

RELIGIOUS HEALING

RELIGIOUS HEALING:
A COMPARISON OF CURING PHENOMENA
IN TWO SOCIETIES

By

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SCOPE AND CONTENTS:

This paper is primarily a comparison of two different societies with respect to how they view health and disease and the central role that religion plays in each culture's conceptualization and treatment of illness.

In the Introduction, Part I, the objectives of the study, the methodology, and the theoretical framework are presented. Part II, deals with the outline of the Christian Science Church and Ojibwa Religion. Part III, focuses in on the Christian Science Church, its theory of disease, and mode of treating disease; Part IV does the same for Ojibwa Religion. Part V concerns itself with the comparison per se, while Part VI summarizes the salient features of the comparison as well as the shortcomings of the study. In general, it is found that without precise terms of analysis, the comparison of these two groups is not very fruitful.

PREFACE

This paper is a result of research which derived its initial stimulus from Professor Ruth Landes' graduate seminar (The Religion of Tribal Peoples, Anthropology 704) given during the academic year 1970-71, and the reading of William James' The Varieties of Religious Experience first published in 1902. But the latter would probably never have occurred if it had not been for the former; that is, without the prescribed reading of James in the first few weeks of Dr. Landes' course, my initial interest in healing might never have arisen.

In the following pages, I have attempted to compare two societies in terms of their world-view of disease and health. I chose the Christian Science Church as a unit of study partly as a course requirement for a field-work paper (Anthropology 704, Dr. Landes) and partly because of an interest fostered by James' treatment of it in his chapter entitled "The Religion of Health-Mindedness" in The Varieties of Religious Experience. The Ojibwa was chosen as a unit of comparison partly because of my own arbitrary selection of it and partly because of Professor Landes' deep interest and first hand field knowledge of Ojibwa culture.

While the Christian Science Church is not a "Society" in itself, I feel justified in treating it as such on the grounds that it constitutes a closed system of values and beliefs which sets it off from the rest of Western society, and because my

interest is in the belief systems of the Ojibwa and the Christian Science Church and not in other aspects of these two units which might exclude their comparison at all.

In conclusion, I wish to extend my appreciation to Professor Landes and other Faculty members (notably Dr. R. Preston and Dr. P.W. Steager) for the advice they gave me in the early formulations of this paper, and to relieve them of any responsibility for possible deficiencies in the following material; nor should I disregard the stimulus, however convert, of my wife, Carol Diane Suarez, whose dedication to the nursing profession caused me to reconcile my own interests in anthropology with hers in medicine.

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PART I: INTRODUCTION

A. Objectives

This research is primarily concerned with exploring the nature of religion and healing with specific reference to the Christian Science Church in Hamilton, Ontario, and the religion of the Ojibwa Indians of the Red Lake reservation area in northern Minnesota, U.S.A., and the Manitou reserve on the Rainy River in bordering Ontario.

It is not my purpose to distinguish between organic and non-organic disorders as such, but to attempt to understand the interrelationship of theories of disease and mechanisms of cure in these two societies; that is, to compare these two groups for the purpose of uncovering some common behaviour patterns vis-a-vis health and disease.

Originally, I had done fieldwork on the Christian Science Church in Hamilton (academic year 1970-71) wherein I studied the church as a whole, but focusing mainly on the belief system of the religion. Since Christian Science is based on the 'oneness' of man with God in a total spiritual sense, and Christian Science healing is, in essence, based on the faith in the expectant outcome, I felt that a comparison of this church or religion with others would be relevant in terms of understanding the complex interrelationship of theories of disease and mechanisms of cure in various societies.

The faith element in this religion follows from the belief in God, his spiritual essence and the harmonious relationship between man and God; furthermore, both man and God are perfect--that is, both are incapable of any wrongdoing or inherent imperfections of their being; thus the overwhelming emphasis on curing. The faith element in this religion can be mustered with considerable force capable of amazing results in the physical and non-physical realms of sickness.

The religion of the Ojibwa emphasizes curing also, the complex focusing on the institution of shamanism both in Mide and other curing occupations within the culture. It can be said that Ojibwa religion is also dependent on the "faith-state"¹ for its effectiveness since its adherents believe in disease caused by sorcery and directly by the supernatural; and cure depends on successful acquisition of "power" to combat these causes.

The essence of my enquiry is therefore to explore the phenomenon of healing, its foundations in beliefs, its various manifestations, and its similarities and possible differences among two vastly different cultures. But while my immediate interests are this initial comparison, my long range aims are more concerned with the fundamental relationship between disease and health, and the means of going from one to the other.

¹

William James (1902) coined this term.

Further, disease and health, while being extremes on a continuum, are not merely physical states and mental states that are separate. Both physical and mental realms are interrelated in many instances and the failure to take this into account has more often than not, clouded the scientific investigation of disease, resulting in biased theories (e.g. Engel, 1968:355-365).

The Soviets and others have recently been delving into the area of parapsychology in great earnest and have come up with many remarkable discoveries that may one day revolutionize our whole worldview (e.g. Ostrander and Schroeder, 1970; Rhine, 1970).

