: 148). Canada has no laws national laws requiring immunization, although some adult professions, children's schools, and child-care centers require immunization records (National Advisory Committee, 2006: 55).[67]

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found not guilty and initially Watson was convicted of manslaughter, but after appeal, the verdict was reversed (Rex v. Elder, 1925: 173).

[66] The First Amendment of the U.S. Constitution states: "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances" (The National Archives and Records Administration, "The Bill of Rights"). Similarly, section 2 in the Canadian Charter of Rights and Freedoms states: "Everyone has the following fundamental freedoms: (a) freedom of conscience and religion; (b) freedom of thought, belief, opinion and expression, including freedom of press and other media of communication" (Charter of Rights and Freedoms, 1981).

[67] Immunization requirements are regulated by the provinces' healthcare acts. That said, because I cannot disclose the provinces in which my research participants resided, I only will mention that almost all participants who had raised children while they were Christian Scientists

Likewise, forty-eight states have religious exemptions for people who have sincere religious beliefs against immunization (Gostin, 2006: 148; Merrick, 2003: 272).

Ethics regarding cases of medical refusal for Scientist children are difficult because the violation of deeply held religious convictions—of the very reality through which Scientists view the world—is devastating (Linnard-Palmer, 2006: 16). In response to the need to protect children's rights, the United Nations Committee on the Rights of the Child suggested that every child has the right to medical care (Linnard-Palmer, 2006: 18):

> The child is entitled to the highest attainable standard of health. States shall ensure that health care is provided to all children, placing emphasis on preventive measures, health education and reduction of infant mortality (United Nations, 1991: 6).

Nevertheless, the United States remains unable to resolve the gap between the right to medical care and religious freedom (Larabee, 1998b, Linnard-Palmer, 2006: 40).

Several organizations and some academics indirectly battle Christian Science doctrines by attacking state exemption statutes for religious groups. These organizations use medical discourse to argue that Christian Science treatment is harmful to children. For instance, the National Council Against Health Fraud fights for equal standards for both medical and religious healers: "All people who present themselves as healers should be required to meet the same standards that physicians must meet" (Skolnick, 1990a: 1379). The American Academy of Pediatrics, which is comprised of 34, 000 physicians worldwide, called on the forty-four states with religious exemption clauses to change their child abuse laws to include reliance on spiritual healing *Seattle Times*, 1988). In 1983, Doug and Rita Swan founded Children's Healthcare Is a Legal Duty (CHILD) to fight for equal medical rights for all children (CHILD, 2007; Skolnick, 1990a: 1379). CHILD puts out a monthly magazine that

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believed that they were required to report communicable diseases (which they were), but that province permitted them not to provide immunizations.

documents cases of religiously motivated medical refusal that result in the deaths of children. Moreover, several academic and medical researchers have studied the effects of religiously motivated medical refusals on individuals. Despite these efforts, recently the occurrence of individuals refusing medical care has become more common.

Internal Validation

To manufacture empirical evidence of Christian Science's alleged success, Eddy created several outlets for the reporting of successful healings. Like the internal validation mechanisms of other belief systems, Eddy's method of validation through reporting successful healings was "socially created" and "abstract," but provided the rationale necessary for adherents to attribute instances to the group's beliefs (Borhek and Curtis, 1975: 5).

Mary Baker Eddy (1875: 600-700) included a section in the 1907 edition of *Science and Health* that consisted of almost one hundred healing testimonials (Podmore, 1963: 280). Moreover, Eddy created the monthly *Christian Science Journal* in 1883 and the weekly *Christian Science Sentinel* in 1898 (England, 1954: 449; Peters, 2008: 20; Podmore, 1963: 272). Both publications carry accounts of alleged healings along with doctrinal literature. R.W. England (1954), who conducted a study of 500 testimonials, concluded that most of these healings were largely undiagnosed serious ailments or minor afflictions that do not affect everyday life and could have resulted from the restorative nature of the human body. Between 1900 and 1990, the Christian Science church kept records of more than 53, 000 alleged healings (Skolnick, 1990a: 1380).

The Mother Church requires Scientists to validate each others' healing testimonials (Young, 2001: 277): "The statements made in articles and testimonies with regard to healing have been carefully verified by those who know of the healing or who can vouch for the integrity of the testifier" (The Christian Science Publishing Society, 2007: 34). Based solely upon the testimony of an individual and others who can attest that the person is honest or appeared to improve, the placebo effect easily could reinforce a member's commitment to

Christian Science. Placebo effects or "illusory placebos" even can occur in the absence of any measurable improvement (Kelley, et al., 2009: 297).

In addition, groups can block out information that may disconfirm individuals' beliefs and cause cognitive dissonance, thereby maintaining the commitment of their members (Borhek and Curtis, 1975: 105; Festinger, 1957: 30). By reporting thousands of successful healings and not reporting failed healings, Christian Science has insulated its members (and outsiders) from knowing the frequency that Christian Scientists fail to heal.[68] In this way, Scientists can easily attribute positive experiences in their lives to their religion, thereby increasing their dependence upon Christian Science (an attribution process that helps groups maintain validity and commitment from their members [Borhek and Curtis, 1975: 106]).

Christian Science supporters such as Robert Peel (1987) suggested that medical science falls short of healing many patients and therefore, it is no more legitimate as a healing organization than Christian Science.

> The most conscientious doctors are slow to say that if a person who has died under some other form of treatment had only been brought to a hospital for skilled biomedical or surgical attention, he or she could almost certainly have been saved (Peel, 1987: 24).

Peel (1987: 27) argued that all of the imprecision in scientific medicine and all of physicians' mistakes result from the fact that human beings may not be primarily physical. In addition, Peel (1987: 29) believed that Christian healing involves the mutual understanding and warm appreciation that is absent in medical treatment. Furthermore, he stated that Christian Scientists should receive protection from the law rather than persecution (Peel, 1987: 50).

Similarly, many Scientists argued that the fact that because Christian Science practitioners received licensing in some states and because they are covered by some insurance companies, non-Scientist organizations consider Christian Science legitimate and effective. Both practitioners and nurses can

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[68] In fact, Eddy (1875: 246) disallowed members from keeping statistics regarding the church population: "Never record ages. Chronological data are no part of the vast forever. Time-tables of birth and death are so many conspiracies against manhood and womanhood."

receive professional licensing in thirty-nine American states and practitioners can even sign certificates for sick leave and disability payments even though they cannot diagnose illness (Hickey and Lyckholm, 2004: 266; Skolnick, 1990a: 1379). Moreover, many American and Canadian insurance companies cover the service fees that Christian Science practitioners charge (Fraser, Caroline 1999: 276-277; Hickey and Lyckholm, 2004: 267).[69]

Church spokesman, Nathan Talbot claimed that the mortality rate of Christian Science children is 23 per 100, 000 compared to the death rate of 51 per 100, 000 for children who receive medical care (Skolnick, 1990a: 1380).[70] Talbot agreed that the organizations that fight against medical exemption clauses are committed to the best treatment for children, but that they are misled. He disagreed on what the 'best treatment' entailed: "The point of difference is they are ruling out spiritual care as a legitimate answer to children's needs, and we can't accept that" (Talbot quoted in *Seattle Times*, 1988). Alternatively, the healthcare provider fears that the child may perish or suffer ill health without medical treatment.

Christian Scientists allege that they have chosen their healing method because it has proven its effectiveness in their lives (Black, 1983)—regardless of whether that effectiveness can be scientifically proven. Moreover, Black believed Christian Science could hold up to testing: "Reason dictates that Christian Scientists' way of living and healing also be judged by its overall record, not on the basis of a case as unrepresentative as the one in question" (Black, 1983).[71] Any testing of Christian Science effectiveness, however, needs to occur on the terms of the church.

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[69] Some Canadian insurance companies that cover Christian Science practitioners as a medical expense include Alberta Blue Cross (2006), Custom Care (2006), Inuit Canada (2006), policies at the University of Manitoba (2006), and York University (2006).

[70] The methods used to calculate these death rates are unknown since the Church admits that it does not know how many Christian Science children there are and it does not keep records of their deaths (Skolnick, 1990a: 1380).

[71] The case in question was one of the many instances where a child perished without medical intervention.

The First Church of Christ, Scientist is opposed to the scientific studies that could either create or destroy its legitimacy (Skolnick, 1990a: 1380).[72] Church representatives contend, "We don't feel our church members are interested in serving as guinea pigs, nor can genuine prayer be approached in the same way as the testing of drugs" (Nartonis quoted in Sloknick, 1990: 1380). Moreover, the church claimed to have medical documents for some of its healings, but it would not allow outsiders to look them over (Skolnick, 1990a: 1380). The church even alleged that some doctors claim to have witnessed spiritual healing, but refused to reveal their identities (Skolnick, 1990a: 1380).

Plurality in Practice

In times of massive differences between the empirical evidence and Christian Science doctrine (such as with a severe illness that Christian Science cannot heal), adherents are likely to waver in their commitment to group's teachings. Moreover, Christian Science is subject to a high level of external influence, through legal cases, regulation, and the opinions of the public and friends.

Likely because some Scientists turn to medical treatment, Christian Science has a lower rate of death in proportion to its population than other groups.[73] In some instances, Christian Science practitioners may even recommend the use of medicine, "Modern practitioners usually are ready to refer to a physician if bones are broken, or for dental work, or in cases of severe illness" (Lee, 1970: 45). John Lee (1970: 45) found a Canadian practitioner who recommended a patient to a physician for the treatment of gallstones after four days of attempted treatment through Christian Science.

Canadian physician Herbert Balmer reflected a more negative view of Scientists seeking medical treatment. Balmer (1979: 82, 87) had a Christian Science practitioner recommend several of his patients to visit him when: their condition required obstetrical care, they had a communicable disease that could

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[72] Even when R. W. England (1954) conducted a study of the ailments reported in the Christian Science Journal and the Christian Science Sentinel, the Mother Church wrote a follow up to the journal to clarify the shortcomings in England's article (Davis, 1954: 184-185).

[73] Church of the First Born, End Time Ministries, the Faith Assembly, and Faith Tabernacle all have higher death rates per capita than Christian Science (Battin, 1999: 15)

affect public health, they had an ailment that they failed to treat with Christian Science, or they were about to die. Dr. Balmer stated that for each referral:

> [T]he practitioner had explained that [the patients] had not worked hard enough at Christian Science to prevent or ward off their stomach ulcers, appendicitis or other disease; they must now seek surgical treatment, and then afterward they should work doubly hard to avoid the need for any but Christian Science therapy in the future (Balmer, 1979: 88).

By the time these patients sought medical treatment, some could not be helped.

In the cases of serious ailments, however, Balmer (1979: 88) provided several examples of individuals who came to him after suffering from symptoms that most Canadians would seek treatment for (such as severe pain that turned out to be a cancer tumor that had developed over years until it was untreatable). In a telling case, Balmer (1979: 88) related the story of an unimmunized four-year-old Christian Scientist who scratched himself. His parents did not seek medical treatment for the scratches until the boy developed tetanus, which can be deadly, but could have been prevented through vaccination. The boy died while physicians attempted to help him (Balmer, 1979: 88).

Even though practitioners are a strong influence in Christian Scientists healthcare choices, Nudelman (1976: 51) asserted, "[f]amily members are probably most effective in this respect." Many Scientists are in close contact with non-Scientists, who are friends, family, co-workers, and so forth. Only sixty-five percent of the students who Nudelman (1976: 51) interviewed attested that both their parents were Scientists, and sixty-two percent said that none of their best friends were Scientists. Nudelman (1976: 51) found that many of his research participants were willing to undergo medical treatment when under pressure from their friends and/or family.

As indicated by Balmer (1978), Lee (1970), and Nudelman (1976), I demonstrate in the following chapters, that many Scientists use medicine. I found that not all Scientists waited until their ailments were as severe as Balmer (1979) suggested, but I also found that some held to the belief that they were personally able to heal every ailment through Christian Science. Consequently, I argue that

Scientists interpret their belief system and maintain a plurality of practices in order to manage their personal experience in attributing a cause to a disease and in managing cognitive dissonance. I also argue that this plurality in attributions and managing cognitive dissonance results from the structure of the Christian Science belief system, its interactions with external sources, and its social structure.

Chapter 4: The Creation of Christian Science, a Medical-Religious Sect

> *Such religions [as Christian Science, Seventh-Day Adventists, and Jehovah's Witness] flourished because many people feared both the unreliability and the power of American medicine* (Hoertz Baracco, 2008: 93).

It is nearly impossible to imagine Western society without the reliability of modern medicine. Medicine, however, emerged as a belief system and faced (and continues to face) issues relating to the maintenance of validity and commitment. In nineteenth century America, laissez-faire attitudes, anti-intellectualism, and fear of medical practices limited the validity of scientific medicine and promoted a tolerance for medical sects (Morley and Wallis, 1976: 11). Furthermore, although scientific medicine continued to improve, prior to and during the late 1800s and early 1900s the medical community routinely used methods considered questionable by today's standards. Consequently, public commitment to medicine remained low.[74]

Peter Wright (1979: 88, 97) suggested that—despite its increasing effectiveness in modern years—seventeenth century medicine began to gain state support because of its alignment with the cultural and ideological conditions of its day. Early medicine, furthermore, maintained consensus through the "religious and physical submission" of individuals (Hoertz Baracco, 2008: 47, 185). It was only in the nineteenth century that the presumption that medicine *should be* "scientific" emerged (Bivins, 2007: 34). Scientific medicine's domination allowed physicians to claim a monopoly on legitimate forms of healing, to charge inflated fees,[75] and to label all non-scientific doctors of the time "quacks" (Jones, 1985: 8). In the late 1800s, when physicians were treating patients with ineffective and often harmful therapies, it is hardly surprising that alternative therapies such as Christian Science found widespread support.

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[74] Today, some medical practices continue to receive public distrust. For example, medical practitioners' still use a preservative containing ethyl mercury in some vaccinations and some people believe it is responsible for the spread of autism in children (Hoertz Baracco, 2008: 36; Scahill and Bearss, 2009: 51). Nonetheless, Scahill and Bearss (2009: 52) argued that increases in autism resulted from changes to the diagnostic criteria and assessment procedures rather than the prevalence of immunizations.

[75] Some patients could not afford or chose not to pay for the high rates of a semi-effective medical physician, when they could as readily turn to an alternative healer with similar results.

With its origins in science, however, medicine worked to change and adapt to its social surroundings, and consequently, became more effective. Science often works to adapt to its surrounding environments, whereas other belief systems (including alternative medicines) sometimes adopt a conservative approach by refusing to accommodate their knowledge (Dolby, 1979: 28). Once medicine solidified its own validity criteria (that of objectivity), many patients began to believe medical claims and to view their own health through a medical lens.

In this chapter, I discuss how Christian Science emerged in and reacted to other healing methods in the late nineteenth to early twentieth centuries in both the U.S. and Canada. I base this discussion on the historical books and articles about Christian Science. First, I outline the increasing validity of the medical world that Mary Baker Eddy encountered, then the role of alternative medicine in that world. Next, I discuss the emergence of Christian Science, the methods that early Christian Science used to maintain commitment within the group, and how the legal systems in Canada and the U.S. regulate this group. Lastly, I argue that Christian Science as an organization has changed since its origins and that these changes have produced the necessary context for what I observed in my interviews.

Risks in Early Medicine

> *Christians are accustomed from the Bible to think of illness and healing in terms that synthesize the physical, mental and spiritual conditions. But the triumph of a scientific Western medicine in the past 150 years has progressively diminished the tendency to conceive of illness as a multi-faceted phenomenon and yielded to the habit of defining illness in exclusively physical terms (Philibert, 1998: 1).*[76]

Early Christians often relied on religious healing instead of medicine. An early Christian prayer used for healing goes: "help Christ, you are our sole physician" (Biser, 1998: 69). Fourteenth century Christians did not approve of medicine; they mixed Christianity with magic: "What God had sealed within the body

[76] Roberta Bivins (2007: 34) argued that scientific medicine did not gain its status as an established orthodoxy with acceptance from society until the interwar years, which would date after Eddy's death in 1910.

should not be opened for the secular purposes by the surgeon" (Turner, quoted in Samson, 1999: 5). The Catholic Church used sacraments to heal illness and seventeenth century Protestants considered prayer equal or superior to scientific healing (Dellimeau, 1998: 43-47). In the nineteenth century, religion remained a strong influence on medicine. In fact, much of the populace regarded physicians and preachers as the same: "Religion has influenced the directions and practice of American medicine since its earliest days, when the identity of the doctor and preacher were synonymous" (Hoertz Baracco, 2008: 14, 19).

In the nineteenth century, however, patients suffered greatly under scientific medicine: "[O]ne only can conjuncture about the level of fear about medicine that prompted so many Americans to seek alternatives, or to follow the latest quackery, whether herb or wheat, water or mind cure" (Mind Cure practitioners argued that pain originates in the mind itself and therefore the mind can heal bodily ailments [Hoertz Baracco, 2008: 44; Lee, 1976: 29-30). Medicine offered a great deal of empirical evidence (in the form of pain, death, and failed cures) that contradicted the claims that medical professionals made.

For example, physicians prescribed toxins and heroic drugs, such as mercury and arsenic, in heavy doses to treat simple ailments such as headaches (Bivins, 2007: 104; Hoertz Baracco, 2008: 36): "'Assaulting' illness, they prescribed not only mercury and arsenic but also alcohol, opium, and strychnine in order to 'reinvigorate' the patients" (Hoertz Badaracco, 2007: 19). Patients on heroic cures often perished, but if they did survive without healing, then physicians would often recommend a change of climate as a last resort (Hoertz Baracco, 2008: 36). Heroic cures lost favor in America by 1840 as alternatives to medicine became increasingly popular, but the fears of medical practices remained vivid.

The tendency to process information in a "top-down" method, likely perpetuated fears of scientific medicine because patients often experience "scientific illiteracy" and therefore, do not always understand scientific reasoning (Hess, 2004: 702; Weiss Ozorak, 1997: 194). This type of processing implies that individuals attribute preconceived notions (such as the belief that medicine is

ineffective) to events and thereby attribute meanings that confirm rather than challenge their beliefs (Weiss Ozorak, 1997: 196). Moreover, because of links to an individual's self-concept (Spilka, Shaver, and Kirpatrick, 1997: 158) patients may be likely to continue attributing their preconceived notions to medicine rather than admit that they are wrong. Nevertheless, in Canada that fear also may have been rational because death rates remained high until World War I (Bernier, 2003: 13). Moreover, alternative healers flourished in Canada until the early 1900s because many medical practices were ineffective and governments poorly regulated medicine (Bernier, 2003: 13).

Consequently, patients feared that scientific medicine could perpetuate or worsen their conditions. Patients feared not only the pain associated with treatment, but also the potential for death or serious injury resulting from that treatment. "Their inability to produce cures, despite their claims to ever more knowledge of the body's inner workings, left patients dissatisfied and in many cases disgusted" (Bivins, 2007: 6). Joel Cooper (2007: 80) suggested that individuals feel cognitive dissonance (psychological discomfort) when they experience unwanted consequences from an event. The consequences of undergoing medical treatment around 1875 when Mary Baker Eddy published *Science and Health* (Peel, 1966: 5; Podmore, 1963: 266-267) certainly would have produced cognitive dissonance. Consequently, it is possible that patients turned to alternative medicines as a method of avoiding their fear of medicine.

Gender and Nineteenth Century Medicine

Women particularly suffered under nineteenth century medicine. Before 1900, women's life expectancy was higher than males: elderly women outlived elderly men and female infants were more likely than males to survive the first year. Conversely, females in Canada and elsewhere between the ages of five and twenty had significantly higher mortality rates and married women were about twenty-five percent more likely to perish before their husbands (Mitchinson, 1991: 54; Shorter, 1982: 228).[77] Even in Canada, the predominance of male

[77] Many risks to women's health in the late nineteenth and early twentieth centuries involved the combination of childbearing and rearing, fieldwork in rural areas, housework, and

physicians led to "use the male body and how it functioned as the norm by which to judge whether women were healthy or not" (Mitchson, 1991: 12). In these earlier years, because the knowledge of feminine illnesses was limited, physicians frequently misdiagnosed or used heroic cures and toxins to treat ailments that are now safely treated (such as anemia [Bivins, 2007: 104]).