PART I: INTRODUCTION

B. Methodology

Some of the data used in this report was gathered during the academic year 1970-71, between October and March. At that time I was preparing a paper for Dr. Ruth Landes on the Christian Science Church in Hamilton, Ontario, Canada. The paper sketched the historical foundations of the Church, its philosophy, its membership, its ritual activities, et cetera, with the aim of presenting a general picture of the church's overall structure. The research was done by myself, alone, relying on the traditional anthropological approaches of participant-observation and the interviewing of prime informants; I attended regular church services and interviewed church members, visited the Christian Science Reading Room (a very important appendage of the Church whose purpose is literature distribution) frequently, and read extensively. The results of that study were written up and submitted under the title: "Christian Science: an examination of healing phenomena in a modern western religion", in March, 1970.

This present paper was begun in April, 1971, and completed in the spring 1973. It draws its data from the before-mentioned paper, library research, and some further fieldwork in the First Church of Christ, Scientist, Hamilton, Ontario.

PART I: INTRODUCTION

C. The Comparison

Disease is a state of being when an organism is not functioning well; that is, when part or whole is malfunctioning or out of harmony with its natural state. Disease has two realms--physical and mental, or body and mind, and symptoms of each that indicate the respective state. When the unnatural state occurs, a method of treatment is employed to correct it or get it back to its natural state.

Many methods of treatment might be employed to this end depending on the circumstances; therapy might take the form of naturalistic (scientific), religio-magical, and psychological modes of treatment (or any combination of these). Religious healing underscores the inseparableness of mental and physical states.

Healing or curing is a process whereby an undesirable state is restored to a more desirable one. "Heal" means to "make whole"; thus, healing is the process of making whole or restoring health. Religious healing is the process of "making whole" by religious means.

Religion implies the belief in some sort of supernatural universe¹ and religious healing in many societies "is based upon

¹ I use the term "supernatural" in the sense of "existing or occurring outside the normal experience or knowledge of man; not explainable by known forces or laws of nature". I am in full accord with Albers and Parker (1971:207): "The distinction between secular and supernatural is primarily a heuristic one and is based on divisions prevalent in the literature on North America. It does not, however, necessarily reflect a dichotomy in the ideology or in the 'mind' of the Indian." Neither the Ojibwa nor the Christian Science Church uses the term.

upon the premise that health is supernaturally given and maintained, and that disease is supernaturally caused" (De Waal Malefijt, 1968:246).

For purposes of this paper, a sharp distinction will not be drawn between physical and mental illnesses inasmuch as religious healing endeavours to correct both of these states. Symptoms of physical illness are often similar, if not identical, to symptoms of mental or emotional illness and cannot be easily distinguished even by skilled specialists in our own society. (For example, stomach ulcers are not definitely known to be either physically caused or emotionally caused. Probably both physical and emotional causes are involved.)

Many illnesses cure themselves in spite of the treatment they receive, not because of it. Also, many ritual treatments usually include some prescriptions of non-supernatural nature--administration of drugs and herbal medicines, massage, blood-letting, sweat baths, et certera--which are either effective, therapeutically neutral, or harmful (Metzger and Williams, 1963; Lieban, 1962; Madsen, 1965; Kiev, 1968). Illness also often arises not because of any real (i.e. in a western, scientific sense) grounds but because of the fear of becoming ill (Kluckhohn and Leighton, 1947; Gillen, 1965).

It is not my purpose to decide if such disorders are organic or not, as much as it is to recognize that such illnesses are real to the people concerned, when steps are taken by them to

cure these disorders.

No matter what the causes of illness, distress, uneasiness, and discomfort follow; and since these affect the behaviour of the person in his totality, all levels of functioning are involved. Although the locus of illness may differ, and assuming that purely psychic and purely bodily disorders exist only as "logical" extremes of continuum, the biological, psychological, and social components are always involved to some degree (Frank, 1963:217; c.f. Ackerknecht, 1947).

De Waal Malefijt (1968:248) outlines three culturally perceived causes of illness involving the supernatural: (1) the individual himself--a person may have offended the supernatural powers and/or broken taboos, or exhibited antisocial behaviour; (2) the behaviour of other human beings--other humans are often believed to be the instigators of disease through witchcraft and sorcery; and (3) the behaviour of the supernatural--sometimes the supernatural powers suddenly attack a person without any apparent provocation and make him ill. These categories are not mutually exclusive and may be found together in one culture or in various combinations.

This is a useful classification for my purposes because De Waal Malefijt attempts to classify causes of illness in more than one culture. Of course, this approach has inherent problems because of its arbitrary nature and lack of substantiation. Thus, the chief danger of De Waal Malefijt's classification is its

generality. Bearing this in mind, I will use her first category--that of disease being caused by the individual--as a term of comparison for my data because it is the only one of the three that I feel is common to both cultures. This category also lends itself to further comparison in that, both groups can be described as having a theory of disease based on taboo violation. Accordingly, I will consider this relationship.

J.D. Frank, M.D., (1963) has offered a psychotherapeutic mode of comparing many different groups that have supernatural causes of disease. He groups religious healing with other phenomena such as brainwashing (or indoctrination), religious conversion, and psychotherapy (as in Western culture) and asserts that they are all similar in that they share common features; furthermore, he presumes that religious healing is simply a form of psychotherapy:

"My own preoccupation has been an effort to isolate features of the psychotherapeutic relationship and the context of the therapeutic situation common to all forms of psychotherapy which may contribute to their success." (Frank, 1971:350-351).

Once Frank can identify these features, he hopes to be better able "to determine the differential effects of different techniques with different types of patients." (ibid., pg. 351)

My purpose is to compare two groups to see if I can arrive at any similarities in their methods of treating illness and is different from Frank's goal as outlined above. At a great risk of implying universals and over-generalizing terms of

comparison, I summarize his "common features" as follows:

- (1) The goals of religious healing are predicated through a healer-patient relationship which has three features:
 - (a) the healer cares about the patient's well-being and is committed to bringing about a cure.
 - (b) if there is more than one healer, they are ranked in terms of prestige.
 - (c) the healer mediates between the patient, group (which is either physically present or implicitly present), and the larger society.
- (2) The healer represents the supernatural forces postulated by the group's world view and the patient must appease him.
- (3) The healer-patient relationship takes place within the context of a series of systematic healing sessions.
- (4) The goal of the healer is to ease the patient's suffering by attempting to change the patient's emotional state and thereby his behaviour and attitudes. Strong emotional states are invoked to this end but they are hopeful and optimistic.
- (5) The healing process capitalizes on the patient's need to depend or rely on others for support. Hope is strengthened by a set of assumptions about illness and healing that are identical with his society's. Every repetition of the healing methods reinforces the theory.
- (6) The ideology and ritual give the patient a conceptual framework for organizing his distress, and a plan of action.
- (7) The healing process involves a complex interrelationship between emotion, cognition, and behaviour: each depends on the other and reinforces the other.

Although Dr. Frank oversimplifies and does not clarify his terms, I feel that his delineation is useful in that it attempts to reduce religious healing systems to a set of common denominators. He is a psychotherapist and has drawn his data from rather loose descriptions of different healing systems and

inferences from sketchy and questionable sources. Nevertheless I will attempt to apply his assertions to my two groups because I feel that some of his points are valuable (or potentially valuable) for an understanding of healing. Defining his terms, we get:

- (1) The goals of religious healing are predicated through a healer (one who makes sound, well, or healthy again)-patient (a person receiving care or treatment) relationship which has three features:
 - (a) the healer cares (feels concern or interest) about the patient's well-being (health) and is committed (entrusted) to bringing about a cure (restoration of health).
 - (b) if there is more than one healer, they are ranked (assigned positions) in terms of prestige (influence; brilliance of achievement, character).
 - (c) the healer mediates (is the medium for bringing about a result) between the patient, group (aggregation; a number of persons gathered closely together and forming a recognizable unit) (which is either physically present or implicitly present) and the larger society.
- (2) The healer represents (acts for or stands in place of) the supernatural forces postulated by the group's world view and the patient must appease him.
- (3) The healer-patient relationship takes place within the context of a series of systematic (regular, orderly) healing sessions (periods of activity).
- (4) The goal of the healer is to ease the patient's suffering (experiencing pain, harm, injury, loss) by attempting to change the patient's emotional state and thereby his behaviour and attitudes.¹ Strong emotional states are invoked (called forth) to this end but they are hopeful and optimistic.
- (5) The healing process (a particular method of doing something generally involving a number of steps or operations) capitalizes on the patient's need to depend or rely on

¹ & 2

Webster's definition of emotion, cognition, and behaviour are: emotion--any of various complex reactions with both mental and

others for support. Hope is strengthened by a set of assumptions about illness and healing that are identical with his society's. (Every repetition of the healing methods reinforces the theory.)

- (6) The ideology (the body of ideas on which a particular system is based; i.e. theory of disease) and rituals (practices, procedures done as rites especially at regular intervals; i.e. therapeutic practices) give the patient a conceptual framework for organizing his distress, and a plan of action.
- (7) The healing process involves a complex interrelationship between emotion, cognition, and behaviour: each depends on the other and reinforces the other.²

What I propose to do in the following pages (after initially introducing both groups for background purposes) is first, attempt to compare both groups--the Christian Science Church in Hamilton, Ontario, and the Ojibwa Indians of Red Lake, Minnesota and Rainy River, Ontario--in terms of their beliefs about illness; that is, I will compare the Christian Science practitioner with the Ojibwa shaman, the Christian Science mode(s) of cure with the Ojibwa mode(s) of cure, and the Christian Science theory of disease with the Ojibwa theory of disease.

Second, Dr. De Waal Malefijt's category of "disease caused by the individual" will be applied to both groups as well as to one of the components of this category--disease caused by "taboo violation".