For instance, most women and some men allegedly suffered an apparent form of nervous disorder and physicians tried various prescriptions in attempt to find a cure (Hoertz Baracco, 2008: 16). The attitude of many physicians to this nervous disorder is exemplified in the teachings of medical doctors of the time, such as Dr. Wendell Holmes who lectured to an all male class at Harvard Medical School. In 1860, he taught that the commonplace of "'invalidism' was the 'natural state' of many women although it might degenerate into disease, it would never lead to full health" (Hoertz Baracco, 2008: 14).[78] Consequently, women who, like Mary Baker Eddy, were diagnosed invalids may have sought medical alternatives (such as Christian Science) in an effort to avoid negative consequences and attribute their illness to something more controllable than a "natural state" (Gill, 1998: 99).

Although men suffered some uniquely male ailments (and very few men did suffer some of the female-dominant disorders such as invalidism), these ailments were far less common and tended to occur very early or late in life unlike women's health problems (Shorter, 1982: 281). Furthermore, it was less likely for male-dominant treatments to face religious opposition than it was for female treatments. For instance, when some practitioners introduced chloroform to replace ether as a pain reliever for women in labor (Canadian physicians used

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poor diet (Shorter, 1982: 239). Although childbirth likely deteriorated the health of women, Edward Shorter (1982: 241) states that women's deaths were likely the result of overwork and under nutrition (primarily because studies fail to link women's mortality rates with number of births). Family support also may have played a large role in women's health: "The *traditional* husband, however, usually trivialized or ignored a wife's physical complaints" (Shorter, 1982: 280). In Canada, as well, poor married women could not afford healthcare and were often overburden with household chores (Buckley, 1988: 149). Consequently, single women often faired better than did their married counterparts.

[78] In addition, women often had other issues with the medical hegemony, for instance, they often found the field of gynecology increasingly invasive, paternatilisic, and opposed to notions of decency (Jansen, 1997/1998: 1). Consequently, women may have been more open with female alternative healers than they were with the male doctors who dominated scientific medicine (Schoepflin, 2002: 37).

chloroform until the 1870s, when ether made a resurgence), some religious proponents claimed that "'it would 'rob God of the deepest cries' of women in labour" (Jones, 1985a: 7; see Hoertz Baracco, 2008: 25; Mitchinson, 1991: 41).[79]

Despite these factors, Shorter (1982: 279) argues that the predominant cause of women's medical woes stemmed from ignorance. This ignorance began to change, however, about several female specific ailments at the turn of the nineteenth century (Shorter, 1982: 252). Even so, it would be some time before the consequences of inappropriate medical treatments diminished and the fear of those consequences faded to the point where many people would return to mainstream treatments.[80]

Moreover, in support of Stark's (1970: 30) claim that sectarian groups often stem from socio-economic conditions, these alternatives posed a unique opportunity for women and men who wanted to reclaim their bodies and enter the lucrative market of healing. The very existence of an alternative belief system (such as Christian Science) reduces the validity of one's original belief system (such as scientific medicine) because it proves that other interpretations are possible, and thereby, threatens the original beliefs (Berger and Luckmann, 1966: 100). Alternative medicines appeared to offer women (and in the case of

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[79] Physicians may have denied chloroform to some female patients. Ether first found its way into medicine, however, for its ability to combat the use of Mesmerism as an anaesthetic (Bivins, 2007: 88). Whether the effects were testable or not, Mesmerism appeared to decrease the pain of some patients and the medical orthodoxy saw its use as threatening.

[80] Kenneth Jones (1985a, 2004) claimed that some of these risks were perpetuated beyond their times as new discoveries and medical schisms were labeled 'quackery' and illegitimate until they either lost popularity or integrated into mainstream medicine (Jones, 2004: 704). Resistance to new knowledge that countered 'conventional wisdom' was an early reason for not accepting new concepts, such as inoculation (Jones, 1985a: 6). Consequently, mainstream medicine once rejected what are now widely accepted medical theories, such as "antisepsis, anesthetic, even germ theory itself," on the basis that these theories divided the medical establishment (Jones, 2004: 711). Some "quacks" practiced surgery as successfully as mainstream practitioners, but on areas of the body that the orthodox profession considered "too risky" (Jones, 1985a: 8). In fact, various healing techniques that did not find widespread acceptance have influenced modern medicine.

For instance, despite their life-saving potential, the advent of forceps remained unknown until 1750 despite their use by one physician and his family as early as 1650 because it was more profitable for the family to keep the development a secret (Jones, 1985a: 10). Inoculations also faced opposition when they were initiated due to concerns for medical hegemony (Jones, 1985a: 10). Nonetheless, the claims of many alternative practitioners "tend to cluster around a hostility to allopathy, and a rejection of bacterial and germ theories of disease, in favor a monocausal theory" (Jones, 1985a: 13). Mono-causal theories would allege that ill health originates from one source (such is the case with error in Christian Science; or Philibert [1998:6] suggested physical causes in scientific medicine).

Christian Science, both women and working class men) an opportunity to become independent, healthy, and useful beyond their household: "More and more women assaulted social conventions, gained access to medical education (often sectarian), and explained the rewards of professional independence" (Schoepflin, 2002: 43).

Alternative Medicines

When individuals have exhausted measures that they expect to produce a positive outcome (such as medicine), they sometimes turn to practices that they may not expect to work (such as faith healing [Dolby, 1979: 37]). Dissonance can result from responsibility for consequences rather than from inconsistency in cognitions (Cooper, 2007: 85). Individuals generally seek good health, try to avoid the cognitive dissonance associated with being responsible for choosing medical treatments with undesirable consequences, and desire to attribute their health to something that they can control. Consequently, during this era, individuals were likely motivated to use alternative treatments. Using a treatment with either helpful or at least harmless consequences may have been more appealing than using scientific medicine, which often resulted in personal harm.

Among the numerous alternative medicines available in the nineteenth century, homeopathy, mesmerism (also called animal magnetism), and Quimby's healing method contributed to the emergence of Christian Science. Homeopathy and mesmerism became prominent in late eighteenth and early nineteenth century Europe (Bivins, 2007 79). The founders of each garnered support from some medical elites and claimed their practices were scientific, a practice that often helps deviant sciences to maintain their validity (Bivins, 2007: 79; Dolby, 1979: 21-22).

In 1810, Samuel Hahnemann[81] proclaimed two new medical "laws." The first was "the law of similars"—the idea that a drug that causes similar symptoms in a patient will also relieve those symptoms. And the second was the "law of infinitesimals"—the idea that the body's ethereal vital force required treatment on a metaphysical level to remove disturbances (Bivins, 89-90; Fuller, 1989: 22; Hoertz Badaracco, 2007: 56). Homeopathy found popularity among the public

[81] Hahnemann supported the use of Mesmerism (Fuller, 1989: 55).

because it offered a new outlet for enthusiasm and allowed patients to avoid harmful medical treatments:

> The infinitesimal doses used by homeopathic physicians proved far more beneficial in cases where the bleedings and purgings of regular physicians so weakened patients that they failed to overcome illnesses that if left alone, would have run their natural courses and receded (Fuller, 1989: 24).

Many people, including a young Mary Baker Eddy, relied on homeopathy as an alternative to heroic drugs (Hoertz Badaracco, 2007: 56).[82] Moreover, by the mid-1800s, homeopathy threatened Canadian physicians' social status and income (Mitchinson, 1991: 19).

Between 1773 and 1775, Anton Mesmer started mesmerism or animal magnetism: "Mesmer was convinced that the presence and proper action of the magnetic fluid (like those of *qi* [energy in Chinese medicine] and *ojas* [energy in Ayurvedic medicine]) ensured health" (Bivins, 2007: 80; Podmore, 1963: 1). Mesmerism also received support from the scientific community and physicians for a short time until it largely fell from use in the 1850s (see Podmore, 1963: 14-17, 88, 151).[83] Beginning with the arrival of French Magnetist, Charles Poyen in New England in 1838, many Americans found mesmerism as not only successful at healing, but also at establishing inner harmony (Fuller, 1989: 46; Podmore, 1963: 219).[84] After mesmerism influenced hypnotism, Mental-healing (such as Phineas Quimby's practice), Mind-cures, and Christian Science; it gradually diffused into Spiritualism (Podmore, 1963: 250).

Unlike Hahnemann and Mesmer who began their healing careers as medical physicians, "Dr." Phineas Parkhurst Quimby (1802-1866) was a watchmaker

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[82] Because Mary Baker Eddy underwent several name changes through widowing and a failed marriage, I will call her Mary when discussing her childhood and young adulthood and Eddy for later in her life.

[83] For most of the years Mesmerism was popular, surgical procedures were conducted without anaesthetics, which were discovered in1842 (Fraser, 1999: 48). Nonetheless, physicians were aware of primitive pain relievers long before 1842, but many did not prioritize lessoning a patient's pain over the use of such treatments as cannabis, opium, and liquor (Jones, 1985: 6). Consequently, some physicians used Mesmerism as a form of anaesthesia (Podmore, 1963: 69-70).

[84] By the time of Christian Science, mesmerism had lost some popularity in the US and many people considered it trickery used to control and seduce unwary women. Moreover, Eddy and her followers came to view animal magnetism (mesmerism) as dangerous error that could cause "mental poisoning" (Gill, 1998: 81).

(Hoertz Badaracco, 2007: 29). When Quimby saw a mesmerist by coincidence one day, the idea of a higher power influencing health intrigued him, and he began his own practice on the premise that disease was imaginary and could be removed by a medium (like himself) rather than a physician (Fuller, 1989: 59; Hoertz Badaracco, 2007: 29). In fact, Quimby asserted that disease arose from wrong thinking (Cather and Milmine, 1909: 44; Fuller, 1989: 59). In 1862, Mary became Quimby's patient and later, his student.

While homeopathy and mesmerism admitted the validity of science and conducted laboratory tests, Abraham Flexner (1910: 159), who reviewed medical institutions in both the United States and Canada, found that homeopathy (he did not analyze mesmerism) did not contribute new knowledge to the medical field. Without the development of new knowledge, many alternative therapies, especially those not linked to science, found it increasingly difficult to accommodate to societal and medical advances (Dolby, 1979: 28).

Therefore, as scientific medicine rose in stature, alternative-healing methods suffered increasing marginalization (Morley and Wallis, 1976: 9). When Christian Science emerged, it was a controversial schism (similar to many others during its time) and faced opposition from both mainstream medicine and Christianity.[85] I, however, focus solely on medically based controversies involving Christian Science.

Christian Science and Mary Baker Eddy

According to Christians, God instilled humans with free will, but expected that they would maintain divine grace. Humanity failed to keep divine grace when Adam and Eve ate from the tree of knowledge and, allegedly, created the illness, death, sin, pain, and corruption that destroyed paradise (Larchet, 1998: 49). Mary Baker Eddy alleged that Christian Science attempts to recreate "paradise" by reacquiring the divine grace that God created in man (Eddy, 1875: 291; Gill, 1998: 198). Christian Science attracted those individuals who sought to

[85] In fact, medical refusal is fairly common among fundamentalist Christians, since "[s]ickness and healing figure prominently in the sacred scriptures of Christianity" (Peters, 2008: 28). Most mainstream Christians, however, believe in and support the use of scientific medicine (Peters, 2008: 31).

make sense of their illness in a way that would suggest they could control their health. These people felt disaffected with physicians, and their own general position in society, and were attracted to Christian Science because of its alleged successes with other individuals.

Mary Baker Eddy and Christian Science: The Road to Discovery

On July 16, 1821, Mary was born in the township of Bow, near New Hampshire (Cather and Milmine, 1909: 3).[86] Gillian Gill (1998: 39), whose biography of Eddy the Christian Science church approves of, and church historian Robert Peel (1966: 13) acknowledged both that Mary had hysterical fits and that those "fits" frequently kept her out of school.[87] These hysterical outbreaks continued late into Eddy's life (Cather and Milmine, 1909: 21). Various illnesses—colds, fevers, chronic dyspepsia, lung and liver ailments, backache, "nervousness," gastric attacks, and "depression"—prompted Mary's search for remedies and ultimately, her discovery of Christian Science (Scheopflin, 2002: 17).

During her childhood, Mary experienced hearing voices calling her, which she alleged to answer with words from the story of Samuel (Eddy, 1891: 9; Gill, 1998: 9). At this time in her life, some biographers suggest that Mary was very religious while others suggest that she was not (Cather and Milmine, 1909: 19; Gill, 1998: 11; Powell, 1930: 56; Scheopflin, 2002: 18). Mary's supporters attested that she was actively engaged in daily theological debates, but critics claimed that Mary simply had a strong desire to believe in a just God and regularly questioned theology (Gill, 1998: 11; Scheopflin, 2002: 18).

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[86] There are over seventy-five biographies of Mary Baker Eddy (Hoertz Baracco 2008: 8). This quick overview is by no means inclusive of all the positive and negative depictions of her life.

[87] From childhood, critics Cather and Milmine (1909: 12), Dakin (1930: 6) and Schoepflin (2002: 12) claimed Mary was allowed to "throw off all restraint at home" and forgo school because of her hysterical outbreaks and illness. They claimed it seems that Mary used her illness on various occasions "to gain the space necessary for creative thought" (Scheopflin, 2002: 17; see Cather and Milmine, 1909). Supporters Lyman Powell (1930: 58) and Sibyl Wilbur (1907) make little mention of Eddy's childhood illness and instead, focus upon her allegedly impressive intelligence and determination. On this issue and several others, the biographies of Eddy's supporters and critics deviate from one another.

Throughout her lifetime, Mary married three men, two of whom passed away and one of whom deserted her (Cather and Milimine, 1909: 25, 32; Podmore, 1963: 264). Within six months of their marriage, Mary's first husband died, leaving her pregnant and financially desolate (Cather and Milimine, 1909: 25). Due to necessity—or as some critics asserted a lack of attachment—Mary gave her son away when he was seven (Cather and Milimine, 1909: 32; Gill, 1998: 88-89; Podmore, 1963: 264). During Mary's second marriage, to Dr. Daniel Patterson (who would later abandon her for a married woman), Mary began to seek treatment from Quimby. In October 1862, Mary traveled to Portland to see Quimby with the hoards of others who sought to improve their health (Gill, 1998: 119-121, 128-146; Gottschalk, 1973: 30; Peters, 2008: 91; Podmore, 1963: 265). Three weeks later, when she returned home, Mary found her health had improved and studied under Quimby until he died in January 1866 before publishing any of his manuscripts (Cather and Milmine, 1909: 57-58; Gottschalk, 1973: 104).[88]

When Quimby was dying or dead, Mary slipped on ice and claimed to have suffered a serious injury as a result of the fall (Podmore, 1963: 267). After her fall, Mary read a biblical account of Jesus' healing, and subsequently she overcame her injuries (Eddy, 1891: 24; Gottschalk, 1973: 30; Merrick, 2003: 270; Peters, 2008: 92). Mary claimed to have healed herself, defied her homeopathic doctor's prognosis that she would never again walk, and in 1868, placed her first advertisement for her healing ability in a Spiritualist paper (Cather and Milmine, 1909: 86; Gill, 1998: 163; Podmore, 1963: 266-268). Mary argued that her previous physical suffering, ineffective medical treatment, and Mind Cure therapy were all preparation for her discovery of Christian Science (Gottschalk, 1973: 30).

When Mary first began teaching, she called her practice "Moral Science" (Cather and Milmine, 1909: 139).[89] She found her first student in 1867 (Gill,

[88] A vibrant debate raged as to whether Eddy derived Christian Science from Quimbyism or managed to come up with the ideas on her own. Similarities between the two are undeniable, but given that Eddy studied under Dr. Quimby, she undoubtedly would have found some influence from him. For information about this controversy see Cather and Milmine (1909: 71-87); Gill (1998); Gottschalk (1973: 99-124); Podmore (1963: 285-287).

[89] Originally, Eddy taught Quimby's healing method for three hundred dollars (Cather and Milmine, 1909: 121). Eddy slowly changed her courses into what she claimed was her own revelation, and finally settled on the name Christian Science. Although Quimby influenced Eddy,

1998: 176). By 1875, Mary published the first edition of *Science and Health with Key to the Scriptures* and developed a small group of devoted followers. In 1877, she married a student named Asa Gilbert Eddy (Gill, 1998: xxxi; Podmore, 1963: 268).

Mary Baker Eddy (1875: 41: 14) claimed that Christian Science would remove healing from doctors' hands and return it to the hands of the Divine. Eddy (1875: 143) argued that matter requires human understanding to exist, and she claimed that medicine could not heal without the human belief that it will heal (i.e. the placebo effect and patients' misattributions of the cause of their healings to the medical practice allegedly are all the benefits medicine creates). Eddy claimed that turning to scientific medicine was a mistake since Jesus' miracles were nothing but healing tactics that all humanity could learn and would produce spiritual salvation: "It is recorded that the profession of medicine originated in idolatry with pagan priests, who besought the gods to heal the sick" (Eddy, 1875: 158: 1).[90] Eddy (1875: 41:14) claimed that Christian Science was the rediscovery of Christian healing methods, which were the "absolute science" that removed healing from the doctors' hands and placed it back in the hands of the Divine.

Eddy protected her empirically testable assertions of Christian Science's healing abilities with several untestable assertions, including the claim that Christian Science demonstrated a true understanding of Christ's teachings. Through this argument, Eddy constituted herself the "faithful messenger of the Second Coming" (Eddy quoted from an 1885 *Christian Science Journal* in Gottschalk, 1973: sxxi). According to Eddy, the Second Coming was her

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she rejected Quimby's influence and claimed he was a malicious animal magnetist (Cather and Milmine, 1909: 88; Gottschalk, 1973: 104).

[90] Eddy faced opposition for these beliefs on several fronts: former members, the medical field, and other religious organizations. In her battle against medicine and religion, Eddy attempted to combine the issues: "Ms. Eddy wrote that 'Christian Science, and Christianity are one'" (Gottscalk, 1973: 19). Despite her efforts, many Christian leaders heavily criticized Eddy's claims that all material (physical reality) was unreal and the only true being was the spirit. Catholics and Protestants alike opposed Eddy's claims and attacked her theologically (Gottscalk, 1973: 74-75). Eddy countered, arguing that she taught how to truly follow Jesus' teachings. Only by truly following Jesus, as early Christians did, could a Christian learn of his or her true spiritual nature. 'This power, she said, "is Christ come to destroy the power of the flesh"' (Gottscalk, 1973: xxiii). Eddy believed that Jesus Christ discovered Christian Science through years of work and that all Christians would appreciate a return to this early Christianity (Gottscalk, 1973: 29).

intellectual realization of heaven. No physical manifestation of Christ occurred and God's kingdom had allegedly always existed, but is attainable only through consciousness (Gottschalk, 1973: 95-96).

During her lifetime, however, Mary Baker Eddy failed to create this heaven on Earth: "her actions often hid insecurities rooted in years of personal struggle with illness, poverty, and professional rivals" (Schoepflin, 2002: 17). Eddy did overcome poverty, but she could not avoid illness or rivals. Eddy also continued to rely on certain medications—specifically morphine (Kramer, 2000: 135). Moreover, Eddy occasionally relied on eyeglasses to read her lectures and she relied on a dentist for oral health (Cather and Milmine, 1909: 263; 302).

Eddy asserted that a Christian Scientist could rely on medicine for specific ailments. Even so, Eddy cautioned that by resorting to medicine, the Scientist is admittedly "not ready" to heal through Christian Science and that the use of that medicine will further hinder her or his realization that the physical world is not real (Kramer, 2000: 135). This contradiction may cause cognitive dissonance for some current Christian Scientists, as well as some former adherents: "She placed her students in an almost impossible dilemma—do not tackle what you are not ready for, but you will never learn Christian Science unless you follow its teachings exactly, taking a firm stand against medicine and materiality" (Kramer, 2000: 136).

Eddy (1900: 525) asserted that sickness stretched beyond that of physical ailments: "Were there no 'soul-sickness' or 'sin-sickness' there would be no body-sickness, or physical ills." Eddy (1900: 525) continued, "It is rather true that the individual suffers as a consequence of the radical belief in the inevitability of sickness, and the general mortal fault of believing in powers apart from God." Consequently, it would be understandable if Scientists would seek positive results (possibly causing a placebo) in order to avoid the cognitive dissonance that results from the negative self-image of suffering not only "physical ills" but also "soul-sickness."

Eddy's followers brought Christian Science to Canada in the late 1880s, when medical professionals were questioning the nature of the mind, and interest in

hypnotism and psychic phenomenon was growing (Jansen, 1998: 9). By 1901, there were 2,644 Scientists in Canada (Jansen, 1998: 5; Lee, 1970: 37). Although the Christian Science population grew to 20,795 by 1951, it decreased to 19,466 by 1961 (Committee on the Healing Arts, 1970: 502). Jonathan Lee (1970: 39) attributed this decrease to a failure to retain second-generation members of the group.

Over half of Canadian Christian Scientists were women who wanted to avoid the humiliating medical procedures of the era. The higher proportion of female Scientists is not be surprising, however, since about ninety percent female Canadians were ill in 1895, and of that ninety, only about thirty percent would seek medical help, thirty percent would self medicate, and thirty percent would suffer silently (Mitchinson, 1991: 48). Scientists were (and remained) concentrated in Ontario (especially in Toronto, where a Christian Scientist formed a school) and British Columbia (particularly in Vancouver and Victoria [Jansen, 1998: 5; Lee, 1970: 42]).

Christian Science: The Origins of over a Century of Controversy

> *Although medical historians today describe the practice of orthodox medicine in that period [1880-1910] as highly unscientific and grossly ineffective, the American Medical Association of those years carried on its intensive crusade against Christian Science with the same Olympian assurance as the present medical establishment* (Peel, 1987: 39).

Patients of alternative therapies (even secular therapies) followed them more as a sectarian or religious truth, than those who relied on scientifically based cures (Whorton, 2004: 289). Furthermore, a certain cult of personality formed around the founders of therapies such as osteopathy, chiropractic, and naturopathy (Whorton, 2004: 289). To maintain a committed following, Eddy relied on her charismatic, authoritarian, and "self-sacrificing" nature. She insisted that anyone deviating from her method practiced malicious animal magnetism, and in an effort to thwart their deviance, they were subject to mental attacks from her devoted followers (Cather and Milmine, 1909: 231; Eddy; Hoertz Badaracco, 2008; Schoeflin, 2002). Through these accusations, and metaphysical, legal, and

possibly physical attacks from remaining adherents Eddy created high costs for any of her students who thought of dissention.

For example, Eddy asserted that her last husband, Asa Gilbert Eddy, died from mesmerism attacks, resulting in mental arsenic poisoning (Cather and Milmine, 1909: 288-289; Gill, 1998: 287). Even after Dr. Rufus K. Noyes diagnosed Asa Gilbert Eddy's cause of death as "unfavourable heart conditions," Eddy asserted that he had never suffered heart conditions (Gill, 1998: 288). Eddy validated this claim by having Dr. Charles J. Eastman conduct a second autopsy on Asa Gilbert Eddy to confirm that he died from mental arsenic. Eddy claimed Dr. Eastman was never her student, even though he was the director of the Boston Massachusetts Metaphysical College (Cather and Milmine, 1909: 288; Dakin, 1930: 227).[91]

Kent (2004: 108) suggested that a leader's personal traits could filter into the group's behavior, and Eddy's reaction to her husband's death is one example her behavior that diffused throughout her followers. Eddy claimed that most diseases (and some other unfortunate happenings, such as theft) that she suffered from, and even the flu symptoms that her students occasionally displayed, resulted from the malicious animal magnetism in which former students partook (Cather and Milmine, 1909: 266, 301, 303). Because of these claims, students were constantly suspicious of one another and of outsiders. In fact, in 1878 the authorities arrested and charged two of Eddy's students, her husband Asa Gilbert Eddy and Edward J. Arens, for the conspiracy to murder a former student (Cather and Milmine, 1909: 247; Dakin, 1930: 138). Although the courts dismissed these charges, Eddy often filed litigation, wished death upon her former students, or had her trusted students engage in mental action against former members (Cather and Milmine, 1909: 304; Dakin, 1930: 138; 159; Gill, 1998: 257).

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[91] The Boston Massachusetts Metaphysical College was chartered in 1881 (Cather and Milmine, 1909: 281; Gill, 1998: 281). The college granted degrees to the students of its sole professor, Eddy, after a few weeks of study (Cather and Milmine, 1909: 281). When the college closed in 1889, she continued to grant diplomas to her students under its name and Christian Scientists claimed that they had a right to their own licensing standards (Sheopflin, 2002: 158).

In addition to former members, Eddy needed to decrease the likeliness that her students would turn to non-Christian Science healing. In opposition to scientific medicine, Eddy insisted that she had found the ultimate truth. In *Science and Health*, Eddy (1875: 483: 1) stated that "it may be affirmed that [drugs, hygiene and animal magnetism] do not heal, but only relieve suffering temporarily, exchanging one disease for another." Eddy argued that Christian Science was a comprehensive science and religion (Gottscalk, 1973: xxviii). Nonetheless, Christian Science has never escaped the prying eyes of medical critics who fear that reliance on alternative healing methods may be dangerous.

One, and perhaps the main, reason that Christian Science may never escape opposition from healthcare regulators is the issue of children and non-consenting adults:

> In the wake of convictions of parents for what has been called the religiously motivated medical neglect of their children, the Christian Science Church is trying to persuade state legislatures that its particular form of healing by prayer is at least as effective as medicine (Skolnick, 1990a: 1379).

Christian Science argues that religious exemption statutes pertaining to child neglect laws are part of their First Amendment rights and religious freedom (Skolnick, 1990a: 1379).[92] This argument, however, has not succeeded in completely ending the prosecution of parents whose children died without seeking life-saving medical care (Skolnick, 1990a: 1379).

Transforming social circumstances: Freedom of religion or malpractice

Before the 1830s, the medical system in the US was similar to the British professionalism model (Bivins, 2007: 96). Laws that allowed local medical schools to license medical practitioners, from one of the twenty-two American medical schools raised the status of "regulars," although they had little impact (Bivins, 2007: 96). Between 1830 and 1850, however, all but two states responded to the anti-elitist sentiments among their constituents by repealing the

[92] The First Church of Christ, Scientist also counters its own argument for First Amendment Rights by stating that it wants to be evaluated as a secular healing institution, but with the evaluation standards that Christian Science developed (Black, 1983; Dillon, 1987: 3).

laws that restricted medical practice to regularly qualified practitioners (Bivins, 2007: 97).

In Canada, very few unlicensed practitioners faced penalties; in fact, some successfully claimed unpaid fees in courts (Macdermot, 1967: 19; Mitchinson, 1991: 17). Canadian provincial bodies regulated medical licenses, but as late as 1871 the Ontario Medical Register had 1,777 registered professionals and about 500 others practicing without licenses (Bernier, 2003: 9; Macdermot, 1967: 19). Nonetheless, Canadian medical associations directed a great deal of energy into regulating practices their leaders believed were "quackery" (Jansen, 1998: 9).

In 1847, the American Medical Association emerged from professionals who desired to re-establish scientific medical orthodoxy (Bivins, 2007: 97). In 1850, medical malpractice litigation[93] became an established phenomenon in America. By the 1930s, almost every American physician met the criteria that only the most learned physicians were in during the 1840s (Mohr, 2000: 1732, 1734).[94] Nevertheless, by 1910, there were thirty-two medical sectarian institutions training practitioners in the United States in several areas, including homeopathy. No sectarian schools existed in Canada during the same period of time (Flexner, 1910: 158). As a result, alternative systems persisted well into the twentieth century (many into the twenty-first century), although they began to face legal opposition with the concurrent rise of malpractice laws (Bivins, 2007: 98; Mohr, 2000: 1735).

In its early years, the First Church of Christ, Scientist experienced heavy criticism from American law and public opinion. People began to feel that the Scientists' refusal of medical treatment was endangering children in the sect (Fraser, 1999: 261-269; Peters, 2008: 107). At least four American Christian Science practitioners have been charged since 1887 for practicing medicine without a license (Schoepflin, 2002; 150). For the court to find a practitioner

[93] The concept of malpractice originated in eighteenth century English legal theory. The modern term malpractice is derived from the concept of injuries caused by a physician's, surgeon's, or apothecary's neglect or unskilful management resulting in the patient's harm and loss of trust (Mohr, 2000: 1731).

[94] When Eddy was still alive, however, Cather and Milmine (1909: 288) claimed that Massachusetts medical laws were so lax that Christian Science graduates could write M.D. after their names and often referred to themselves as "Doctors."

guilty, however, the state must define the practice of medicine within the confines that the practitioner was operating (Fraser, 1999: 270-271; Schoepflin, 2002: 150). In defense, Christian Science practitioners and their lawyers of the late nineteenth century argued that Christian Science practitioners did not practice medicine and that as a religious institution, Christian Science is in fact a more successful at healing than medicine (Schoepflin, 2002; 152).

In many nineteenth century American cities and in the Canadian city of Toronto (where John and Isabella Stewart were convicted of malpractice in 1889, but that conviction was overturned), this defense ended with the acquittal of Christian Science practitioners (Jansen, 1998: 10; Schoepflin, 2002: 151).[95] Some cases, however, such as that of Abby H. Corner in 1888, generated a great deal of cognitive dissonance among other members who realized that Eddy and the Mother Church may not come to their aid if they fail to heal a patient. Corner attempted to deliver her own daughter's baby. Corner was a member of the Christian Science Association and a student of Mary Baker Eddy, but had not taken Eddy's six lesson obstetrical course (Cather and Milmine, 1909: 353; Cawley, 1969: 50; Gill, 1998: 346). When Corner's daughter and unborn grandchild did not survive the delivery, the state charged Corner for the death; but these charges were later dismissed because the death resulted from hemorrhage which also had a high death rate even with scientific medicine (Cather and Milmine, 1909: 354-355; Gill, 1998: 346).

Although Corner was a Christian Scientist, Eddy withdrew support of her following the prosecution. Because of this case, thirty-six of Eddy's students withdrew from Eddy's association and Eddy changed her stance by stating that a surgeon may be called for surgical cases to avoid future litigation and thereby, maintained the commitment of her members (Cather and Milmine, 1909: 356, 360-366; Gill, 1998: 347). Eddy decided to allow students to call on a surgeon in surgical cases and to have a medical doctor (who had also taken her course) teach

[95] For a list of court cases involving Christian Scientists that relate specifically to medical issues see Schoepflin (2002).

the anatomy and surgery aspects of her obstetric course (Cawley, 1969: 50; Dakin, 1930: 241).

In 1891, the Nebraska courts found Ezra and Elizabeth Buswell not guilty of manslaughter. This verdict set the precedent of acquitting two Christian Science practitioners in the more influential Rhode Island case (Schoepflin, 2002: 150). During the Buswell case, Eddy wrote to the Buswells, reassuring them by citing the acquittal of John and Isabella Stewart in Canada (Schoepflin, 2002: 151). In Rhode Island's *State v. Walter E. Mylod* (1898), the judge initially ruled that Christian Science was a system of medicine that required recognition and certificates like other medical forms. In response, the American Board of Health drafted a bill forbidding the practice of Christian Science (Schoepflin, 2002: 154). Due to the lobbying efforts, however, of Christian Scientists who claimed that they were practicing religion and not medicine the state changed the verdict to exempt Christian Scientists from acquiring licenses (Schoepflin, 2002: 154): "The court pointed out that the defendant not only did not attempt to treat the disease, but denied its very existence" (Cawley, 1969: 185).[96]

Following this case, the 1899 version of the *Church Manual* prohibited the use of the terms "Reverend" and "Doctor" unless received under state law (Peters, 2008: 95; Schoepflin, 2002: 159).[97] The church also established some external validity as well through lobbying and political activity, which proved that group members were active participants within American society (Peters, 2008: 108), but also buffered their belief system by transforming the issue of malpractice into that of religious freedom.

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[96] Christian Science lobbyists are called the Committee on Publications (COPs, pronounced "see-oh-pee"). COPs duties include: making most public statements regarding religious exemption, trying to ensure that Christian Science maintains a positive rapport with outsiders, and striving to keep exemption statutes in place (Cawley, 1969: 51; Young, 2001: 270, 271). About fifty COPs lobby full-time under the First Church of Christ, Scientist Mother Church (Young, 2001: 271). The website ChristianScience.ca (2007) lists COPs representing each region on the Internet. ChristianScience.ca lists information and names of Canadian COPs under "Meet the Committee." Information regarding American COPs is also easy to locate through a Google search, as COPs are listed on each denomination's website. In fact, COPs are so effective that the First Church of Christ, Scientist ensured that Oregon strengthened its religious exemption laws in 1995 and 1997 despite efforts to eliminate those exemptions (Young, 2001: 269).

[97] This clause remains in the most current versions of the *Church Manual* (Eddy, 1891: 45). Moreover, the Mother Church restricted the use of the initials C.S. to Christian Science practitioners (Eddy, 1891: 46).

Although the claim to religious practice allowed many Christian Science practitioners and parents to avoid or minimize their convictions following a charge of medical neglect or malpractice, in the mid-twentieth century, there was a series of manslaughter cases involving Christian Science parents (Peters, 2008: 110). With modern advances in medicine, parents and the First Church of Christ, Scientist were increasingly liable for children who perished without medical treatment (Peters, 2008: 111).

Redefining Freedom of Religion: Two Countries

Christian Scientists lobby in the U.S. and in Canada when they feel that their religion is threatened: "organized religious groups can be quite influential regarding the writing and passing of state laws" (Linnard-Palmer, 2006: 40). By 1917, the First Church of Christ, Scientist had succeeded (through countering charges of medical neglect in court and lobbying efforts) to have its practitioners exempted from licensing under the American Medical Act (Swan, 1984: 5).

In 1972, American courts began to hold physicians accountable for seeking their patients' consent (Gostin, 2006: 487). Since that time, American physicians have had the duty to inform patients of potential risks and obtain written consent for medical procedures (Gostin, 2006: 487). The informed consent clause intends to allow patients more autonomy in their medical treatment, but in cases such as Christian Science, the clause helps remove medical care entirely (Gostin, 2006: 487; Linnard-Palmer, 2006: 19). Canadian law also requires healthcare practitioners to obtain their patients' consent prior to any healthcare treatment (Knoppers, 1992: 133, 163). In emergency cases, however, where harm will result without treatment and when a patient is not capable of consent, Canadian and American physicians are not liable for any treatment that they administer (Gostin, 2006: 487; Knoppers, 1992: 163).

In the U.S. and Canada, there are three legal bases for adults to refuse treatment, which do not apply to children (Linnard-Palmer, 2006: 19). These rights include the right to freedom from non-consensual invasion of bodily integrity (or informed consent), the right of privacy, and the right to freedom of religion (Linnard-Palmer, 2006: 19).

Children's consent, however, is a different issue. Until 1905, American children had no rights separate from those of their parents (Cawley, 1969: 201): "In the United States animals were legally protected from cruelty before children were legally protected against work injuries and laws were established that limited the hours and conditions of children's labor" (Linnard-Palmer, 2006: 17). American children's rights arose when a lawyer from New York pursued legislation for child rights. Prior to this time, parental abuse and neglect were not a legal issue (Linnard-Palmer, 2006: 17). Today, parents are liable for most forms of child abuse, and medical examiner Larry Lewman suggests that one of the most devastating forms of child abuse is medical neglect (Young, 2001: 268).

According to the *Prince v. Massachusetts* case, parents do not have the right to withhold essential medical intervention:

> The right to practice religion freely does not include liberty to expose the community or the child to communicable disease or the latter to ill health or death.... Parents may be free to become martyrs themselves. But it does not follow they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves (*Prince v. Massachusetts*, 1944: para 10,14).

Despite what appeared to be steps toward the protection of children, no clear precedent was set for dealing with the treatment of children in religious groups (*Prince v. Massachusetts*, 1944). Many American legal experts disagree over how exactly to regulate Christian Scientists' medical decisions (Peters, 2008: 99). This disagreement left room for ambiguity in the law regarding the religious liberty of Christian Scientists and their rights to withhold medical treatment from their children.

In response to lobby efforts in 1974, the "US Department of Health, Education, and Welfare required states receiving federal child abuse prevention and treatment grants to have religious exemptions to child abuse and neglect charges" (Asser and Swan, 1998: 625). Within ten years, all fifty states had some form of exemption in place. Some states, however, met federal requirements by

providing exemption to Christian Scientists alone—specifically Arizona, Connecticut, Illinois, and Washington (Linnard-Palmer, 2006: 36; Young, 2001: 270). Other states used clauses such as the need for a "duly certified practitioner" to receive exemption as a means to single out Christian Science (Young, 2001: 270).

Several states attempted to eliminate exemption statutes, but the lobbying efforts of Christian Scientists ensured the protection of most of those statutes (Peters, 2008: 18; Young, 2001: 269). In 1996, the U.S. Congress ruled that states were neither required to nor prohibited from finding cases of neglectful medical refusal on religious grounds (Merrick, 2003: 277). Some changes in these laws materialized. Publicized child deaths and futile prosecutions, however, raised public concern (Peters, 2008: 18). Currently, forty-eight states offer some form of medical exemption for parents of certain religious groups, thirty-one of which allow the use of religion as a defense against criminal charges (Swan, 2009; Young, 2001: 268).

Critics argued that religious status should not shield adherents from child abuse laws (Larabee, 1998a). Rita Swan attested religious exemption laws divide children into two classes:

> One is entitled to preventive, diagnotistic and therapeutic healthcare because their parents have a legal duty to provide it. The other, those in faith-healing sects, have no right to immunizations, prophylactic eye drops, health screenings and, depending on the reach of the religious defense in the criminal code, no right to medical care for illnesses unless and until a state agency becomes aware of their needs and obtains care by court order (Swan, 2000: 16).

Therefore, children whose parents believe in a religious alternative to medicine lack the legal protection that other children receive.

In Canada, however, medical exemption clauses are limited to such issues as immunizations, and consequently, there are no recent controversies involving Christian Science parents, who generally seek to follow the law (Cawley, 1969: 217; Hickey and Lyckholm, 2004: 267; Merrick, 2003: 272; Skolnick, 1990b:

1226].[98] In Canada, the right to the freedom of religion allows parents to refuse non-medical treatments for their children (i.e. treatments that will not violate the child's constitutional rights, such as the right to life [Criminal Code – R.S.C. 1985: s. 215, "Commentary;" Knoppers, 1992: 121-123]).[99] The Canadian Criminal Code states that caregivers throughout the entire country must provide the necessaries of life.[100] After Christian Science practitioners were charged in Canada, the church recommended its parents to provide medical care for seriously ill children (Cawley, 1969: 210; Skolnick, 1990b: 1226; Swan, 1984: 6).[101]

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[98] The court case *Rex v. Brooks* (1902) set the standard for how the courts would handle future cases of religiously based medical refusal that resulted in the death of a child. From the case *Rex v. Brooks*, the responsibility to provide medical care under the necessaries of life in the Canadian Criminal Code came into existence (Criminal Code – R.S.C. 1985: s. 215, "Commentary"). This case involved church Elder Eugene Brooks from the sect Catholic Christians in Zion who advised another sect member to refuse medical treatment for his son and daughter, who both subsequently died of diphtheria in 1901 (Cawley, 1969: 217; Opp, 2005: 111; *Reg v. Brooks*, 1902). Brooks was sentenced to three months in prison because of this case, but prior to it, Brooks was involved in the deaths of two other children whose cases brought acquittals from British Columbia's courts because of insubstantial evidence (Opp, 2005: 101-109, 111, 114).

[99] "It is not a lawful excuse for a parent who, knowing that a child is in need of medical assistance, refused to obtain such assistance because to do so would be contrary to a tenet of his own particular faith. The guarantee of freedom of conscience in s. 2(a) of the Charter of Rights and Freedoms does not affect that issue" (Criminal Code, 1985: s. 215 "Commentary").

[100] The section of Canadian Criminal Code most readily used in cases of medical neglect involving Christian Scientists reads as follows:

> **Duties of persons to provide necessaries – s. 215**
>
> **215.** (1) Everyone is under legal duty
>
> (a) as a parent, foster parent, guardian or head of a family, to provide necessaries of life for a child under the age of sixteen years;
>
> (b) as a married person, to provide the necessaries of life to his spouse; and
>
> (c) to provide necessaries of life to a person under his charge if that person
>
> (i) is unable, by reason of detention, age, illness, insanity or other cause, to withdraw himself from that change, and
>
> (ii) is unable to provide himself with necessaries of life (Criminal Code, 1985: s. 215; bold in original).