Third, Dr. Frank's list of propositions concerning religious

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and physical manifestations, as love, hate, fear, anger etc.

cognition--the process of knowing in the broadest sense,

including perception, memory, judgment, etc.

behaviour--the way a person behaves or acts; conduct (Webster's New World Dictionary, Second College Edition, 1970).

healing will be critically applied to both groups in order to test their usefulness.

Both groups place a heavy emphasis on curing; both have religious (i.e. non-biological, in the Western sense) theories of disease causation; both employ religious means of cure (and, of course, each therapy depends on the respective theory of disease). Given these facts, the rationale for this comparison is that some recurrent patterns of behaviour can be compared, and, perhaps some statements about healing phenomena can be made from diverse sets of data.

In the Summary and Conclusions, Part VI, I will deal with the issues arising from the comparison and those a priori issues germane to the comparison per se.

PART II: GENERAL OUTLINE OF CHRISTIAN SCIENCE CHURCH
AND OJIBWA RELIGION

A. Christian Science

The Christian Science Church is a large sectarian church claiming a membership of over 3,300 branch churches in 57 countries, as well as a host of other informal groups not yet formally organized into churches, and over 400 organizations at universities and colleges over the world. The church was founded in 1879 when fifteen students and their leader, Mary Baker Eddy, voted to "organize a church designed to commemorate the word and works of our Master, which should reinstate primitive Christianity and its lost elements of healing." (Manual of The Mother Church, Mary Baker Eddy: 17). A few years later, the church took its present and permanent form as The Mother Church, The First Church of Christ, Scientist, in Boston, Massachusetts.

The government of the church is designated in the Manual of The Mother Church, written by Mrs. Eddy. It provides that a Board of Directors (consisting of five members--4 men and 1 woman at this date, 1970-71) shall administer the affairs of the Church, with provisions that vacancies on the board be filled by members of The Mother Church elected by the remaining members of the board.

Although branch churches have their own "distinctly democratic" government; and are not subject to the general official control of The Mother Church "except in those relations with it which are governed by the Church Manual" (ibid., pg. 17),

Leishman (1958:217) states that the Manual was produced "in order that the church as a whole might have a uniform basis for its establishment, and at the same time, uniform rules for the satisfactory management of its affairs, together with wise guidance for the conduct of the individual members, especially, perhaps, in their dealings with others". The organization is very uniform and in my own experience, differs little from locale to locale.

The Manual lists topics such as Daily Prayer, A Rule for Motives and Acts, Alertness to Duty, and so on. Each branch church mirrors The Mother Church in almost every way: Mrs. Morris, one of my informants, told me that the Hamilton Church was run by a Board of Directors who were elected by the members of the church for a fixed period. As in The Mother Church, when board members retire, the remaining members of the board appoint new members. This governing body appoints people for the various church committees (e.g. Literature Distribution Committee); these appointments are usually for one year. She also added that the Readers¹ are elected by the entire membership of the Church for a period of three years and that former Readers are never elected more than once.

Each local church derives its legitimate status from

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The "Readers" consist of two persons who lead the congregation in service; the First Reader reads passages from Mrs. Eddy's writings; the Second Reader reads relevant passages from the Bible. More will be said about these officers in a later section.

The Mother Church and members of such churches are urged to join it as soon as possible. Children, once they reach the age of twelve years, are eligible for full membership; they have simply to apply through their Church Board and be accepted. This membership with The Mother Church is very important to church members and is mentioned during services (in the form of application procedures), displayed on foyer bulletin boards, and frequently mentioned in written testimonies of Christian Science Healing in the church's various publications. This membership appears to me to be the only stamp of "community" that church members have, as baptism, as we know it, is not practised. Baptism to Christian Scientists, is "spiritual" and not material; therefore, the Christian rite as we understand it is totally lacking. They emphasize the gradual attainment of the "Truth"--the spiritual communion with "Divine Love" and "Good" or "God". All my informants confirmed this interpretation.¹

The Mother Church supports a large publishing concern, under the Board of Trustees of The Christian Science Publishing Society, whose purpose is to publish and distribute literature on the religion. Each branch church has an active Literature Distribution Committee which makes free copies of these publications available in many public places and to many interested potential converts who might begin attending the church. Each

1

My original paper on Christian Science (1970) was based on information obtained, in addition to participant observation, from twelve informants.

branch church supports a Reading Room which is frequently located in a separate building in the commercial areas of cities; here, one can borrow, buy, and/or read various articles already mentioned and can chat with the librarian (who is a church member) and other members who may be present.

The Mother Church sponsors radio programs and lectures (it has its own Board of Lectureship) in many places.

Membership in the church seems to be predominantly (if not exclusively) urban middle-class. Both my own research and published works (e.g. The Scientific Study of Religion, J. Milton Yinger, 1970:173) point toward this generalization. Yinger designates the approach of Christian Science as "sectarian" as opposed to "churchly" in that "the other churches (i.e. Christian churches) attempt to absorb modern medicine into their framework, to adjust to it, and to use whatever aspects of it they can in their work. The sectarian approach of Christian Science is to challenge the claims of secular approaches to health and to offer itself as a substitute." However, he recognizes that this dichotomy is lessening as Christian Science becomes more churchly--with more emphasis on church services "as contrasted with an earlier greater emphasis on practitioners".