Individuals are liable for failing to provide these necessaries if the person in paragraph (1)(a) or (b) is destitute or necessitous, and/or for the person in (1)(a),(b), or (c) if their failure to provide the necessaries results in permanent health damage or death (Criminal Code, 1985: s. 215[2]).

[101] Cawley (1969: 210-217) and Swan (1984: 6) argued that Christian Science practitioners became notably liable following the court cases *Reg v. Beer* (1896) and *Rex v. Elder* (1925). In the case of *Reg v. Beer*, Mrs. Beer was a Christian Science practitioner, who "did nothing" while a child died of diphtheria even though medical aid could have allowed the child to survive (*Reg v. Beer*, 1896). Beer was found not guilty, but only because the court believed that Christian Science treatment involved doing nothing (*Reg v. Beer*, 1896). In fact, the later case of *Rex v. Homeberg* (1921: 362), which involved a chiropractor who failed to treat appendicitis, the judge cited the *Reg v. Beer* (1896) conclusion as meaning that practitioners are liable whether or not they are licensed if they lack reasonable skill, knowledge, and care (*Rex v. Homeberg*, 1921: 363). Nonetheless, Christian Science practitioner William Elder was charged following the death of Robert Watson's sixteen-year-old daughter, Doreen Watson (*Reg v. Elder*, 1925). Elder was

In the U.S., the church is held responsible for the parents' beliefs in the ability of Christian Science to heal (which is non-criminal), but the parents are responsible for the resulting medical negligence (although exempt in some states). The U.S. has a literature regarding clergy malpractice, but this literature only relates to improper pastoral counseling, intentionally causing emotional harm, inadequate teaching, or intentional interference with contractual relations (Linnard-Palmer, 2006: 40; Peters, 2008: 71). In the U.S. "if a church is immune from civil liability, it may be because the medical treatment refusal for a child was considered to be *secular conduct*, which can be regulated by law, versus *secular belief*, which cannot" (Linnard-Palmer, 2006: 41).

In cases where Canadian or American parents refuse medical treatment for their children, healthcare providers may seek legal proceedings to administer it (Linnard-Palmer, 2006: 3). Without court jurisdiction to act, however, physicians cannot administer treatment to adults who choose to exercise their freedom of religion rights[102] and do not consent because of assault, battery, and trespass laws (Cawley, 1969: 207-208; Young, 2001: 269, 287).

The greatest success for the claim to religious exemption in both Canada and the U.S. is probably immunizations. The U.S. requires proof of vaccination for children entering into the public school system, unless the child is susceptible to adverse affects from vaccination or vaccination violates their religious convictions (Gostin, 2006: 148). Canada has no laws national laws requiring immunization, although some adult professions, children's schools, and child-care centers require immunization records (National Advisory Committee, 2006:

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found not guilty and initially Watson was convicted of manslaughter, but after appeal, the verdict was reversed (Rex v. Elder, 1925: 173).

[102] The First Amendment of the U.S. Constitution states: "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances" (The National Archives and Records Administration, "The Bill of Rights"). Similarly, section 2 in the Canadian Charter of Rights and Freedoms states: "Everyone has the following fundamental freedoms: (a) freedom of conscience and religion; (b) freedom of thought, belief, opinion and expression, including freedom of press and other media of communication" (Charter of Rights and Freedoms, 1981).

55).[103] Likewise, forty-eight states have religious exemptions for people who have sincere religious beliefs against immunization (Gostin, 2006: 148; Merrick, 2003: 272).

Ethics regarding cases of medical refusal for Scientist children are difficult because the violation of deeply held religious convictions—of the very reality through which Scientists view the world—is devastating (Linnard-Palmer, 2006: 16). In response to the need to protect children's rights, the United Nations Committee on the Rights of the Child suggested that every child has the right to medical care (Linnard-Palmer, 2006: 18):

> The child is entitled to the highest attainable standard of health. States shall ensure that health care is provided to all children, placing emphasis on preventive measures, health education and reduction of infant mortality (United Nations, 1991: 6).

Nevertheless, the United States remains unable to resolve the gap between the right to medical care and religious freedom (Larabee, 1998b, Linnard-Palmer, 2006: 40).

Several organizations and some academics indirectly battle Christian Science doctrines by attacking state exemption statutes for religious groups. These organizations use medical discourse to argue that Christian Science treatment is harmful to children. For instance, the National Council Against Health Fraud fights for equal standards for both medical and religious healers: "All people who present themselves as healers should be required to meet the same standards that physicians must meet" (Skolnick, 1990a: 1379). The American Academy of Pediatrics, which is comprised of 34, 000 physicians worldwide, called on the forty-four states with religious exemption clauses to change their child abuse laws to include reliance on spiritual healing *Seattle Times*, 1988). In 1983, Doug and Rita Swan founded Children's Healthcare Is a Legal Duty (CHILD) to fight for equal medical rights for all children (CHILD,

[103] Immunization requirements are regulated by the provinces' healthcare acts. That said, because I cannot disclose the provinces in which my research participants resided, I only will mention that almost all participants who had raised children while they were Christian Scientists believed that they were required to report communicable diseases (which they were), but that province permitted them not to provide immunizations.

2007; Skolnick, 1990a: 1379). CHILD puts out a monthly magazine that documents cases of religiously motivated medical refusal that result in the deaths of children. Moreover, several academic and medical researchers have studied the effects of religiously motivated medical refusals on individuals. Despite these efforts, recently the occurrence of individuals refusing medical care has become more common.

Internal Validation

To manufacture empirical evidence of Christian Science's alleged success, Eddy created several outlets for the reporting of successful healings. Like the internal validation mechanisms of other belief systems, Eddy's method of validation through reporting successful healings was "socially created" and "abstract," but provided the rationale necessary for adherents to attribute instances to the group's beliefs (Borhek and Curtis, 1975: 5).

Mary Baker Eddy (1875: 600-700) included a section in the 1907 edition of *Science and Health* that consisted of almost one hundred healing testimonials (Podmore, 1963: 280). Moreover, Eddy created the monthly *Christian Science Journal* in 1883 and the weekly *Christian Science Sentinel* in 1898 (England, 1954: 449; Peters, 2008: 20; Podmore, 1963: 272). Both publications carry accounts of alleged healings along with doctrinal literature. R.W. England (1954), who conducted a study of 500 testimonials, concluded that most of these healings were largely undiagnosed serious ailments or minor afflictions that do not affect everyday life and could have resulted from the restorative nature of the human body. Between 1900 and 1990, the Christian Science church kept records of more than 53, 000 alleged healings (Skolnick, 1990a: 1380).

The Mother Church requires Scientists to validate each others' healing testimonials (Young, 2001: 277): "The statements made in articles and testimonies with regard to healing have been carefully verified by those who know of the healing or who can vouch for the integrity of the testifier" (The Christian Science Publishing Society, 2007: 34). Based solely upon the testimony of an individual and others who can attest that the person is honest or appeared to improve, the placebo effect easily could reinforce a member's commitment to

Christian Science. Placebo effects or "illusory placebos" even can occur in the absence of any measurable improvement (Kelley, et al., 2009: 297).

In addition, groups can block out information that may disconfirm individuals' beliefs and cause cognitive dissonance, thereby maintaining the commitment of their members (Borhek and Curtis, 1975: 105; Festinger, 1957: 30). By reporting thousands of successful healings and not reporting failed healings, Christian Science has insulated its members (and outsiders) from knowing the frequency that Christian Scientists fail to heal.[104] In this way, Scientists can easily attribute positive experiences in their lives to their religion, thereby increasing their dependence upon Christian Science (an attribution process that helps groups maintain validity and commitment from their members [Borhek and Curtis, 1975: 106]).

Christian Science supporters such as Robert Peel (1987) suggested that medical science falls short of healing many patients and therefore, it is no more legitimate as a healing organization than Christian Science.

> The most conscientious doctors are slow to say that if a person who has died under some other form of treatment had only been brought to a hospital for skilled biomedical or surgical attention, he or she could almost certainly have been saved (Peel, 1987: 24).

Peel (1987: 27) argued that all of the imprecision in scientific medicine and all of physicians' mistakes result from the fact that human beings may not be primarily physical. In addition, Peel (1987: 29) believed that Christian healing involves the mutual understanding and warm appreciation that is absent in medical treatment. Furthermore, he stated that Christian Scientists should receive protection from the law rather than persecution (Peel, 1987: 50).

Similarly, many Scientists argued that the fact that because Christian Science practitioners received licensing in some states and because they are covered by some insurance companies, non-Scientist organizations consider Christian Science legitimate and effective. Both practitioners and nurses can

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[104] In fact, Eddy (1875: 246) disallowed members from keeping statistics regarding the church population: "Never record ages. Chronological data are no part of the vast forever. Time-tables of birth and death are so many conspiracies against manhood and womanhood."

receive professional licensing in thirty-nine American states and practitioners can even sign certificates for sick leave and disability payments even though they cannot diagnose illness (Hickey and Lyckholm, 2004: 266; Skolnick, 1990a: 1379). Moreover, many American and Canadian insurance companies cover the service fees that Christian Science practitioners charge (Fraser, Caroline 1999: 276-277; Hickey and Lyckholm, 2004: 267).[105]

Church spokesman, Nathan Talbot claimed that the mortality rate of Christian Science children is 23 per 100, 000 compared to the death rate of 51 per 100, 000 for children who receive medical care (Skolnick, 1990a: 1380).[106] Talbot agreed that the organizations that fight against medical exemption clauses are committed to the best treatment for children, but that they are misled. He disagreed on what the 'best treatment' entailed: "The point of difference is they are ruling out spiritual care as a legitimate answer to children's needs, and we can't accept that" (Talbot quoted in *Seattle Times*, 1988). Alternatively, the healthcare provider fears that the child may perish or suffer ill health without medical treatment.

Christian Scientists allege that they have chosen their healing method because it has proven its effectiveness in their lives (Black, 1983)—regardless of whether that effectiveness can be scientifically proven. Moreover, Black believed Christian Science could hold up to testing: "Reason dictates that Christian Scientists' way of living and healing also be judged by its overall record, not on the basis of a case as unrepresentative as the one in question" (Black, 1983).[107] Any testing of Christian Science effectiveness, however, needs to occur on the terms of the church.

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[105] Some Canadian insurance companies that cover Christian Science practitioners as a medical expense include Alberta Blue Cross (2006), Custom Care (2006), Inuit Canada (2006), policies at the University of Manitoba (2006), and York University (2006).

[106] The methods used to calculate these death rates are unknown since the Church admits that it does not know how many Christian Science children there are and it does not keep records of their deaths (Skolnick, 1990a: 1380).

[107] The case in question was one of the many instances where a child perished without medical intervention.

The First Church of Christ, Scientist is opposed to the scientific studies that could either create or destroy its legitimacy (Skolnick, 1990a: 1380).[108] Church representatives contend, "We don't feel our church members are interested in serving as guinea pigs, nor can genuine prayer be approached in the same way as the testing of drugs" (Nartonis quoted in Sloknick, 1990: 1380). Moreover, the church claimed to have medical documents for some of its healings, but it would not allow outsiders to look them over (Skolnick, 1990a: 1380). The church even alleged that some doctors claim to have witnessed spiritual healing, but refused to reveal their identities (Skolnick, 1990a: 1380).

Plurality in Practice

In times of massive differences between the empirical evidence and Christian Science doctrine (such as with a severe illness that Christian Science cannot heal), adherents are likely to waver in their commitment to group's teachings. Moreover, Christian Science is subject to a high level of external influence, through legal cases, regulation, and the opinions of the public and friends.

Likely because some Scientists turn to medical treatment, Christian Science has a lower rate of death in proportion to its population than other groups.[109] In some instances, Christian Science practitioners may even recommend the use of medicine, "Modern practitioners usually are ready to refer to a physician if bones are broken, or for dental work, or in cases of severe illness" (Lee, 1970: 45). John Lee (1970: 45) found a Canadian practitioner who recommended a patient to a physician for the treatment of gallstones after four days of attempted treatment through Christian Science.

Canadian physician Herbert Balmer reflected a more negative view of Scientists seeking medical treatment. Balmer (1979: 82, 87) had a Christian Science practitioner recommend several of his patients to visit him when: their condition required obstetrical care, they had a communicable disease that could

[108] Even when R. W. England (1954) conducted a study of the ailments reported in the Christian Science Journal and the Christian Science Sentinel, the Mother Church wrote a follow up to the journal to clarify the shortcomings in England's article (Davis, 1954: 184-185).

[109] Church of the First Born, End Time Ministries, the Faith Assembly, and Faith Tabernacle all have higher death rates per capita than Christian Science (Battin, 1999: 15)

affect public health, they had an ailment that they failed to treat with Christian Science, or they were about to die. Dr. Balmer stated that for each referral:

> [T]he practitioner had explained that [the patients] had not worked hard enough at Christian Science to prevent or ward off their stomach ulcers, appendicitis or other disease; they must now seek surgical treatment, and then afterward they should work doubly hard to avoid the need for any but Christian Science therapy in the future (Balmer, 1979: 88).

By the time these patients sought medical treatment, some could not be helped.

In the cases of serious ailments, however, Balmer (1979: 88) provided several examples of individuals who came to him after suffering from symptoms that most Canadians would seek treatment for (such as severe pain that turned out to be a cancer tumor that had developed over years until it was untreatable). In a telling case, Balmer (1979: 88) related the story of an unimmunized four-year-old Christian Scientist who scratched himself. His parents did not seek medical treatment for the scratches until the boy developed tetanus, which can be deadly, but could have been prevented through vaccination. The boy died while physicians attempted to help him (Balmer, 1979: 88).

Even though practitioners are a strong influence in Christian Scientists healthcare choices, Nudelman (1976: 51) asserted, "[f]amily members are probably most effective in this respect." Many Scientists are in close contact with non-Scientists, who are friends, family, co-workers, and so forth. Only sixty-five percent of the students who Nudelman (1976: 51) interviewed attested that both their parents were Scientists, and sixty-two percent said that none of their best friends were Scientists. Nudelman (1976: 51) found that many of his research participants were willing to undergo medical treatment when under pressure from their friends and/or family.

As indicated by Balmer (1978), Lee (1970), and Nudelman (1976), I demonstrate in the following chapters, that many Scientists use medicine. I found that not all Scientists waited until their ailments were as severe as Balmer (1979) suggested, but I also found that some held to the belief that they were personally able to heal every ailment through Christian Science. Consequently, I argue that

Scientists interpret their belief system and maintain a plurality of practices in order to manage their personal experience in attributing a cause to a disease and in managing cognitive dissonance. I also argue that this plurality in attributions and managing cognitive dissonance results from the structure of the Christian Science belief system, its interactions with external sources, and its social structure.

Chapter 5: Plurality in Practice: Managing Evidence that Either Confirms or Challenges Christian Science

The continued existence of Christian Science depends upon the validity that its members attribute to it and the level of commitment that they maintain. Moreover, members also need to attribute specific events, especially good health, to their practice of Christian Science. The belief system of Christian Science provides the tools that individual Scientists need to attribute their experiences to the faith Christian Science (or to their own personal failing in the practice of Christian Science), and to reduce cognitive dissonance.

It seems that Christian Science's social structure and possibly the belief system are not as effective as they could be (and possibly once were) at maintaining conformity because Scientists differ over which ailments they believe they can heal through church practices. Generally, some level of conformity is necessary for the maintenance of a belief system (Borhek and Curtis, 1975: 26). Nonetheless, each Scientist is affected by a different combination of influences that may or may not fit well with their belief systems. Furthermore, although Scientists differ, some do seem highly controlled, likely through self-regulation. Therefore, while it appears that Scientists find their own understanding of their belief system, the possibility still exists for individuals to make healthcare choices based upon their understanding of the religion that will not lead to the quickest and most painless healing of an ailment.

In this chapter, I discuss influences that Christian Scientists mentioned when I interviewed them. Because Gordon Francis is the only non-Scientist whom I interviewed, every pseudonym I mention represents a current Christian Scientist. At the first mention of each Scientist, I state her/his membership status, but after that, I refer to that person only by pseudonym. Moreover, because disclosing the positions each participant held in the church could threaten their anonymity, I will not mention specific roles that each person filled within the church (i.e. Sunday School teachers, practitioners, Committee on Publications, Readers, etc.).

The influences that I discuss in this chapter are not all encompassing, but

they highlight some of the factors that Christian Scientists weigh when they are making decisions. In the first half of this chapter, I analyze the criteria participants highlighted that validate Scientists' beliefs based on Christian Science's own measures. Then, I discuss how the social structure of Christian Science allows some members to believe that healthcare is always a matter of individual choice, and how Scientists regulate and insulate themselves. Finally, I argue that the experience of an alleged healing increases the validity of Christian Science's claims.

In the second half of this chapter, I outline the disconfirming evidence that could increase cognitive dissonance and threaten the validity of Christian Science. I argue that with constant evidence that a physical world is real, Scientists work to manage their beliefs under a barrage of external influences. Consequently, a plurality of practice emerges. I describe how these influences impacted participants in my study, beginning with social and family pressures. Next, I discuss the impact failed healings had on participants' understandings. And finally, I describe how participants interpreted legal requirements and court cases involving parents whose children died after they relied exclusively on Christian Science.

Maintaining Commitment and Validity

> *I would characterize Christian Science as a cult, I don't know if lots of people do, but I certainly would. And as with many cults, membership is all or nothing. And that was certainly my experience, you don't find many half-way Christian Scientists. Although my sense is that that's changed somewhat in the last ten or fifteen years where, but certainly when I was growing up. . .* (Gordon Francis, former Christian Scientist who was raised in Victoria, BC).

This quote from Gordon Francis exemplifies the sentiments of many Christian Science critics.[110] In fact, Linda Kramer, another former Christian Scientist,

[110] There are many reasons why former members, such as Gordon, could have different responses than the current members who I interviewed. First, all of my participants were Canadian, whereas many well-known former Christian Scientists are American. Second, the environment within which Christian Science is situated is changing. Third, the congregations are

describes the ways in which Christian Science fits Robert Lifton's thought reform model.[111] Through thought reform conditions, Kramer (2001) claimed, Christian Science socializes its members into believing in the ability of Christian Science to heal medically devastating ailments.

The belief system

Science and Health and the Bible were the two untestable sources that the interviewees used to protect the empirically testable belief that Christian Science heals physical ailments. Even so, participants did use the healing testimonials found in the *Christian Science Journal* and the *Christian Science Sentinel* as empirical evidence that Christian Science heals. Several participants found the healings reported in the *Journal* and *Sentinel* to be inspiring. These healings increased some participants' confidence and expectations for healings, which could cause dissonance if a healing were to fail for them. Most members believe these documents are factual, moreover Paige (Mother Church and branch church member) even served as a verifier for a healing.

Although these testimonials sound personal, church services disregard personal opinions. Instead church services focus on reading twenty-two unchanged century old lesson sermons:

> Our services make use of the Bible and the Christian Science textbook, that's the focus. And the alternative I suppose may be personal preaching, which they had for a little while, just in the very early days. But the danger of that is that you get personal opinions, and so that was put a stop to (Paige).

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shrinking (Sheler, 1998: 62). Fourth, there is always a possibility that I interviewed the more liberal members of the group, rather than those who are more staunch in their beliefs (as many angry former members and former members' parents were when they were involved in the group). Fifth, the books *Science and Health with Key to the Scriptures* and the Bible constitute Christian Science's pastor and may leave understandings viable to personal interpretation. This list could keep going, but the point I am making, however, is that my findings do not discredit critics who say that certain Christian Science parents have felt obligated to forgo medical treatment because of internal forces within the group.

[111] Robert Lifton (1961) provided eight psychological themes, which he argued were predominant in the social field of thought reform. Linda Kramer (2000) used these psychological themes to outline her book, *The Religion that Kills*, and to demonstrate why and how Christian Scientists could forgo medically necessary treatment for themselves and for their children even when forgoing those treatments has harmful consequences. See Lifton (1961) and Kramer (2000) for more information.

Without personal input, strict surveillance of individual practices, or strict regulation from a leader, individual Scientists are relatively free to interpret the church doctrines in their own ways.

When I asked each participant about the premise of their healthcare beliefs, the majority replied that Christian Science constituted their healthcare choice:

> Well, I suppose it's a combination of scripture, of Mrs. Eddy's understanding of it, which takes up quite a lot of the Christian Science textbook, plus one's own experience and the experience of others (Paige).

As I demonstrate, however, individuals emphasized different parts of the doctrine that impacted her/his understanding of how to apply the doctrine to their life.

What would Eddy do?

All participants (except for former adherent Gordon) insisted that Mary Baker Eddy would not want her followers to refuse medicine; rather she would want them to transcend the need for medicine altogether. For example, "Mind [basically "the one God"] transcends all other power, and will ultimately supersede all other means in healing" (Eddy, 1875: 483, 591). Sydney (an adherent of Christian Science)[112] and Terry (Mother Church and branch church member) stated that there is nothing in *Science and Health* suggesting that people should not go to a doctor. Terry also agreed with Alex (Mother Church and branch church member), by stating that the book suggests that people can heal without the need of a doctor. Mackenzie (Mother Church and branch church member) insisted, "[Eddy] would like everybody to know, that the [idea] of God answers every question or problem . . . she wouldn't want them to refuse." Similarly, Leslie (Mother Church and branch church member) alleged:

> [Eddy] wanted health for the world. She knew there were some limitations. Sometimes if you saw a Christian Scientist lying by the roadside with blood coming out of his leg . . . and running a stream down

[112] Sydney is unique among the other Scientists with whom I spoke because s/he is not a formal member, but still relies on Christian Science for most of her/his healings. Sydney disagrees with small aspects of the doctrine (such as the requirement to not drink liquor). Moreover, Sydney is somewhat uncomfortable being a formal member unless s/he can rely more exclusively on Christian Science than s/he does.

> the road. You wouldn't just sit there and watch it, you would do something to stop it; constraining it or whatever.

Although these interpretations do not sound too strict, several participants claimed to have never used medicine.

When I asked Gordon if Eddy would want her followers to refuse medicine, he responded, "Absolutely." Gordon thought it was irrelevant whether Eddy based this premise on the idea that one could transcend medicine, because the outcome was the same: no medicine when people needed it.

While Gordon alleged that Christian Science did not permit medical use, many current Scientists claimed to have used medicine (see Benson and Dusek, 1999; Nudelman, 1986). Borhek and Curtis (1975: 98) emphasized that socialization into a group is never complete and therefore there are always idiosyncratic differences. For example, Jordan (Mother Church and branch church member) felt that some Scientists were not true to Eddy's teachings because they relied on Christian Science when it was not working:

> [Eddy] said right in her textbook that if you don't find relief from your problem on your own, or with the help of some other Christian Scientist, then you go wherever you find you're going to [solve your health issue].[113] And so we've tended to forget that, I mean even she was, if you read her notebook, you'll find out that she was taking . . . opium and all kinds of pain killers from a hundred years ago that a lot of Christian Scientists don't realize.

Like Jordan's claims, Arthur Nudelman (1976: 45-46) claimed Scientists could seek medical treatment, but those who did not use medicine had a slightly higher risk of death.

All participants acknowledged that medical use would jeopardize their spiritual advancement:

> I guess if the approach taken by one is wishy washy, then you might get

[113] The section of *Science and Health* to which Jordan was referring probably was: "If Christian Scientists ever fail to receive aid from other Scientists,--their brethren upon whom they may call,--God will still guide them into the right use of temporary and eternal means" (Eddy, 1875: 444).

> wishy washy results. You've got to work at it. You've got to study it and you've got to understand what it is that's the basis (Leslie).

Leslie informed me that by "wishy washy" s/he meant not following the doctrine fully and/or quickly turning to medicine for treatment.

> [I]f you're going to be a Christian Scientist and you're trying to achieve spiritual healing, it's very difficult to do if you are constantly harping back to, "Ok, but I can always go to a doctor, or I can always take a drug or I can always get treatment." Really Jesus wouldn't have done that, so, we're trying to achieve the standard he set (Devon, Mother Church and branch church member).

In addition, Christian Science doctrine suggests that individuals should not combine medicine and Christian Science treatment because doing so would render both ineffective.[114]

Nudelman (1976: 48) stated that although Scientists appeared to effectively maintain their beliefs in modern society, "Materials that conflict with Christian Science would be expected to be dissonance-provoking to Scientists." Consequently, a Scientist could face cognitive dissonance because admitting illness likely would equate with spiritual inadequacy, but forgoing medically necessary treatment could produce other undesirable results. It is also possible that an individual may not feel any cognitive dissonance because she or he decided how to manage the situation before the illness.

Self-Regulation

I found that self-regulation did not mean that everyone behaved or even attempted to behave in the same manner. Rather, each person claimed to act on her or his own accord—but all participants claimed that their behaviour reflected Christian Science doctrines. A research participant who I call Devon, for instance, believed that through self-regulation and development, he could experience not only good health, but God's kingdom on Earth:

> Well, remember what Jesus said, heaven is within you; 'heaven is here and

[114] Several participants alluded to this 'cancelling out.' For instance, Jordan and Sydney said that one can use medicine for some problems and Christian Science for others, but one cannot use both for a problem.

> now.' So, Jesus only used heaven in an allegory form when he had a parable, for instance. But, most of the time he said, 'The kingdom of heaven is within you.' So heaven's not somewhere you go. There's nothing else, other than what's going on right now. . . . And so you make it heaven, depending on how you think about it (Devon).[115]

Because everything Eddy said was allegedly true, Devon took these statements as untestable fact. Thereby, Devon attributed the cause of all negative experience to error that one can overcome by the realization of Christian Science as reality. The realization of Christian Science as reality would afford an individual a great deal of "God control," which Spilka, Shaver, and Kirpatrick (1997: 160) alleged people often seek when attributing causes to religion.

Devon studied Christian Science every morning before starting the day and then again before bed. Individuals who constantly expose themselves to religious doctrines are more likely to attribute causes to those doctrines than others, but some Scientists also purposefully work to understand events through their religious understanding (Weiss Ozorak, 1997: 198). For instance, Devon stated, "And [I] try as much as possible, although its not always possible . . . to resort to its teachings during my day to handle issues and problems and beliefs that try to present themselves to me." Similarly, Quinn (Mother Church and branch church member) said: "I don't always succeed of course, but I try to make sure that I'm . . . not just reading it and studying it—I'm living it." Through these attempts, individual interpretations of the abstract concepts that Eddy outlined become a basis for interpreting and attributing meaning to events.

Scientists also "monitor their thoughts" to insulate themselves from external evidence. Paige suggested that mental perception outweighed the other aspects of practicing Christian Science:

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[115] *Science and Health with Key to the Scriptures* contains segments that suggest that the realization of heaven may be possible during one's own life:

> This is Scriptural authority for concluding that such a recognition of being is, and has been, possible to men in this present state of existence,--that we can become conscious, here and now, of a cessation of death, sorrow, and pain. . . . There will be no more pain, and all tears will be wiped away. When you read this, remember Jesus' words, "*The kingdom of God is within you*." This spiritual consciousness is therefore a present possibility (emphasis added; Eddy, 1875: 573).

> It's mental as you might expect from what you know already. It's your thought; it's your mental attitude that counts. And not any particular form of worship or anything like that (Paige).

Because they constantly think about the doctrine, the attributions Scientists make in order to understand the world are based largely upon preconceived notions from their religious beliefs (Weiss Ozorak, 1997: 198).

Some participants insisted that they not only studied the doctrine thoroughly, but also followed "restrictions" that they believed were central to Christian Science:

> Well I mean in I would say, in massive amounts of [restraint]—I mean, for one: you don't drink, you don't smoke, you don't gamble, we don't swear . . . And then because you read everyday, like you are basically required to keep tabs on your thinking, more or less (Reilly, Mother Church and branch church member).

Like Reilly, Paige avoided anything outside Christian Science doctrine.

> I honestly can't go by that liquor store on [a city] street without thinking this is not a necessary part of the environment, it is not something that people should be subjected to, and we can resist it (Paige).

This avoidance further insulates Scientists from disconfirming evidence and likely helps prevent cognitive dissonance through the avoidance of activities that contradict their beliefs.

Conversely, Sydney stated that these "restrictions" were part of the reason that s/he will not formally join Christian Science, "If it's a hot summer day and I want to drink a cold beer, I don't want to think that's against my religion." Jordan was drinking coffee (which s/he acknowledged most Scientists believe is something to avoid) when I met her/him. Jordan denied that Scientists need to avoid coffee, instead s/he claimed as long as s/he did not become reliant on it, s/he could drink it.

Although these Scientists explained the details of their beliefs to me in different manners, they were all ingrained in one of the two religious communities from which I recruited participants. Beliefs are co-dependent upon the social

organization within which they are created and maintained (Borhek and Curtis, 1975: 121-122). Moreover, the social network can help eliminate doubt in an individual and form a base from which others can seek consonance when experiencing (or preventing) cognitive dissonance (Borhek and Curtis, 1975: 121-122; Festinger, 1957: 200). I noticed that two important forms of informal regulation impacted individual choices. These two forms of informal regulation included the silence that is prevalent around Christian Scientists' problems and the disappointment that is associated with medical use.

"Healthcare Decisions are Always a Matter of Individual Choice"

All the current Scientists with whom I spoke insisted on the validity of the Christian Science website's claim that "healthcare decisions are always a matter of individual choice" (The First Church of Christ, Scientist, 2007). Nonetheless, some participants hinted that medical use was still undesirable and guilt can manifest as an informal mechanism of social control. With medicine as a less than ideal alternative for Christian Scientists, some members expressed disappointment or regret following medical use or even the idea that they could use medicine.

Devon said "No" when I asked if there could be any social repercussions for those who chose to use medicine: "There's [sic] no rules in Christian Science, nobody sets out what you can and can't do in terms of your healthcare—there's [sic] no guidelines even. It is really up to each individual" (Devon). Several participants highlighted "levels"[116] of practice. Some members felt that Scientists had the responsibility to recognise their healing level when treating themselves or their children and act accordingly. For example, Leslie could not envision her/himself resorting to medical treatment, but Leslie assured me that "everyone of us is making our own personal demonstration at the best level we can." Leslie alleged anyone at a lower level could resort to medical treatment.

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[116] These are not necessarily official levels, and adherents do not necessarily need to advance through courses. (Wallis [1979: 33] identified Eddy's courses as levels, which they are, but there are informal levels that exist as well.) Different Christian Scientists believe that they are capable of healing different ailments. The ability to heal falls at an informal level. Teachers (teachers teach practitioners how to heal) and practitioners need to be at a high level of healing, but other adherents monitor themselves.

Similarly, Paige stated that before attempting difficult healings, some Scientists start with simple demonstrations (i.e. emotional or relationship healings):

> I sometimes think that is one of the easier places to start. Things like human relations. . . . It’s very hard sometimes to think of a physical condition as responsive to Mental treatment (Paige).

Paige agreed that each individual needs to recognise their own limits without worrying about others’ reactions: “We’re all learning and nobody has the right to criticize somebody else’s decisions on something like that” (Paige).

Jordan was drawn to Christian Science in her/his youth because of its supposed aid with his non-physical healings. Jordan did not attempt physical healings until a later age, and claimed to have rarely suffered physical issues that could have required the use of Christian Science treatment as a youth.

Others felt unsure about whether there could be social repercussions, or dismissed any idea that they would know if other members had used medicine: “I don’t see it as our responsibility or parental requirements. I don’t see myself involving others in the membership of my church in any sort of dialogue of what they’re using or not using” (Leslie).

Mackenzie said if she used medicine, then she would: “feel more like I let us all down.” Similarly, Corey (Mother Church and branch church member) admitted that members could use medicine, but because they are striving to use the same treatment that Jesus did, “it is often not easy for a Christian Scientist to seek medical care.” As a result of similar beliefs, another member retired from an important church position following medical use:

> To be honest with you because I was taking more medical treatments, I felt I wasn’t really honest about being the true Christian Scientist and I just felt uncomfortable representing the church and going off and doing some medical treatments anyway (pseudonym removed, Christian Scientist).

This participant likely experienced cognitive dissonance from being in two divergent positions: representing the church, which supports the transcendence of medicine, and using medicine, which allegedly hinders spiritual treatment.

Alternatively, several members who argued that there was no judgement in Christian Science could not imagine that they ever would choose medicine. For instance, when I asked participants if they would turn to medical use if Christian Science failed to work, some gave similar responses:

> I guess if there was [sic] a serious accident and I had to be taken to hospital by ambulance or something, as soon as I was able--I've read so many testimonies of people who were in serious accidents and they had a practitioner praying for them right away. Those dire predictions of doctors . . . were not born out (Quinn; Paige and Leslie made similar comments).

This focus on incidents where the Scientist may not be able to consent could be due in part to the desire not to "outline evil situations" (Paige). Nonetheless, these participants stated that they would be grateful for people helping them with the best human care available.

Similarly, former Scientist Robert Ellis (2008) claimed that his mother (who raised him a Christian Scientist) thanked his aunt, who took him to a physician and gave him a medical prescription when he became ill. Ellis's (2008: 19) mother told him:

> '[Your aunt] was concerned that I might be upset. I assured her that I was simply grateful to her for caring for you. . . . I would never condemn anyone for doing what they believe to be the best for you.'

Many Scientists seem to feel a compassion for anyone who is trying to help. Even so, there may be some social repercussions for using medicine.

Mackenzie stated that s/he would not judge others for using medicine, but did not seem to fully accept them either:

> To my understanding, and I can't speak for anyone else, but I would hope that we wouldn't be judgmental of anyone else. If they were taking pills for this that and the other thing, they were hardly relying on Christian Science [and they] were a member of the church then, for a time being at least, maybe they shouldn't be a member (Mackenzie).

Therefore, if a Scientist is not relying on Christian Science for healing, then that

Scientist may feel a loss in commitment because her/his beliefs and actions would be disharmonious.

No current members whom I interviewed admitted to having discriminated against members who used medicine, but some made it clear that they believed medical use was inappropriate. Nevertheless, Gordon expressed that his parents had participated in shunning:

> When they said, 'Oh, parents have personal choice,' the reality is that when I was growing up in Christian Science there was no freaking choice. If you go to the hospital or see a doctor you are effectively shunned from the church, period. Real shunning like they kind of won't look at you, won't talk to you (Gordon).

Likewise, Kramer (2000: 159-160) demonstrated that many Scientists have shunned others or applied other social repercussions.

Other Scientists felt that they could seek medical treatment when they found Christian Science was not working for a specific ailment. Sydney claimed to have used medicine, and Jordan and Terry even informed their Christian Science practitioners of their medical use. Similarly, another participant stated that s/he used a crutch for some time after injuring her/his leg and even brought the crutch to church and did not feel judged at any point in time.

Gordon, however, insisted that his family made him feel guilty if he was even to get sick, let alone need medical healing:

> [I] never had an aspirin[117] and [I] was generally made to feel guilty anytime there was anything sick about me, or you know imperfect. If I was just a better Christian Scientist then I wouldn't have those problems. . . . And I didn't want to be sick because then you have the stigma that you're not a good person. That's the reality of it. If you're sick, you must not be a good person or you're not a good Christian Scientist (Gordon).

Gordon spoke of his fear that his parents would blame him for any illnesses or injuries he suffered because they expected him to be perfect.

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[117] From my conversation with Gordon, it seems that his parents never provided him with any medications for minor illnesses. He could have mentioned Tylenol, Acetaminophen, Gravel, or any variety of drugs that are relatively safe for children (See footnote 12 in Chapter 1).

The current Scientists, however, who claimed that their children did not need medicine, attributed a different meaning to their offspring's apparent good health. For instance, Alex claimed that s/he was never ill as a child and that her/his children were never ill either. Jordan claimed her/his children "were protected from dire kinds of . . . childhood problems and they did have childhood diseases, not a lot, but some."[118] Moreover, Mackenzie attributed her/his grandchildren's need to miss school because their parents were not Christian Scientists: "[My children] hardly suffered from a loss of school. The grandchildren have missed more school in their short lives already because their parents are not (unfortunately) practicing Christian Science" (Mackenzie). These children may have experienced relatively good health throughout their childhoods, but if they had an experience similar to Gordon's, then they may have hidden their ailments from their parents to appear to be healthy.

Nonetheless, both Devon and Reilly felt that it would be improper to force their beliefs and healthcare preferences upon their children:

> I won't say that we won't resort to medical care if we don't, if there's something that's critical, especially for the children because they're under eighteen and they don't really have as much choice in it. So if there's a critical issue, then we'll go to a doctor for them (Devon).

Devon claimed to have never used medicine for her/himself or her/his children: "I was raised in Christian Science. I've never had medication of any kind. My kids have never had medication." (Even so, Devon claimed to have had bones set by physicians for both her/himself and for her/his children.)

Reilly also did not wish to force Christian Science upon her/his children, "I'm not trying to direct [where] my children will be. Although I would be happy if they practiced Christian Science, but if they don't that's their choice" (Reilly). Moreover, Reilly had sought medical treatment for specific injuries that her/his children had:

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[118] Jordan is now liberal in his practice of Christian Science and even uses medicine regularly. S/he did inform me, however, that her/his practice and beliefs have changed over time.

> [One of my children] once fell and s/he had a big gash on her/his forehead, a deep cut. And we had it stitched. . . . In a certain way I regretted it because I thought I could have, I could have just talked [used Christian Science] (Reilly).

Reilly felt guilt in this situation because s/he was fearful and turned to medical treatment rather than Christian Science to manage that fear.

Like their own children, however, Mackenzie and Alex rarely remembered being ill as children. It may or may not be true that some Scientists avoid almost all illness throughout their lives, but it is likely that some believe they do. People can experience confirming evidence simply because they believe that they will; in some cases, resulting in the placebo effect—and possibly attribute that effect to their practice of Christian Science (Weiss Ozorak, 1997: 200). In fact, cognitive dissonance can lead individuals to experience the placebo effect, even if they demonstrate little to no measurable benefit (Homer, Sheard, and Jones, 2000: 195; Kelley, et al., 2009: 297).

Shared success and silenced failures

The existence of the alternative explanation (that physical reality is real) is inherently a threat to Christian Science beliefs (Berger and Luckmann, 1966: 100). Even so, "ignorance itself as a project is a mode of knowledge since, if I want to ignore Being, it is because I affirm that it is knowable" (Sartre, 1992: 33). Because Christian Scientists admit the need to disconfirm physical reality, they admit that it is knowable. In fact, the existence of "physical" healings in Christian Science depends upon physical evidence of an illness and then evidence of a quick recovery from it without the aid of medical treatment.

When a Christian Scientist becomes ill, the illness represents a failure in thought or an attack from what Eddy (1875) called "error" or "mortal mind" that permitted that illness to thrive. But, at the same time, overcoming that illness without medicine is a great opportunity to prove both the ability of Christian Science and the individual who recovered. Without an illness, Scientists can say

that they have benefitted from consistent health,[119] but that benefit seems reserved for Wednesday night testimonial meetings[120] and personal validation. Although some articles are in print regarding consistent health, those do not frequent the healing testimonial sections in the *Christian Science Journal* and *Sentinel*. Most participants emphasized physical healings on a far greater level than non-physical healings. Physical healings demand a greater burden of proof and they are less easy to dispute because they usually involved visible changes.

Nearly everyone I interviewed attested to having experienced a healing; usually through both the realization that the ailment was unreal and the dissipation of their fear. These healings were personal experiences that individuals understand through the "comprehensive interpretations of experience" that the religious community provides (Proudfoot and Shaver, 1997: 147). Through this system, Scientists interpret their healings with pre-determined schema that prove the validity of Christian Science and increase their commitment to it:

> I've had what I would call healings my whole life. On many occasions I had the symptoms of a cold or flu of some kind that I was able to eliminate completely almost as soon as they presented themselves, [and] not go through the usual six or seven days of problems. But not all the time. I can't say that I'm always successful. The most startling one I had was once when I had a sort of history of having stomach flues on an annual basis. Until about fifteen years ago when I woke up one morning with what seemed to be incredible attack, beyond anything I'd ever seen before. And I was healed virtually instantly of that. Just completely. And that was the most sort of reaffirming healing I've ever had in my faith (Devon).

In this example, Devon attested that personal experience is what leads to her/his belief in the validity of Christian Science. Similarly, Paige stated, "I won't say

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[119] For example, Mackenzie claimed that s/he could avoid pain following certain activities that are known to cause minor aches and pains for some people of her/his age.

[120] Eddy (1895: 47) emphasized that "Testimony in regard to the healing of the sick is highly important." The church documents these testimonials in the journals and sentinels, but on Wednesday nights local members of each church report their own healing experiences at their congregation (Merrick, 2003: 272).

this one hundred percent, but I've had a couple of experiences in which I really prayed about a cold and it wasn't there anymore. . . . It's a modest experience, but when something happens you're encouraged." Nudelman (1976: 45) and England (1954) stated that the apparent healings of issues (such as the common cold) that tend to dissipate with time, constitute the majority of successful healings that reassure Scientists of their beliefs.