R.W. England in "Some Aspects of Christian Science as Reflected in Letters of Testimony" (1954:448-453) has analysed a sample of 500 letters of testimony drawn from the Christian

Science Journal in various years from 1929 to 1946¹ with the aims of throwing some light on the approach of Christian Science to illness and other disturbances and correlating the types of people who adhere to such teachings. The letters suggest that half of the writers were drawn to Christian Science because of specific chronic troubles: ill-health, financial problems, bereavement, etc. or 'undesirable' personal traits. He also found that the largest group of adherents are urban, middle-class, married women with bodily disorders. My own research corroborates England's finding that most Scientists are "urban, middle-class, married females".²

Yinger also suggests that Christian Science, as a phase of the contemporary religious search for "peace of mind", shares some tendencies with such religious developments as those epitomized by Dr. Peale (Norman Vincent Peale). Both appeal primarily to the middle-class and "the adherents of both groups have come largely from what might be called standard Protestant churches" (pg. 175). Further, he says that both groups appeal to those without an orientation of science as a crucial life perspective.

1

As Yinger points out (pg. 174), letter-writers are probably not a good statistical sample since they are underrepresentative of the more casual church members and overrepresentative of the more intense "and perhaps the more disturbed members".

2

"Christian Science is primarily a woman's religion. Of 137,278 communicants whose sex was reported in the Census of Religious Bodies, 103,578 were females and 33,700 males; in other words, the church membership consists approximately of three women for every man. This is an extraordinary ratio; witness the facts that the Presbyterian church has 69 males per 100 females; the Episcopal church has 74 males per 100 females; and the Catholic Church, 93 per 100." (Reed, 1932:74)

This religion may also appeal to those persons with mystical tendencies who might be drawn to the fairly elaborate and mysterious formulas of Mrs. Eddy. It may also appeal to those who have given up hope for the medical profession and have turned to religious healings.

It is also significant that Weatherhead (1952:191) and England (1954:453), although less explicitly than Weatherhead, assert that the bulk of conversions to Christian Science come from Protestant Christian denominations. Weatherhead, although offering no supporting evidence, says

"All Protestant denominations have lacked something which the Roman Catholic Church has tried to supply by the cult of Mary and Mother. Roman Catholics rarely become Christian Scientists, and the fact is significant. In Mrs. Eddy, who is often called 'Mother', there is a religious 'Mother' of immense and dominating power, of autocratic methods, of undoubted power to heal certain afflictions, and who does not hesitate--so her biographers claim--to identify herself with Christ."

The willingness to submit to superior authority for security and so on, may be a factor in adherence to Christian Science (see, for example, Erich Fromm, 1941:170-172; on sado-masochistic personality types).

In sum, the Christian Science Church is a large urban-orientated sectarian church appealing in the main to urban middle-class persons; its history dates back to the late nineteenth century when Mrs. Eddy founded the movement in the Boston area of the eastern United States. The essence

of its teachings is the belief that mankind is "Spirit" and that disease, sin, sorrow, selfishness, fear, ignorance, and all "Material-mindedness" are nothing but "mortal errors" that can be corrected and overcome by the "Scientific understanding of God". (Facts about Christian Science, 1959:6).

PART II: OUTLINE OF CHRISTIAN SCIENCE CHURCH AND OJIBWA RELIGION

B. Ojibwa Religion

The Ojibwa of northeastern Minnesota and bordering Ontario (Rainy River) inhabited the subarctic area of the northern temperate region where they traditionally coped with the harsh environment by hunting game and furs; as Landes states (1968:4): "For them, spring and summer exploded as short interludes punctuating and ice-locked winters". A man's hunting territory often stretched many miles, as the pine forests allowed for a low density of animals for habitation.² "Need drove the hunters so far apart that ordinarily they did not meet. Each man was alone in his hunting world, shut off not only by his great lands but by the hard stretches of ice and snow, by storms, heavy skies, and very low temperatures. These features colour Ojibwa mythology and religion, in the appearances and psychic characteristics of the mystic personages, in their fates, and in their activities. A hunter's human companions were only his wife and immature children." (ibid., pg. 5)

This winter pattern was broken for short summer intervals when a small group of families met each year to form a summer village; the village had no formal organization (i.e. political organization) but everyone knew everyone else and the sociability contrasted with the winter isolation. "The summertime activities sprang alive: Tanning and cooking,

berry-picking, games, visits, story-telling, puberty rites, marriages, dances, adulteries, divorces, war parties, religious performances. The crescendo hit a climax early in August. During visits, games, and ceremonials, the villages mingled and approached some awareness of the broader horizons of a tribe. Then a man was at his farthest remove from the winter's mode of isolation. Traditionally, it was only during the summer gatherings that the midewiwin was performed." (ibid., pg. 6-7)

Certain personality traits were fostered by this life style; the hunter felt alone against all--including the Supernaturals and an extreme individuality was prevalent among all. A young boy was told, right from birth, that life was a battle with the manitos for meat and everything else in life and that in order to win, he would have to fight the battle himself: "He could not expect support from another human, but must work techniques that wrenched it from a Supernatural revealed in a vision. Ojibwa tradition created its intensest religious expression through this pursuit of a private guardian spirit who revealed (or yielded) himself in "dreams" or visions to a boy or man undergoing ritual fasts and other privation, ritual or not" (ibid., pg. 8; Landes, 1937b: 98).