Quinn informed me that a pivotal healing of a diagnosed illness, which doctors wanted to treat with surgery, was what first convinced her/him to commit to the practice of Christian Science:

> I never got any relief with antibiotics at all. So that's when I phoned a practitioner and it was less than half an hour and it was just gone. Not only that, I had a feeling of being, now this is going to sound kooky, but I really had a feeling of being not, kind of separate from that whole scene with the body and everything. It just felt like I was kind of in a different place and just kind of spiritual and enveloped in God's love (Quinn).

Quinn was raised a Scientist, but relied on scientific medicine for years.

Some participants claimed to have experienced healing as young children. For instance, Leslie claimed to have experienced a healing of what s/he thinks may have been polio:

> It might have been [a form of] polio or something along that line, polio we called it, but like I was totally out of it for days. I don't know, maybe three or four days, or five days. And the healing came beautifully (Leslie).

Leslie's parents must have been very committed to Christian Science's belief system to rely on Christian Science treatment for their child who was severely ill. Similarly, Sydney claimed that her/his parents followed the legal requirement that his family be under quarantine when a physician diagnosed him with whooping cough as a child. But, while in quarantine, they relied on Christian Science for treatment, which he claimed healed him quickly.

Later in life, Leslie claimed to rarely become ill, but s/he used Christian Science to treat an injury:

> Since it was so hard to restart . . . I cleaned out the discharge shoot on the

> lawnmower . . . while it's running and only about a half inch, that's all it took to go farther than I should of and I lacerated my finger. . . . I roared in the house and threw my hand in the bathtub and just turned the water on so it was just getting hammered because that was a dirty old lawn out there. I elected to call a practitioner and she was at our home within half an hour maybe or less and at that point in time it was simply a case of bandaging it up and quite amazing the bleeding stopped before she got there. One of the first things she had to treat metaphysically as a Christian Science practitioner was the concept of infection. Now that one didn't happen overnight and it didn't heal overnight and it was a matter of weeks (Leslie).

Leslie attributed this healing to the healing power of Christian Science: "confirming evidence for particular beliefs about social reality are sought and *found* because most situations are ambiguous enough to allow them to be *interpreted as* confirming evidence" (Simmons, 1964: 254; emphasis in original). To a Scientist, Leslie's experience is a legitimate healing, to an outsider, however, it may be the misattribution of the body healing itself—i.e. a placebo—the healing is real, but the cause may be uncertain.

Even Gordon, who is no longer a Christian Scientist, attested that he probably attributed his body healing itself to Christian Science as a child, "I could attribute a cut, which scabs and heals as God's work." Although Gordon now feels that Christian Science did not cause these healings, he understands how such healings can confirm current members' beliefs.

One participant, who claimed to successfully have used Christian Science to treat her/his own depression and suicidal thoughts, also claimed to have used Christian Science for her/his non-Scientist spouse. When surgical procedures failed to heal her/his spouse of digestive issues, this participant convinced her/his spouse to attempt a healing with Christian Science. In fact, some patients for whom medicine cannot heal turn to healing methods that they may not even believe will work in order to reduce cognitive dissonance and strive for the best possible outcome (Dolby, 1979: 37). Although the healing was slow, this

Scientist claimed her/his spouse recovered because of her/his secular use of Christian Science.

Another Scientist claimed to have healed her/his child of epileptic seizures. S/he emphasized her/his disbelief in the ability of medicine to solve a problem:

> One of my children had a period when s/he was having basically epileptic seizures. They came out of no where. . . . I took her/him to a doctor because we were going travelling and we wanted to see whether the doctor said it was ok to get on an airplane with her/him. And the doctor said, 'yeah s/he could travel,' and wanted to put her/him on anti-epileptic medication. Instead of doing that, what we did was—my [spouse] was in on this even though [s/he's] not a Christian Scientist—but [we looked at] what is going on for her/him that was causing this. S/he was in a disturbed state and we did everything we could to make that same mind be resolved. And s/he never went on anti-epileptic medication, and s/he stopped getting seizures. . . . But, if I hadn't been a Christian Scientist s/he would have been on anti-epileptic medication now. Because s/he would have left then and said the medication will solve the problem. . . . But, medication is not going to solve the problem (pseudonym removed).

This participant relied on Christian Science for her/his child's treatment because s/he wanted to do what was best for her/his child. This participant had used medicine for other issues involving her/himself and her/his children, but this healing validated her/his belief that Christian Science heals more effectively than medicine.

When adherents attribute these healings to Christian Science, they increase their own commitment and the apparent validity of their beliefs. A few participants were somewhat aware of the necessity of this attribution:

> You can look at a situation and explain it in more than one way. And an outside observer may say, 'I think its psychosomatic,' or 'I think it's a fluke.' You can't convince anybody that their wrong. . . . Our record is pretty good; there's a certain consistency to it, maybe we're right (Paige).

Because the cause of healing is so difficult to attribute (Barker Bausell, 2007: 37), Scientists can easily argue that their healing was the result of Christian Science and thereby experience positive outcomes through the placebo effect.

Devon denied that healing without Christian Science differed from healing with it, aside from the alleged increased effectiveness of Christian Science:

> The body's ability to heal itself is a manifestation of God. . . . But it's a fantastic process really. Think about it, I mean it's an amazing process. It's just that there's a higher way to look at it. It's just by saying that if it's really spiritual thought that heals why not take it a step higher and say, "Ok, why can't it be instantaneous?" We're just, we're not trying to heal something, we're just trying to heal our thinking.

Consequently, some Scientists may attribute non-Science healings to Christian Science.

Advanced healings, however, depend upon constantly reaffirming Christian Science beliefs that death, disease, sin, physical existence, and any negative experiences are unreal.[121] Negative evidence—such as the existence of unhealed disease—can disconfirm beliefs and lead to cognitive dissonance (Borhek and Curtis, 1975: 105; Festinger, 1957: 30). Because Scientists only mention positive experiences in reference to their religion, they learn to attribute all positive experiences to Christian Science and all negative experiences to unreality:

> Lots of people take their problems to their friends we talk about this and we talk about that, but generally, they don't. What we're working on, its individual right, for each one of us, our understanding. I don't need to talk, I need to work it out myself (Mackenzie).

With this cultured silence of problems, it is unclear whether many Christian Scientist or their children feel free to discuss their medical concerns with their families.

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[121] For instance, Eddy (1875: 174) stated, "We should prevent the images of disease from taking form in thought, and we should efface the outlines of disease already formulated in the minds of mortals." In this way, Eddy insisted not only that speaking of illnesses and imagining them could bring them to reality, but also that their erroneous origin is what causes medicine to work: "Mortal belief is all that enables a drug to cure mortal ailments" (Eddy, 1875: 174).

Possible Disconfirming Evidence

In order to maintain commitment in the face of disconfirming evidence, Christian Science explains every incident. With an explanation for every occurrence, adherents to a belief system may not even notice disconfirming evidence (Snow and Machalek, 1982: 23). Issues related to both health and religion are of high importance to many people, and cognitive dissonance increases with events that a person perceives to be of high importance, especially if those events contain an opportunity for unwanted consequences (Festinger, 1957: 130; Mills, 1999: 27). Every healthcare decision a Christian Scientist makes is potentially influenced by disconfirming evidence in physical reality, other people, organizations (including the legal system), and personal experiences that do not confirm their beliefs. Some participants accommodated to this influence, while others either did not see them as influences at all; or did not perceive them as obstacles to overcome.

Two contradicting worlds

The higher the level of difference between a dominant (such as science) and a deviant belief system, the harder it is for the deviant system to maintain commitment, especially when that system may be scientifically disproven (Dolby, 1979: 21-22; Wallis, 1979: 39). With high levels of difference, groups need to ensure that adherents can manage cognitive dissonance and attribute specific events to their belief system. Festinger (1957: 264) suggested three main ways people reduce dissonance is: “1. By changing one of more of the elements involved in dissonant relations. 2. By adding new cognitive elements that are consonant with already existing cognition. 3. By decreasing the importance of the elements involved in the dissonant relations.” In addition, Borhek and Curtis (1975: 113) stated that a group can assist adherents by discarding a challenged belief, reaffirming it with consensual validation, or by denying the relevance of an occurrence to that belief.

For example, Devon managed contradictory claims from physical science[122] by claiming that they were not contradictory at all:

> [Physical scientists all] keep discovering that it's way more complex and of an infinite nature than they even dream now. And I think that science is going to keep pushing the envelope to the point that they realize, 'Maybe we're looking at this from the wrong perspective. We're trying to break down matter and find a building block for matter that doesn't exist.' There's no building block to it. It's an infinite thought (Devon).

To link science to Christian Science, Devon added a new cognitive element to his belief system—i.e. the belief science will one day prove Christian Science to be correct.

Other participants seemed to separate the world of Christian Science and physical reality. These participants denied the importance of disconfirming evidence in physical reality by rejecting it or separating it from their beliefs. For instance, Leslie stated that s/he kept the two worlds separate and felt they were very different: "It's not a question of mixing the two. Like I said, my medicine chest has dental floss and toothpaste in it. That should tell somebody something. There's no mixing, one is contrary to the other." Many participants seemed to feel quite similar to Leslie. In fact, Mackenzie simply stated that s/he did not find external influences to be an issue at all because s/he could keep her thought on track. "It hasn't been and it's an issue from the point of view that I'm able to keep my thought spiritually" (Mackenzie).

These adherents segmented the belief system of Christian Science from that of physical reality, which could help to avoid realizing contradictions between the two (a practice that Borhek and Curtis [1975: 155] argued was a common way to avoid disconfirming evidence). Alternatively, Jordan acknowledged disconfirming evidence by seeking physical therapies for some ailments: "I guess I have a foot in each, but all we're trying to do here is: stay alive, be healthy, live an active life, [and] a useful life" (Jordan).

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[122] By science (lower case "s"), I mean physical sciences as studied by chemists, physicists, and biologists.

Media and society

Moreover, the influence of medical advances and media advertising seemed to influence some participants:

> We hear things and we're bombarded with drug advertising, physical ailments, and so on. So there's a huge wall, like an avalanche coming at us, and to take the other route takes quite a courageous and strong step, and maybe even more so today than in Mrs. Eddy's time (Jordan).

Devon also acknowledged the need to overcome not only medical advertizing, but friends and family's advice as well. "There's [sic] constant bombardment from advertisements, friends, family, well-meaning souls, there's drug ads" (Devon).[123] Similarly, although Reilly acknowledged medical advances and societal influences, s/he discarded the validity of medical claims. "Anything that medicine can do that's helpful, that's great. But, I'm pretty sceptical about most claims that I read. Is this going to cure this? And you think, 'I doubt it'" (Reilly). As a result, Reilly felt that Christian Science was more effective, but s/he acknowledged that she used medicine in some specific instances.

In addition, Christian Scientists occasionally acknowledged the influence of society upon their choices:

> To some extent you know when you're living in a society you're very influenced by it. What you eat is influenced by what society says you can eat. But I try and be aware of that. You live in your society (Reilly).

Reilly found it necessary to adhere to societal standards both for the perception that Christian Scientists are responsible parents and to avoid legal ramifications.

Other Scientists, however, felt that society stigmatized them by calling them a cult. Leslie, for instance, said, "certainly there have been people who have labelled Christian Science a cult although not to me. . . . I'm under no restrictions that I have to follow blindly." Similarly Quinn, stated, "I don't know if you have any sense of how difficult it is to feel like an outsider; to feel like other people must think, 'well that's crazy.' It's really really not easy to be in that position."

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[123] Even with this statement, when I asked Devon if wider Canadian norms influenced her/his healthcare choices, s/he responded by saying "Not at all."

Quinn acknowledged that s/he felt this stigma not only from the surrounding community, but even from her/his family, who were more influential.

In response to these feelings, which may have threatened Scientists' belief that they are contributing members of society (and thereby initiated dissonance [Festinger, 1957: 194]), the church published documents in the 1980s alleging that Christian Science is a mainstream religion.[124] The accusation that the fringe group (Christian Science) is falsely labelled, however, also helps the group argue that the larger world's disagreement with their beliefs is based upon their own ignorance rather than valid knowledge (Simmons, 1964: 255).

Family and Friends

Nevertheless, Christian Scientists often need to answer to others who do believe in the efficiency of modern medicine (Nudelman, 1976: 51). Competing forces (such as family and friends) contribute to the interpretation of a belief system (Berger and Luckman, 1966: 98; Borhek and Curtis, 1975: 54).

Some participants did not mention the influence of non-Scientist family members on their healthcare choices. Some stated that their spouses were also Christian Scientists and had similar healthcare ideals. Others stated that other non-Scientist family members influenced them. For instance, Jordan stated that in some instances, individuals may be comfortable using Christian Science to treat an ailment, but they also need to take other people into account. "Maybe our family members don't support it and maybe we have to think about the bigger picture, not just ourselves, but maybe we have to think about others who are relying on us being around" (Jordan).

Likewise, Paige said s/he received medical treatment as a child because her/his mother needed to accommodate to her/his non-Scientist father's desires: "I think in a mixed family like that you will make concessions for the peace of mind of your partner." Reilly claimed to have used medical treatment on

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[124] The Christian Science Publishing Society put out a question and answer booklet in 1982. The first question and answer addressed the reasons why members of the First Church of Christ Scientist believe that it is not a cult and that it does not fit the criteria it has laid out regarding what a cult is: "Usually the term 'cult' conjures up a picture of some esoteric group on the fringes of society blindly following a domineering personality" (Christian Science Publishing Society, 1982: 3).

her/himself in the past for the sake of her/his partner. When Reilly came down with pneumonia and her/his spouse became very concerned, s/he turned to medical treatment because Christian Science would not work quickly enough: "I took antibiotics because s/he was really concerned." This situation also demonstrates how the extent of physical evidence can influence a Scientist's decision. In addition, attributing one's use of medicine to a spouse's concern may allow that person to avoid both feeling responsibility for her/his actions and the foreseeable consequences of not using medicine (which can increase dissonance [Cooper, 2007: 69]).

The physical self: Failed healings or failed denial

Most people attribute successes to themselves and failures to external causes (Beauvois and Joule, 1996: 123; Hinton, 1993: 150). Many Scientists, however, seem to nearly do the opposite. It is very important for members to attribute failures to individuals rather than the belief system in order to maintain their sense of "God control" and therefore, their perceived ability to control their future health through Christian Science (Spilka, Shaver, and Kirpatrick, 1997: 163). Individuals who find religion vital to their sense of self have committed to that belief system, and have expended time and energy into that commitment: This form of attribution could reduce to the cognitive dissonance associated with the destruction of their entire belief system (Borhek and Curtis, 1975: 102; Cooper, 2007: 73, 75; Festinger, 1957: 137).

Of all my participants, Gordon was the only one placed the responsibility of failed healings upon Christian Science and the individual:

> I think consciously [Christian Science parents] think they're doing the right thing most of the time. But I think subconsciously or in a deeper way they sometimes question. I know this because, you know, some Christian Scientists when faced, particularly with a child that's really in peril, will blink. That is [they] will engage with the healthcare system and take a child there (Gordon).

Borhek and Curtis (1975: 113) suggested that individuals who do not find a belief system valid can remain committed to that system, and through their commitment, help maintain the group.

Denial can be an effective method of reducing cognitive dissonance (Festinger, 1997: 199; 271). For Gordon, however, the denial within his family caused him extensive stress:

> [We were] just absolutely denied any opportunity to express anything either mental or physical that was less than perfect for fear of having the shame of being not a very good Christian Scientist levelled against us. And so we're constantly in a state of denial.

From memoirs and conversations she has had with former Christian Scientists, Caroline Fraser detailed several examples of the denial that Gordon expressed (see Fraser, 1999: 322-325). Similarly, in her autobiography, Barbara Wilson stated that she could not inform her parents when she was sexually abused by her uncle or that her best friend's father would no longer let her see her friend, because confirming that those experiences occurred would suggest that she was not "God's perfect child" (Wilson, 1997: 128-129).[125]

Some parents (like Gordon's) might interpret Eddy's words as evidence of the need to disregard their children's negative experiences:

> Children should be taught the Truth-cure, Christian Science, among their first lessons, and kept from discussing or entertaining theories or thoughts about sickness. To prevent the experience of error and its sufferings, keep

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[125] In addition to Barbara feeling unable to admit that this abuse occurred because of the denial that was common in her Christian Science upbringing, her uncle may have received treatment for the mental condition that was likely linked to this sexual abuse. The uncle was constantly causing mischief from his childhood on, and the Army physician whom he visited said that he suffered from hallucinations (Wilson, 1997: 144). While Barbara acknowledged that many children do not inform adults if they suffer abuse, she felt that her experience in Christian Science further isolated her from understanding the experience:

> I also think it impossible to incorporate acts of sexual aggression into the metaphysical view of the world that was being drummed into me. Being touched down there, being forced to lie there while it happened, was so far out of my experience and the experience of a totally good universe, that I couldn't assimilate it (Wilson, 1997: 146).

Consequently, Barbara suffered for years before attempting to come to terms with what she had been through.

> out of the minds of your children either sinful or diseased thoughts (Eddy, 1875: 237).

In their books, several former second generation Scientists (see Frazer,1999; Kramer, 2000; Simmons, 1991; Wilson, 1997) attested to feeling guilty or imperfect when they suffered any negative experiences.

Furthermore, some adults lost the ability to cope with negative experiences. Wilson witnessed her mother’s psychological breakdown after her mother failed to cure herself of cancer. Wilson’s mother had studied to become a Christian Science practitioner, but had secretly discovered a lump in her breast, which she attempted to treat with prayer (Wilson, 1997: 159). When she failed to relieve herself of cancer, Wilson’s mother broke down and spent the remainder of her life psychologically unstable and unable to care for her children:

> . . . religious mystics past and present would have understood her madness as a crisis of faith. A madness induced by the belief that God no longer listened to her prayers, that God looked the other way while she suffered, that God knowingly visited pain upon her and then abandoned her to the shame of acknowledging that He would not, though He had the power, heal her of her physical and metal distress (Wilson, 1997: 159).

Prior to this crisis, Wilson’s mother primarily relied on Christian Science for her children, but at times had to compromise with her non-Scientist husband’s wishes.

Similarly, Thomas Simmons (1991: 19) stated that his mother wrote of doubts in her journal at age fifty-eight. But, when confronted with symptoms of cancer, his mother returned to her staunch belief in Christian Science:

> Though she did not think that God was punishing her, she streaked back to her religion like a frightened fawn: she had to behave perfectly, she had to have perfect faith, or she would die (Simmons: 1990: 20).

Simmons (1991: 20) stated that the type of cancer his mother had has a high recovery rate for those who treat it medically, but Simmons’s mother passed away after she relied solely on Christian Science.

When an adult Christian Scientist failed to heal an ailment, Gordon remembered other Scientists attributing that failure to the specific individual:

> A kid that I went to Sunday school with for many of those eighteen years; his dad died a horrible lingering death of cancer at home. And his mom said, only days after his dad had died, that if he was a better Christian Scientist he'd still be alive (Gordon).

Nonetheless, Christian Science might allow a fair amount of dissent within its ranks.

Because of his experience and witnessing of failed healings, Jordan felt that Christian Scientists should recognize their own limits:

> I'm not a Christian Science martyr. And a lot of people might think they are, but I'm just not willing to go there. I've just seen too many people, wonderful people . . . pass on or die because they didn't even know they had a problem, you know, like a sudden heart attack. Well maybe that person had a long history of hypertension, or something, or heart disease and they [sic] didn't even know it. And if they did; then they weren't doing much about it (Jordan).

Jordan attributed these failed healings to ignorance of an ailment, which the person neither treated with Christian Science nor medicine. Likewise, Sydney thought that the refusal of medical treatments that an individual could not overcome through Christian Science was an improper practice of the religion. In fact, Sydney equated this behaviour with jumping in front of a train or refusing to eat, and stated that such extremism is not following Christian Science teachings or Jesus' example, "I mean, even Jesus ate."

While some Scientists accommodate their religious practice to their own limits, Gordon's experience in Christian Science was synonymous with medical neglect. He and his siblings caught childhood diseases such as mumps and measles, were sent to school ill or injured, and were fearful for becoming ill and receiving angry comments from their father rather than effective medical care:

> I was told—and my dad was a very militant kind of Christian Scientist (like the worst kind)—he would you know instruct me that there's no ice because God will take care of the swelling ankle or whatever happened (Gordon).

Gordon was not a voluntary adherent to Christian Science for many of the years he was in the group. Consequently, Gordon believed disconfirming evidence—physical pain, medical statements, and non-Scientist expressions of their beliefs.

In addition, Paige acknowledged a case where s/he believed that Canadian Christian Science parents had mistreated their daughter:

> I know that I have a friend in [a Canadian city], who [led] a girl scout troop among other things. There was a girl who couldn't make the salute because her wrist was broken and her parents had refused medical treatment to set the wrist. So my friend of course got fairly exercised about this and I think arranged for medical treatment. But in that instance I should say that the parents might have done better to read the Christian Science textbook, where it says that until the advancing age recognizes mental surgery, I'm paraphrasing, it may be best to have bones set by the surgeon.[126] . . . I don't know what the law would have said about that. But that seems to me to have been an abnormal approach by the parents. I don't think that would characterize the denomination (Paige).

Paige said that Jesus would not succumb to temptation to demonstrate his spiritual understanding. "He wasn't going to do anything idiotic, just to make a spectacle" (Paige). Therefore, Paige attributed Christian Science failures to individuals' errors in judgement.

A common exception: Dental care and vision correction

For nearly everyone I interviewed, optometry and dentistry were exceptions to their reliance on Christian Science. In unsystematic belief systems, some aspects of the belief system do not quite fit in the whole scheme, but those aspects also permit greater deviance because changing small aspects will not threaten the entire system (Borhek and Curtis, 1975: 116). Because deviant belief systems often face challenges to survival when social conditions change (Borhek and Curtis, 1975: 113), these exceptions and changes likely helped Christian Science survive for so many years. For example, Nudelman (1976: 46) found that

[126] In *Science and Health*, Eddy (1875: 401) wrote, "Until the advancing age admits the efficacy and supremacy of Mind, it is better for Christian Scientists to leave surgery and the adjustment of broken bones and dislocations to the fingers of a surgeon."

the Mother Church may support, and adherents may partake in, birth control even through Eddy originally banned its practice.

Similarly, Eddy wore eyeglasses at times and used the dentist (Cather and Milmine, 1909: 263, 302). Of those with whom I spoke, only Gordon claimed that he was not permitted to visit the optometrist as a child (although he did visit the dentist). Most participants wore eyeglasses (regardless of their standing in the church—two were practitioners). Even so, they claimed that vision and dental healings were possible.

Mackenzie felt disappointed about her/his need for eyewear, but was hopeful for the future: "I know for me at this time it doesn't mean that at some point our understanding won't be deeper and [we] won't need our glasses" (Mackenzie; Alex, Devon, Terry, Paige are similar). In addition to these feelings, Quinn claimed to have felt judged by the optometrist she visited. "I didn't want to have my eyes examined for health, and he gave me a huge long lecture—he was so nasty" (Quinn).

Reilly, however, attested that some treatments that do attempt to cure a person (such as hearing aids and eyeglasses) are "appendages;" and therefore allowable:

> I suppose ideally Christian Scientist heal themselves of [dental and vision problems]. But, while they haven't done that, they wear glasses. Ideally, I would not have anything to deal with my teeth, but in the meantime I go to the dentist to have my teeth filled when I need to (Reilly).

Unlike Reilly, several participants attributed their use of eyeglasses and dental care to laziness in their practice of Christian Science:

> I've gone to dentists all my life and I've also been to optometrists since I was [middle-aged] and I've worn corrective lenses since [that time]. So again, I guess it's probably a matter of being lazy and not handling a chronic problem. It's not a dire problem so we don't tend to do it (Jordan).

In this way, Jordan attributed her/his failure to heal her/his eyesight to her/his own laziness. Sydney also saw this as a problem. S/he thought that Christian Science

should be a Scientists’ first line of defence against dental issues, but that many Scientists just go to the dentist instead.

A few participants even told me that they used painkillers during dental procedures, even though they did not use other medications. Leslie stated, while laughing, that s/he even used Novocain when having dental procedures done: “If I’m judged that I’m a bad Christian Science because I take the stuff, then I guess that’s the way they’re going to judge me” (Leslie). Moreover, in the American court case involving David and Ginger Twitchell who were charged with denying their son medical treatment, David Twitchell testified to using Novocaine during a root canal procedure (Larabee, 1998a: A7). Consequently, the use of dentists and optometrists does not relate to other medical use.

A few participants claimed to have healed themselves of dental or eye issues:

> It was about a year [after I got eyeglasses] and we had moved and I remember walking into the bedroom with the glasses and I put them down on the counter and I took off I was going somewhere, and I never saw them again, nor did I ever think of them again until another thirty years had passed (Leslie).

Leslie claimed that s/he has only used two pairs of glasses throughout her/his life.

Similarly, a couple of participants claimed to have experienced dental healings. Reilly claimed to have healed her/himself of the need for braces, even though s/he had yet to overcome the need for tooth fillings:

> The dentist said that I had to have braces because my teeth were not going to fit in my mouth. I spoke to my mom afterwards, my mom said, ‘Well if you want to, use an orthodontist to solve the problem, or if you want to, use Christian Science.’ And I said, ‘Well Yeah, I’ll use Christian Science.’ When we went back to the dentist, actually, it just disappeared like that. The topic of orthodontist just disappeared because my teeth did fit. Then, later on I’ve gone to the dentist and my dentist would say, ‘Your teeth are perfect’ (Reilly).

Reilly attributed this alleged healing to both her/his family's practice of Christian Science and Christian Science itself.

Paige used the dentist, but claimed to have experienced pain relief through Christian Science rather than painkillers:

> I had dental work done on both sides at that moment, and so one side he froze and the other side he said, 'Do you really want to use all that?' And I said, 'Well go ahead.' At the end of it he said, 'You have great self control.' And I thought to myself—I didn't try to explain anything—but I thought, no this wasn't really self-control, this was keeping one's thought right. It really wasn't that much of an effort (Paige).

Subsequently, Paige attributed this instance to Christian Science rather than her/himself.

Requirements of and interactions with the legal system

In certain conditions, people can experience cognitive dissonance as a result of the actions of another person—such is the case with vicarious cognitive dissonance (Cooper, 2007: 117). The case of Abby Corner (see Chapter Four) who lost her daughter and grandchild in a failed delivery caused enough dissonance for a fair-sized dissent group to split from Christian Science. Since this occurrence, Scientists have come to attribute (but allegedly not blame) failed healings that result in court cases to the individual's responsibility. Moreover, it is unlikely that Scientists strive for other Scientists to recognize them for exercising poor judgment, so the attribution of responsibility to the individual could motivate adherents to ensure that their children remain healthy (even if that means seeking medical care).

Reilly stated this point well: "Is it a failure of Christian Science, or is it partly a failure of judgment? Christian Scientists are not going to [avoid ever losing] a child. I mean, other Christians don't avoid losing a child" (Reilly). Although Reilly acknowledged that some parents lose children due to an error in judgement, s/he saw that error as no different than errors in judgement that occur in every healing system.

All the Scientists with whom I spoke claimed to follow the legal requirements to avoid such cases. Some, however, did not support the existence of those requirements:

> I would hope that the laws would still allow for parents to choose. That may sound harsh but children die in the medical system all the time. It's not the answer for everything. . . . I'm sure it's not neglectful or that. Unfortunately, lots of people think if they don't see us doing physical something, we're not doing something. And that's not true (Mackenzie).

In this part of our interview, Mackenzie was specifically discussing Christian Science, but s/he expanded her/his thoughts to cover all religious healing organizations to avoid being hypocritical. It may be that because of these criterion and the feeling of stigmatization for her/his unique beliefs, Mackenzie could not view a Scientist as neglectful.

Similarly, Jordan claimed that non-Scientist forms of prayer were often "petitionary," meaning they were pleading with God to help a certain person, unlike Christian Science:

> [Christian Science prayer is] more an understanding and affirmatory [sic] kind of process of acknowledgement and realization of what the deeper spiritual truths are—of what's going on—and it's kind of a deeper kind of treatment than what these others are doing. So these others are saying, 'Ok my child's got this terrible disease or whatever, and we're going to do a group prayer for them, or we're going to do this for them,' the whole ends, that kind of thing. And then the child dies. Well, I'm not so sure I agree with that I'll tell you, but as I say, I'm biased (Jordan).

Jordan and Sydney both believed freedom of choice should be based on effectiveness, not freedom of religion. (Sydney was unaware that any Christian Science child had died from a disease that could be cured medically. S/he thought that the example I gave of a child who died without medical treatment for diabetes[127] would have been a case of extremism.)

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[127] Three children of Christian Science parents—Amy Hermanson, age seven (died 1986), Ian Wantland, age eleven (died 1989), and Andrew Wantland, age 12 (died 1992)—all died when their

Devon felt that Scientists should be free to choose, but Devon did not support all religiously based healthcare choices:

> To prosecute them I think is unjust because they're not—in Christian Science we're not trying to make a statement when we, when we pray about illness. It's not like Jehovah's Witnesses where there's a ban on blood or, say, blood transfusions. We don't have any codes or doctrines like that in the church. So if they were trying Christian Science treatment they were trying it because they really thought it was the best thing for them and their kids (Devon).

Although Devon saw these failures as the responsibility of the parents, s/he understood the need to meet legal requirements:

> You need to be cognizant to the fact that you need to provide them with care as the way society sees it. And the legal system doesn't really encourage spiritual healing (Devon).

Alex and Reilly felt similar to Devon. Nonetheless, both Devon and Reilly resorted to medical use when they felt that they cannot manage a situation. (Devon has only used medicine for broken bones, dental, and eye care; Reilly had gone for pneumonia and has taken her/his child for stitches. Alex had her/his children's past broken bones set, but claimed to have since healed a broken bone with Christian Science and is now less likely to use medicine to set bones in the future.)

Paige also attested that other faith healing adherents may refuse medicine under unsafe circumstances because of their convictions:

> My personal opinion is that people who set up these religious taboos are misinterpreting the faith. I don't really agree with them. Given their convictions, I don't have any obvious solution and the usual method I think is to say well we're going to take the child into wardship [sic] of the state. Well, maybe that's the best solution in the circumstances (Paige).

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parents relied on Christian Science while they suffered for weeks with diabetes symptoms (see CHILD, 2007).

In these circumstances (and even in similar circumstances with Christian Science parents) Paige supported state intervention on behalf of children's rights.

Moreover, each of the current members whom I interviewed highlighted alleged medical failings that the legal system ignores. In this way, Scientists can dissect the issue of healthcare and say that they are not opposed to effective treatments, but that medicine makes as many or more mistakes as Christian Science and therefore, is not a better solution. Manipulating alternative viewpoints invalidates them to adherents and garners commitment from members who stick together against apparent opposition (Borhek and Curtis, 1975: 131). Devon detailed these risks:

> [They might use needles with] contaminated blood, or you [can] catch something in the hospital—some sort of virus, super-virus that you find in hospitals. There's no blame for that. Right? Those are all accepted risks of healthcare. And if you have an operation, you sign a consent to accept the risks of healthcare. Well, there may be risks in Christian Science treatment too, but we believe it's superior because we're trying to heal the source of the problem, not the symptoms (Devon).

Jordan, who was generally open to the regulation of Scientists healthcare practices, even agreed with these points: "I mean you could argue that, ok, the medical people—they lose hundreds of cases all the time. No body says anything about it. In fact, people acquire illnesses or viruses simply by going to a hospital or doctor" (Jordan).

Consequently, some Scientists felt that parents who failed to heal with Christian Science should not be charged when others fail to heal with medical treatment:

> It's tragic in any case. It's wrong to put people in jail for something they were doing their very best to try to. . . . It's a huge responsibility to pray for something like that and I don't know that I'd have the courage to do it myself. You know, if someone could put me in jail, well I guess I think I could have courage. I would hope that I would (Quinn).

Similarly, Reilly stated that children are at no more risk for relying on Christian Science than children who rely on medicine would be: “I think [Christian Scientists] would say, generally speaking, that they don’t think their children are any more at risk than anybody [else].” Thereby, many participants emphasized that Christian Science is not synonymous with neglect and that Christian Science parents were responsible and loving.

Nevertheless, all of participants felt that law-makers who regulated healthcare options were trying to ensure children’s safety:

> I have sympathy for, I mean, for both sides, because on the one side people are being pushed around by the system and on the other side people are trying to protect children, so, yeah, it’s just ugly, but I have sympathy (Reilly).

With her/his sympathy, Reilly has dissected the issue of children’s healthcare. Similarly, in reference to immunization laws, Alex claimed s/he would seek any treatment to relieve the fear of others, but only if s/he were legally required to do so.

Some Scientists thought the law attempted to protect children. Paige believed that some state involvement could benefit them. Jordan also recognised the necessity of the legal system to ensure that parents act responsibly:

> There’s one case where the child was a diabetic and they didn’t provide the normal sort of treatment with insulin and that kind of thing. They were going to rely on Christian Science for their healing and they went to a practitioner and all that sort of stuff, and this child died. I’m not sure I would do that to my child. I mean if they’re not getting a result really obviously quickly for a child, then they really shouldn’t be forcing their beliefs on the child. So in a way I agree with civilized society that they’ve done the right thing and if its only taken a few cases to point that out to the rest of us, then it was worthwhile. And it’s really, there’s [sic] only four

> or five or six cases—there aren't very many—and they are out—you know, the bright lights are still on for us (Jordan).[128]

In this way, Jordan agreed with the disconfirming evidence that the court systems publicized. Jordan had dissociated her/himself from the individuals who failed to treat their children by saying s/he would not do that, and added the cognitive (and behavioural) element of personally visiting the doctor, actions which could constitute management of cognitive dissonance.

Alternatively, Gordon felt that Christian Science is an irresponsible belief system, which he grouped with other religiously-based healing organizations that should fall under heavy state regulation in order to protect children:

> We have medical science, which, as imperfect as it may be, saves lives. We have physicians, who, as imperfect as they may be, are trained to assess and make you [better] and they practice a real science. To not avail yourself of that as an adult is one thing. But to not avail of your children who are sick is irresponsible. Any belief system that would have a parent make such a decision is an irresponsible belief system.[129]

Because of these beliefs, Gordon believed children in faith healing should at least be subject to monthly checkups if not the regular attention of social workers in order to prevent medical neglect. Although Gordon is more critical than Jordan, he argued for responsible childcare.

In the midst of American court cases, the Christian Science Publishing Society compiled *Parents Children and God's Omnipotent Care* (1987) and *Freedom and Responsibility: Christian Science Healing for Children* (1989).[130] In *Freedom and Responsibility*, the church detailed both the alleged healing

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[128] Rennie Schoepflin (2002) found forty-two cases involving Christian Science parents refusing medicine for their children in the US and five cases in Canada. Even so, Jordan was fairly close to the number of cases were guilty verdicts were upheld by the courts. Moreover, since 1925, only twenty-five cases went before the courts in the US and none in Canada (Schoepflin, 2002: 212-217).

[129] Moreover, Gordon felt that the apparent lack of court cases involving Christian Science parents in Canada did not necessarily represent the level of medical attention that Christian Science parents give their children. Instead, Gordon felt that Canadian officials maybe less likely to litigate.

[130] The content of these books was derived from various previously written Christian Science articles and articles sympathetic to Christian Scientists.

ability of Christian Science and the willingness with which Scientists adhere to the law:

> Christian Scientists have a long history of cooperation with public health officials—reporting communicable diseases, it has been said, more consistently than many who rely on medical care. They generally request exemptions from vaccinations when the law provides for it, but at the same time they willingly comply with mandatory immunizations, quarantines, and emergency health procedures. Unlike some faith healing groups which have been widely known for childbirth tragedies, Christian Scientists in accord with the law have a physician or duly accredited midwife in attendance at childbirth (The Christian Science Publishing Society, 1989: 4-5).

With statements like this, the Mother Church provided the criteria for its adherents to attribute the cause of court cases to individual Scientists, rather than the belief system.[131]

All the Christian Scientists I interviewed claimed to follow legal requirements. Paige felt that the Canadian legal system allowed Christian Scientists to freely practice within its confines: "I think in Canada we do have a very wide opportunity for practicing Christian Science. The law is really not a great obstacle." Moreover, all participants stated that their children were born in hospitals or with registered midwifes. The reasons for using a midwife or physician ranged from legal standards, societal expectations, to family and personal values. In reference to her/his children's births, one Christian Science mother said:

> I think if there's a concern that if you did something in relation to a child and it appeared that you were in some way negligent that there would be kind of, really [sic] societal disapproval. So you're kind of protecting yourself by going, 'I went to a doctor' (pseudonym removed).

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[131] These documents were compiled only a few years before Gordon left Christian Science and when he was at the age of consent. Consequently, his father may have read some of the articles in these documents in the *Christian Science Journal* and *Christian Science Sentinel*, but he did not have access to the compiled book.

Another participant stated that she used the physician for obstetrical care, but still relied on Christian Science to treat herself when she was expecting after she fell while exiting a car en route to her physician. She said she felt she had greater responsibility and so she phoned a Christian Science practitioner for extra help handling the situation. Some of these women claimed to have only attended the physician for obstetrical care. Others were not Christian Scientists when they had children, and consequently, they relied wholly on medicine at that point in their lives.

Discussion

It seems that the Christian Scientists whom I interviewed were well integrated in mainstream society. As a result, they needed to resist adamantly all external influences, deny their relevance, or accommodate their beliefs to societal standards. Individuals manage cognitive dissonance through many methods, but the church also helps by granting adherents the cognitive tools that they need to interpret worldly events. Each Scientist seemed to respond to the disconfirming information outside the group (and in cases such as contradictory statements in Eddy's writing, inside the group) differently, based their unique understanding of the Christian Science belief system.

Moreover, everyone with whom I spoke seemed to believe that they were not as good at Christian Science as they could be. Because of the levels in Christian Science, Scientists are working constantly at self improvement. While attempting to improve and advance in Christian Science, however, individuals need to choose treatments for the various ailments that they confront in their lives. Many Scientists choose Christian Science to rely on non-physical needs (ranging from psychological issues to relationship issues and general stress), and most participants attested to using Christian Science for most if not all of their healthcare needs.

After weighing all the influences discussed in this chapter, individuals make one of four types of healthcare choices that are each based on different premises. In Chapter Six, I discuss these four healthcare decisions: 1) relying on Christian Science alone (aside meeting the demands imposed upon them by the

legal system); 2) accommodating to the medical standards of society, family, and friends; 3) using medicine whenever they feel unable to overcome an ailment; 4) not using any Christian Science treatments (specifically, former Christian Scientists).

Chapter 6: From Belief to Reality

Choosing between Christian Science and Medicine

Canadian Christian Scientists have personalized their beliefs to suit their unique perspectives (which they gain from the combination of social groups with which they interact [Borhek and Curtis, 1975: 54]). Borhek and Curtis (1975: 147) claim that a peaceful disharmony can exist within a belief system for what seems like an eternity, so long as adherents continue occasional rituals that reaffirm their beliefs, which are vague enough that the plurality goes unnoticed.

The Scientists I spoke to made decisions based upon their beliefs, their perception of the church environment, and the external social structures. Consequently, while some Christian Scientists conclude that at some points in time they need medical treatment, others seemed unable to imagine that they ever would need medical treatment. Regardless of whether they used medicine, Scientists find sections of *Science and Health with Key to the Scriptures* and other church documents that confirm their beliefs and their actions.

The participants in my study made four main types of healthcare choices. The first type of decision involved relying exclusively on Christian Science for most ailments—often with the exceptions of dental and eye care and sometimes even setting broken bones or sprained limbs. This group relied on medication only when they believed that the legal system required it or when they did not actively think a specific treatment deviated from reliance on Christian Science. The second group followed legal as well as societal requirements and norms regarding medical care to maintain a positive atmosphere with non-Christian Scientists. The third group, however, occasionally chose medical care if they believed that they could not heal an ailment through Christian Science. This group believed that, in certain situations, medicine was a more viable healthcare option for them than was Christian Science. The last group was comprised of former Scientists (i.e. Gordon). They are individuals who no longer believe in Christian Science and rely wholly on other healing methods.