Voluntary starvation functioned to goad the desired vision by physiologically and psychologically humbling the person, but also was "a culturally potent enactment of the ultimate disaster that could befall a hunter at any time, so

it bore the aspect of a toying with suicide, of assuming defeat, of bowing to 'shame'--all frequent possibilities in traditional Ojibwa life and thought, which here became a ritualized discipline to force the hand of some manito to yield his power" (ibid., pg. 8-9). Further, "People who received visions turned more away from simple, warm relations with their kind, partly because of the new manito intimacy, partly because visions had to be kept secret to conserve their power. It was no passive relationship but one requiring the boy's lifelong self-discipline." (ibid., pg. 9).

The Ojibwa, individually, strove to "locate the founts of Mystery and contain them for survival, both on Earth, which they called an 'island', and in the ghost-phase they conceptualized as following death." (ibid., pg. 3). The institution of Mide¹ ("mystic") or midewiwin ("mystic doings") provided for these feelings and "functioned to treat with Supernaturals about curing ailments". (ibid., pg. 4) These healing or curing procedures were, simultaneously, "modes of instructing novices and adepts about the mide rites' origins in ancient revelations about using the curing powers." (ibid., pg. 4)

The Ojibwa believed in a world that was dependent on the Supernatural; the Supernaturals appeared as being in many common

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Mide and midewiwin are correctly spelled with an accent over the "e": thus Midé and midéwiwin; but for expediency in the typing the accent was omitted.

everyday events and in order to triumph over life it was necessary to acquire power on a par with these spirits. The Supernaturals were essentially spirit entities who could cause harm or good but were never wholly predictable. Hallowell speaking of the northern Ojibwa, says (1952:120):

"Success (in hunting) depending as much upon a man's satisfactory relations with Superhuman 'masters' of the different species of game and furbearing animals, as upon his technical skill as a hunter and trapper. In psychological terms these entities were among the great 'givers', who bestowed extraordinary powers upon men, who acted as their 'guardian spirits', and without whose 'blessings' and assistance a satisfactory human life was thought to be impossible."

The object of Ojibwa life was to acquire Power so that a measure of security could be ensured and survival made a little more certain. Visions were required of all males if this ideal was to be obtained. Through vision, young men could commune with spirits and obtain favour and this favour could be used to ward off evil power that others wielded or the opposite; that is, for sorcery. Rogers, speaking of the northern Ojibwa, (1962:pg. 3) confirms this:

"The means of acquiring power, manipulating power, and the results of using power are not only an aspect of the religion, but also enter vitally into interpersonal relations and the interpretation of diseases and accidents. Interpersonal hostility and feuding are conducted in terms of religious 'power', and most sicknesses, accidents, and deaths are considered the result of the 'evil' use of power. In this connection means of 'knowing' about the employment of power by others is important, and omens of many kinds are employed."

The many Manitos of fairly equal rank, "appeared as spirit prototypes of plants, birds, beasts, elemental forces, and life circumstances such as Poverty and Motherhood" (Landes, 1968:22). Landes (ibid., pg. 42) says that the Ojibwa regarded all religion and magic as "medicine" or as "power", expressed through visions and purchased formulas and exercised responsibility or hostility toward society¹; all mystic practices were ranked by efficacy, with the highest regarded being born out of vision.

Certain religious specialists (shamans) were the persons with the most power and who could use it either for good or bad. These shamans could be curing doctors, diviners, or Mide shamans depending on their particular emphasis with the supernatural. Although Mide shamans were supposed to obtain their powers through purchase, Landes says that "the Ojibwa took it for granted that mide shamans, as a college of ranked mide officials who transmitted knowledge for pay as they had acquired it, were otherwise all private visionaries, who never abandoned their particular non-mide revelations even when pooling their purchased mide powers" (1968:44).

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Hallowell (1952:169) stresses the fact that all religious rituals performed by his Berens River people had a curative function.

PART III: CHRISTIAN SCIENCE

A. Theory of Disease

For Christian Scientists, healing has a broad meaning: it extends to every part of their lives and not just to the healing of sickness: "it includes our families and surroundings, our whole view of man and the universe. It extends to morality and to useful, meaningful careers. It extends to our daily, routine contacts with others, how we think about them and act toward them. In short, healing means proving our direct, individual relationship to the infinite source of all reality. And this kind of healing that touches the whole spectrum of human affairs, deeply involves us in helping others and society as a whole" (Spencer, 1971:9).