All the Scientists with whom I spoke insisted that they made their healthcare choices based on what they deemed was the most effective treatment,

and that their decisions were based on Christian Science's record as a healing institution as well as their personal experience with healing. With these beliefs, those in each category alleged that they chose the most effective treatments.

1. ***Christian Science as the Best (Often Only) Healing Option***

   If the student adheres strictly to the teachings of Christian Science and ventures not to break its rules, he cannot fail of success in healing (Eddy, 1875: 448).[132]

Mary Baker Eddy emphasized that any acknowledgement of physical being impeded a Christian Scientist's ability to heal through Christian Science alone. Subsequently, some Canadian Scientists whom I interviewed would not express the possibility that they could seek a medical doctor's aid.

In many instances, participants may sincerely believe that Christian Science is the best and only healthcare option: Quinn insisted, "My beliefs about healthcare are completely in line with what Christian Science teaches about healthcare and what it really is." Along the same lines, Alex concluded, "I do rely on God completely for my healthcare, always have." Adherents base these beliefs upon the validation criteria of the group: biblical accounts of Jesus's alleged ability to heal, personal experience, and healing testimonials documented by Christian Science. Every participant in this study, however, expressed certain exceptions to this rule—such as dental procedures or eyeglasses.

Similarly, Leslie and Quinn could not envision situations in which they would need medical aid. Quinn stated that s/he does not even have health insurance for the possibility that s/he may need health care. Moreover, Leslie found it odd that others were not curious why s/he was never ill:

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[132] Eddy did not only make statements against the use of medical physicians in the place of Christian Science, but also she made them against any healing practitioner:

> Committing the bare process of mental healing to frail mortals, untaught and unrestrained by Christian Science, is like putting a sharp knife into the hands of a blind man or raging maniac, and turning him loose in the crowded streets of a city. Whether animated by malice or ignorance, a false practitioner will work mischief, and ignorance is more harmful than wilful wickedness . . . (Eddy, 1875: 459).

Consequently, numerous quotes within *Science and Health with Key to the Scriptures* state that individual Scientists could take to mean they should rely solely upon Christian Science healing methods.

> It just surprises me a little bit but we never ever hear from any one of those brothers and sisters inquiring, ‘You know [Leslie] I’ve never heard you talking about going to the hospital. What is that?’ and I’d be more than happy to tell that to them, but they never ask (Leslie).

Leslie treated her/his children with only Christian Science and Christian Science practitioners. In one incident, a neighbourhood child knocked her/his child from the bike, who hit her/his head on the curb, and began to cry. Leslie immediately called a practitioner for help and readily began to work for her/his child. “It was less than an hour and hour-and-a-half, something like that, and we were working, tutoring my [spouse] and I were working as best we can to know the truth to declare beingly [sic] that man is not material—he is spiritual” (Leslie). The child quickly recovered and went back to play. Leslie attributed the recovery to the efficiency of Christian Science.

Another participant claimed to have healed broken bones. This Scientist’s child broke a limb skiing and s/he allowed the injury to be set in a caste (as s/he had for two previous breaks on her/his other children). A couple weeks later, however, that participant “heard [her/his] arm snap” and refused to have it set. This Scientist claimed her/his arm healed fully within two days and s/he became determined to heal her/his child’s broken limb with Christian Science as well:

> I phoned the hospital and asked them to take the cast off. Of course, the doctor said no he would not do it. He said, ‘You know, she/he could have possibly one leg shorter than the other, she/he could have a limp.’ He would not take the responsibility (pseudonym removed).

Nonetheless, this participant managed to convince the doctor to have someone at the hospital remove the caste. Although this participant had the cast removed after two and a half weeks instead of the six recommended weeks, s/he claimed “At first my [child] was a little concerned about putting weight on her/his leg, but s/he slowly did it and the next day s/he went back to school and s/he’s been absolutely fine since.” Since this incident, this participant had not relied on any medical aid aside from teeth cleanings and the use of eyeglasses.

Mackenzie stated that s/he only used medical treatment when legally required. For instance, "in [this province], we have the right to have them inoculated or not. I chose not. And so, they maybe did miss a couple of days [of school] or something like that." Mackenzie alluded that s/he did not have her/his children immunized because s/he was not required to do so. Mackenzie, however, also asserted that s/he would have reported contagious diseases if the children had any because of legal requirements. Alex stated that s/he had reported a communicable disease (measles, which her/his child caught) and had had her/his children immunized because of legal requirements.

Based on Gordon's stories, most of his parents' healthcare choices fit within this category. In fact, Gordon's father died after attempting to treat cancer with Christian Science. Gordon can remember many instances from his childhood that he regarded as failed healings. (I mention these failures under the fourth healthcare option because they convinced Gordon of his need to rely on medicine.) Gordon viewed Christian Science-based healthcare choices as irresponsible and influenced by a group that promoted institutionalized ignorance.

2. Christian Science Healing Unless Society Disapproves

> *While relying on a method of healing that is basic to their practice of religion, Christian Scientists strive not to ignore the health concerns of others. They work to understand the needs of others and cooperate with them; and they appreciate similar consideration for their approach to healing* (The Christian Science Board of Directors, 1989: 5).[133]

Several Scientists with whom I spoke appeared flexible enough to rely on medicine when they felt pressure from family members, societal norms, and even the legal system. For instance, following her/his divorce, one adherent's spouse was suspicious that that person would cease providing medical treatment for their child who had a medical condition from birth. That adherent insisted that s/he would never do such a thing because s/he felt that the medication did not interfere

[133] Note that this quote is not directly from Eddy but the Christian Science Board of Directors constructed it based on publications from the Christian Science Publishing Society. Eddy (1895: 64) forbid Christian Science Reading Rooms from holding any literature that was not either written by herself or published by the Christian Science Publishing Society. Consequently, this quote is still consistent with literature that Eddy permitted the church to publish.

with the child's best interest or her/his religious practice. In this situation, the Christian Scientist felt misunderstood, but s/he claimed to still want to follow the child's best interest.

Paige stated that in a mixed family (like her/his parents), a Christian Scientist would have to make concessions for their partner. These concessions, however, do not only apply to children. Jordan stated that Scientists often think about other people when choosing their healthcare practices because others are relying upon the Christian Scientist surviving and contributing to their lives. Reilly used medicine to put her/his partner at ease when s/he had pneumonia. Without the responsibility to others that Reilly demonstrated by using medical care for the ease of her/his spouse, s/he would have had nothing to attribute her/his medical use to except for her/his own failed healing.

For each of the decisions that fit in this category, it is difficult to tell whether there is a desire to choose medicine for one's own sake, but to avoid cognitive dissonance by attributing that choice to the influence of others. Jordan was the most open about discussing her/his limitations of all the Scientists whom I interviewed. Jordan felt responsibility to both her/himself and others in most of her/his decisions and consequently, her/his choices often fit within the third category, using medicine to improve one's own health if Christian Science seemed to not be working quickly.

3. Christian Science Healing only if it Works Effectively

> *If the Christian Scientists ever fail to receive aid from other Scientists,--their brethren upon whom they may call,--God will still guide them into the right use of temporary and eternal means* (Eddy, 1875: 444).[134]

Jordan, Sydney, and Terry felt that other Scientists were able to heal more ailments than they were. Sydney and Terry did not regularly use medicine. Terry resorted to physiotherapy for a condition, which s/he could not overcome through Christian Science. Sydney used surgical treatment twice, once for a burst

[134] Eddy emphasized that temporary means were physical treatments whereas eternal means were Christian Science treatment. Consequently, some Scientists may believe that Eddy permitted the temporary use of medical treatments for issues that they are unable to overcome through Christian Science.

appendix and once for a gull bladder issue. Sydney attributed her/his inability to heal both of these conditions to the fact that her/his parents were not as strong an influence in her/his life at the time. “I think, again, when your mind is not so made up about things [as a child], and you really believe what your parents tell you; I think you have an easier time meeting those problems [achieving healings through Christian Science]” (Sydney).

Jordon was very open about his/her medical use and s/he clearly fit into this category. S/he demonstrated that individuals should choose responsible treatment for their own wellbeing with the story of how her/his father-in-law dealt with his hernia:

> My [spouse’s] father had a hernia for years and years. . . . Well it just didn’t get healed. Yet, he was a very good Christian Scientist. . . . [My spouse] made this remark that he had had this hernia for probably the latter couple of decades of his life. Well, this is what happens, a lot of these chronic problems can be handled or can be healed medically, and my thought on it is if you’re going to use Christian Science practically for the healing, get at it, do it, and get it done with. Don’t drag it on and let it become a chronic problem or illness. This is what tends to happen to a lot of people. They don’t get the problem handled, but they don’t go to the medical people either, I don’t agree with that.

For these reasons, Jordon chose to use medical treatment for more conditions than the majority of Scientists probably would. Jordon even went for regular medical check-ups.

In fact, Jordan stated that some Scientists believe that they cannot turn to medical aid when they feel they need it and cited a relative as an example of an individual who may have left the church in order to use medical aid:

> you know, [a family member of mine] went totally away from Christian Science but s/he had this kind of old fashioned idea that it was all or nothing, and she found that s/he couldn’t just rely on Christian Science, so s/he’s gone kind of totally to the medical side. But s/he didn’t realize that you can be wise and you can get a physician to look you over and give you

> an opinion . . . and he might say, 'you should do this and you should take that,' and all that sort of thing (Jordan).[135]

Jordan felt a need for practicality in Christian Science, and that the religion needs to accommodate to medical advances in order to continue. With this conclusion, Jordan may have avoided cognitive dissonance that could arise when failed healings confront Christian Science belief. Jordan, however, stated that her/his stance has changed since s/he began practicing Christian Science.

4. Forgoing Christian Science Treatment

> *We look back and realize that although our experience provided many good memories and offered us solid moral values, we carry emotional and physical scars which suggest that we were not free at all. We remember unexplained deaths and feeling guilty when we were sick. We also remember the constant struggle between what our senses told us and how we were supposed to interpret reality* (Kramer, 2000: 17).

Gordon was the only participant in my study who fit within this category. Gordon no longer believed in the ability of Christian Science to heal anything. In fact, Gordon felt that the healings he had as a child resulted from his physical body repairing itself. Moreover, Gordon found that relying exclusively on Christian Science to be psychologically and emotionally damaging to his well-being.

Gordon was raised without any medical treatment, aside from emergency care, which often came late (when his parents were threatened by third parties), or when an ailment continued for so long that his parents could no longer attempt to treat him with Christian Science and had to resort to medical professionals. For instance, at one point Gordon believes that he broke his foot (based on his father's diagnosis):

> When I was in kindergarten, I was goofing around in the T.V. room in our house or the living room, jumping over a piece of furniture. And I wacked my foot on it and I broke my foot . . . I hobbled to school for days and days [Gordon later said it was probably months]. . . . A little kid limping to

[135] Although Jordan insisted Scientists could visit the doctor, s/he also said they were free to refuse to use the treatments that the doctor recommends if they chose to rely on Christian Science.

> school, I should have had that thing in a caste and should have been driven to school. Months later my dad told me, with some satisfaction by the way, ‘Oh you broke the bone in your foot.’

Unlike most parents, Gordon’s parents believed that he had broken his foot, but did not even take him to a physician to check if he should receive treatment.

Another such injury involved an incident in Gordon’s woodworking class. In this case, Gordon ended up with a small piece of wood stuck in his finger after his physical education teacher attempted to remove a sliver. Instead of removing the piece of wood that continued to cause Gordon pain, Gordon’s family had him rely on prayer:

> My dad was praying like anything, but nonetheless could not dissolve the wood. You know, no source of prayer could direct God. And—the tape can’t see my ironic smile—but he ended up calling the ER in the hospital, the ER in the hospital in Victoria and lying to them. One of the questions they say is “Well who’s your family doctor?” Well, we didn’t have one. So he picked up a name and the hospital actually did the due diligence. He made an appointment for me to get this thing cut out. And when I showed up they kind of called him on the lie and it was kind of awkward and embarrassing, and I was made to feel that I somehow failed because I hadn’t through prayer dissolved the wood.

In this case, it appeared that Gordon’s father believed that societal and/or legal standards required that his children had a family physician and lied in order to make the family appear to meet the norm.

Gordon can remember similar incidents with his siblings, the most telling of which involved his brother:

> My brother broke his forearm—there are two bones in there and he broke one of them and it was actually visibly bent like that. He went to his piano lesson with a broken arm. The piano teacher said, [to my parents] ‘You either take this child to the hospital or I’m going to call social services’ (Gordon).

Responding to the piano teacher’s threat, Gordon’s parents took his brother to the hospital to have his arm treated. Despite the legal and societal standards regarding medical care for such issues, without this threat Gordon’s parents may not have taken their son to a doctor.

Gordon now relies wholly on medicine and is a professional hypnotist who advises his patients to use medicine when necessary in the rare instances when they are not already doing so. Gordon has a family and a wife, which he claimed many former Christian Science children are not able to do because of the emotional impact that growing up in, and then leaving such a movement, can have.

Nonetheless, Gordon felt that there have been times when he was less health conscious than he could have been because of the health education he did not receive in Christian Science. Gordon takes full advantage of the healthcare system, but he expressed some guilt when he admitted, “two of my three children had whooping cough and we never diagnosed them, we never knew. We knew they had a brutal cough, but it wasn’t until after the fact [that we realized it was whooping cough].” While Gordon seemed to feel guilty for not recognizing this disease, Harnden et al. (2006: 175) found that 64% of the children they recruited into a study of children with a chronic cough tested positive for a recent *bordetella pertussis* (whooping cough) infection. Most of these children had had a full set of immunizations against the disease and consequently, demonstrated slightly different symptoms than are traditionally associated with whooping cough (Harnden, et al., 2006: 176). Consequently, whooping cough could be a disease that initially is difficult to recognize.

Conclusion

These categories are permeable, with varying blending between and within them, and different stories from each participant can belong to several. With each individual changing, and possibly the entire belief system changing, it is impossible to know how any Scientist will react if s/he succumbed to an illness that s/he could not heal. Jordan and Quinn both admit that their beliefs regarding medical care, and their corresponding practices, have changed because of

confirming or disconfirming evidence. Jordan faced the disconfirming evidence of failed healings and decided to rely on more medicine. Quinn faced the confirming evidence of the alleged healing of a medically diagnosed disease and decided to rely on more Christian Science. Consequently, individual Scientists can increase or decrease their reliance upon the belief system for personal healing.

From my interviews, I selected some examples of perceived healings, failed healings, and medical usage by Christian Scientists to demonstrate the types of situations that fit within each of these categories. In each of these cases, I found that the participants claimed to use what they claimed was the best possible treatment for themselves and their families.

A variety of outcomes can result from decisions based upon a unique perspective of church doctrine, information that supported Christian Science beliefs, and information that seemed to invalidate it. The interpretation of these outcomes, however, often depends upon the individual. For instance, Mackenzie is likely to attribute every healing to Christian Science, whereas Gordon is unlikely to attribute any healing to Christian Science. Around half of the participants in my study were similar to Mackenzie in that they seemed unlikely to use medical treatment unless they were legally required to, although many seemed to be quite adaptive to changing social conditions.

The variation I observed is not surprising in part because, in Canada, most Christian Science churches have small populations but are located in large urban centers and, therefore, subject to a variety of external influences. Moreover, Benson and Dusek (1999) and Nudelman (1976) found that some American Scientists use medical treatment as well. Even with the wide variation of healthcare practices that I observed, it is likely that even more variation exists within the total population of Scientists and the total population of Christian Science churches. In fact, most participants believed that there were Scientists who were more capable of relying exclusively on Christian Science (a capability that they attributed to these Scientists’ advancement within the religion).

Scientists attributed healing to Christian Science and often denied that failures could result because of limitations in Christian Science teachings. In

what could be the avoidance of dissonance, they attributed these failures to personal error in order to deny their relevance to the group. Gordon believed that members assign blame to those who fail to heal. Even so, current members who were willing to use medicine even asserted that group members did not associate blame with the failure to heal. A couple of these members, however, such as Jordan and Paige felt that individuals should seek the most effective treatment, even if that treatment requires a reliance on "temporary means" such as medicine.

Because of its ability to allow this level of variation in practice, the belief system that Christian Scientists follow is not vulnerable to empirical evidence and is not very systematically organized. This conclusion, however, is not absolute. Belief systems can protect empirically vulnerable beliefs (such as the ability of Christian Science to heal) from empirical evidence by using a non-empirical belief to rationalize an empirical belief (Borhek and Curtis, 1975: 127). With these beliefs, some deviant belief systems can accommodate for every situation, even if it appears to be disconfirming—such is the case when Christian Science appears to fail to heal an ailment (Snow and Machalek, 1982: 19).

Despite the all-encompassing belief that explains how Christian Science can appear to fail without failing, it seems that empirical evidence still influences some Christian Scientists. The disconfirmation of empirically relevant beliefs often impact individuals' decisions to seek medical treatment or leave the group. Consequently, it is unclear whether Christian Science has protected its empirically relevant beliefs enough to maintain a following, or whether the variation in Christian Science practice is of a size that will not threaten the commonalities that maintain group commitment.

As a result, some respondents claimed that the church might be changing and with it, the impact the church has upon adherents:

> I think what's happening is that there's a bit of an evolution going on. I think so. Like I say, we don't talk about it, there's no—there's a sort of a subtle social stigma I guess, but we just don't broadcast that we're—I'm taking this drug or I'm taking this treatment or whatever (Jordan).

Like Jordan, Corey also felt that the church was changing:

> I think the church has a much warmer and compassionate attitude now than it might have [had] before. And I can say now that members who were in the hospital recently were overwhelmed with church members doing things for them, you know, listening and all that. And so there was no sense of condemnation, nor should there be (Corey).

Even Gordon stated that he does not know exactly what stance the church takes today. (Given his experiences, however, Gordon is hesitant to think that the problems he experienced as a child are completely rectified.)

The church has attempted to accommodate to changing social conditions in order to maintain a committed following. Nonetheless, changing social conditions and the external pressures of medical advancements can threaten a belief system’s existence (Borhek and Curtis, 1975: 107). Jordan suggested that medical advances make it more difficult to practice Christian Science, which requires the realization that medicine is dependent upon belief to work. Similarly, “some church leaders suggest the Christian Science approach to health and healing . . . is less attractive to the public than it was during Eddy’s day, [when] medical arts were primitive, and the average life expectancy was about 40 years” (Sheler, 1998: 62). Therefore, as belief systems exist due to a need of a segment of society (Dolby, 1979: 35), the need for Christian Science may be dissipating, despite the adaptive efforts of the group and its adherents.

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Appendix A, Information Sheet

CHRISTIAN SCIENCE, HEALING, AND MEDICINE IN CANADA PROJECT, 2008

This interview is part of a research project on the ways in which people experience Christian Science. At this stage of the project, I am interested in gathering stories from individuals who regularly attend this church. I hope that your participation in this project will contribute to the understanding of the Canadian Christian Science community. I also hope that you will gain some personal benefit from sharing your stories and experiences.

Terra Manca (who is Master's student at the University of Alberta) will conduct all interviews under the supervision of Dr. Stephen Kent. The interviews will use a semi-structured approach, meaning that you will have the freedom to explain your perspective in your own words. I will audio record interviews only with your permission. I will ask for a minimum of one hour to talk with you privately, but the interviews can go longer.

I will keep all the information from the interviews confidential and protect your anonymity by changing names and removing identifying information from transcripts, published materials, and my thesis. Only my supervisor (Dr. Stephen Kent) and I (Terra Manca) will view interview transcripts, unless you consent to future researchers viewing them.

I am interested in interviewing you about how your religion influences your values and behaviours. I am interested in your personal experience with Christian Science, your beliefs in the spiritual world, and your beliefs regarding physical and mental healing. I am especially interested in these issues in relation to children and parenting. I am not interested in judging your beliefs, only in describing what they are.

I greatly appreciate your participation; however, *I can only interview individuals over the age of eighteen*. I will begin scheduling interviews as soon as possible, so please do not hesitate to reply. To insure confidentially, however, I request that you contact me privately.

If you would consider participating in this project or if you would like more information, please contact Terra Manca by email, mail, or phone:

Email: tmanca@ualberta,

university address:

or by phone at _____.

If you would like to contact my supervisor (Dr. Stephen Kent),
you can reach him at 492-2204 or Stephen.kent@ualberta.ca

Thank you for considering this research project, I look forward to hearing from you.