Jesus Christ, most Christian Scientists are quick to point out, healed mental illness, blood disorders, blindness and deafness, paralysis, congenital lameness, leprosy and many other illnesses through spiritual means; and Jesus expected his students to cure others too, using the same means (e.g. "He that believeth on me the works that I do shall he do also", John 14:12, "Ye shall know the truth, and the truth shall make you free", John 8:32).

Mrs. Eddy, in Science and Health, page 113, states her theory as follows:

"The fundamental proportions of divine metaphysics are summarized in the four following, to me,

self-evidence propositions. Even if reversed, these propositions will be found to agree in statement and proof, showing mathematically their exact relation to Truth.

1. God is All-in-All.
2. God is good. Good is Mind.
3. God, Spirit, being all, nothing is matter.
4. Life, God, omnipotent good, deny death, evil, sin, disease.

Disease, sin, evil, death deny good, omnipotent God, Life."

Further she states:

"The divine metaphysics of Christian Science, like the method of mathematics, proves the rule by inversion. For example: There is no pain in Truth, and no Truth in pain; no nerve in Mind, and no mind in nerve; no matter in Mind, and no matter in good, and no good in matter.

Usage classes both evil and good together as mind; therefore, to be understood, the author calls sick and sinful humanity Mortal mind--meaning by this term the flesh opposed to Spirit, the human mind and evil in contradistinction to the divine Mind or Truth and good. The spiritually unscientific definition of mind is based on the evidence of the physical sense, which makes minds many and calls mind both human and divine.

In Christian Science, Mind is One, including noumenon and phenomena, God and His thoughts.

Christian Science, explains all cause and effect as mental, not physical. It lifts the veil of mystery from soul and body. It shows the scientific relation of man to God, disentangles the interlaced ambiguities of being and sets free the imprisoned thought. In divine Science, the universe, including man, is spiritual, harmonious and eternal. Science shows that what is termed matter is but the subjective state of what is termed by the author mortal mind."

Briefly, Mrs. Eddy and her Christian Science can be summed up as follows: Whereas to most Christians, "matter" is

sacramental and plays a very real and important role in the purposes of God, to Christian Scientists, matter has no real existence; it is an illusion. Mrs. Eddy sees evidence of mind and evidence of matter but explains the cause of the former, the creation of "Mind" or "God", "Truth" and "Reality", and the latter as the creation of "mortal mind", or an error of thought born of a non-existent entity.

In other words, here is a complete subjective idealism. Only mind exists. Matter--the entire objective universe--is denied. Evil is linked with matter and is summarily dismissed. Evil, sin, disease, death--all are unreal; they do not exist, and beliefs in their existence are simply errors or illusions of "mortal mind". Since sickness is simply an erroneous belief, one ceases to be sick when the mind disabuses itself of its "error". This philosophy is then linked to Christianity by an interpretation of the Scriptures which makes it appear that Christ came to redeem men not only from sin but also from sickness and death and that His methods of healing are still applicable, provided we choose to use them; that all men can heal both themselves and others if they develop the correct Christ-consciousness. Christ is depicted as the first Christian Scientist (Reed, 1932:78).

Healing to Christian Scientists is not the altering of some condition of the body, it is the knowing or realizing of the truth about life, about man and his universe; this realization is not just an intellectual one but the "actual

realization, the deep assimilation, of spiritual ideas of Life and Truth--ideas found in the Supreme Being--usually called 'God'" (op cit., pg. 9). God is conceived of in the familiar biblical terms as Love, Life, Spirit, and also as "Divine Mind". Every thought that is worthy is forthcoming from the "Mind". Christian Scientists assign all true power, all true law, all true intelligence and action to this infinite, perfect, completely good, completely loving, "Divine Mind". As one of my informants put it: "What the Mind knows is perfect and healthy...because it is completely good and full of health. It is universal perfection".

Thus the only lasting route to spiritual, moral, and physical freedom is by attaining the fundamental truth of Christian Science--that we are one with God. Everything opposite this truth--this perfectness--is not real, and so disease and sickness have no basis in fact and are mere illusion.

PART III: CHRISTIAN SCIENCE

B. Mode of Treatment

(i) Christian Science Healing

Christian Science eradicates the products of "mortal mind" (fear, ignorance, and sin--wrongdoing, wrong thinking) by attacking "mortal mind" with "Divine Mind"; that is, it corrects these false ideas about "matter" and as the "Truth" is learned, the body responds with health-supporting ideas. This goal is accomplished by prayer and faith. A Christian Science treatment works with thoughts and feelings (affections), not with material objects and conditions (medicines, for example). Although its effects appear in the physical realm, its operation is entirely in the mental realm. To utilize material means of treatment along with true thoughts is believed by many Scientists (i.e. Christian Scientists) to negate their whole treatment. (Now-a-days, the use of medical treatment is largely left to the discretion of the individual believer.)

The practise of Christian Science is basically the utilization of spiritual resources to cure disease of body, mind and spirit; in addition to healing physical ailments, Christian Science healing involves the healing of a family or business problem, intellectual limitations, psychological tensions, and moral confusions.

Two modes of individual cure can be distinguished:

(1) the patient himself can obtain the "Truth" by reading

Christian Science literature, attending church services, and thereby being devout; and (2) the practitioner-patient relationship: The traditional mode of cure whereby a patient consults a Christian Science healing specialist who apparently has the ability to help the patient achieve "Divine Mind", presumably since he has attained this plateau himself. A person utilizes a practitioner apparently to the extent that his affliction or distress is greater than his own ability to cure himself.

The procedure is as follows: The sick patient sends out for a Christian Science practitioner who has been trained in the metaphysics of Mrs. Eddy as laid down in the Christian Science textbook, Science and Health.¹ He reads passages from the Bible and Science Health and by so doing reassures the patient that all will be well if he will only accept the fact that his distress is not really there as these sources repeatedly assert.

This process of "reading" is administered again and again until the patient is cured; that is, until the patient realizes that what he is suffering from is not a real, physical disorder, but merely an illusory phenomenon and is therefore not there at all. It is simply the product of "mortal mind" or "bad and erroneous thinking".

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The practitioner is frequently a person of strong character who is able to win the confidence of the patient and persuade him that his illness is unreal; he is able to utilize spiritual power in curing a patient. He (or she) may practise on a full-time basis or on a part-time basis. (I have not data to support either case, but Reed (1932:173) says that the majority of practitioners were part-time and "90% are women".

Individuals, as noted above, can also perform these rituals themselves: by reading these two books and any of the publications put out by the Christian Science organization and by participating in church services, the desired state of mind is obtainable. This of course, presupposes that the patient has attained a certain degree of competence in his search for the "Truth", and if the affliction is obstinate, a practitioner is relied upon.

Paulsen (1926:1520-21) says that when a practitioner treats a patient in person,

"efforts are made first to bring about the proper attitude of mind...the practitioner directs his efforts towards placing the patient en rapport with and under the control of the Divine Mind. All else must be banished from his mind. The patient must be relaxed and free of all fear and misgiving; he must also expect to be healed and maintain a passive receptive attitude.

This attitude is brought about largely by persuasion in the case of new patients, but the adept is trained to assume it with little difficulty. Treatment proper consists of reading or quoting suitable passages from Mrs. Eddy's writings, meditations, repeated denial of the reality of the patient's symptoms if he is being treated for health, with affirmations of health, perfection, goodness and suitable prayers. Treatment may be silent, audible or part of each and it may vary in length of time from a few moments to several hours. The fee for service is as a rule on the basis of free will offering, with a tacit understanding that it shall be in proportion to the patient's means and the service rendered."

The vital condition of this process is that "Divine Mind" needs to be acknowledged as the only power or intelligence that exists anywhere and this means excluding physical means of treatment.

Spontaneous testimonies of healing are given at the midweek (Wednesday night) meetings of the First Church of Christ, Scientist, Hamilton (as in other Christian Science churches). Other sources of testimony are in printed form in the various publications of Christian Science. The Christian Science Sentinel (weekly), and The Herald of Christian Science (monthly and quarterly in twelve different languages), have some sections devoted to healing experiences. Radio programs (e.g. "How Christian Science Heals") also communicate testimonies. The writers of testimonies in these publications are identified by name and city; in many cases there are hospital records, X-rays, insurance reports, et cetera to corroborate the nature of healing. The following are examples of healing; one is from the Sentinel, and the other from my field notes:

Example 1. (Christian Science Sentinel, August 22, 1970; vol. #34:1476-1477)

In May, 1963, I was working for the United States Civil Service. One evening I came home from work bent over. Due to intense pain I could not straighten up. As this had never happened to me before, I asked my wife to call a doctor so that I could draw sick pay. Three X-rays showed arthritic symptoms all up and down my right leg. For two weeks I slept in a wheelchair because the pain was so extreme that I could not sleep in my own bed. Finally I asked the doctor if he really thought I could be cured. He replied that medical science had no cure for this ailment. I settled up my account with him and told him I wanted to do some thinking before having more treatments.

That night I prayed to God for guidance, as I thought I could not stand the pain any longer. Two days later our Civil Service personnel director knocked on my door. He said that our doctor had informed him that I would never be any better and could never

work again. He said that if I wished to retire he had all the necessary papers for me to fill out and sign. He said he would step out to his car while my wife and I talked it over.

While we were considering what to do, we decided to have help in Christian Science. A little later a ray of hope appeared on the horizon of my thoughts when I read a testimony in a Christian Science periodical of a woman who had been healed of arthritis. I remarked to my wife that just as this woman was healed, I too could be healed by this means, since 'God is no respecter of persons' (Acts 10:34) and loves all His children equally.

I got in touch with a Christian Science practitioner in another city, who had healed my son of a fever many years before. While the practitioner was treating me, I studied and read from two to four hours daily in the King James Bible and the writings of Mary Baker Eddy, including the textbook, Science and Health with Key to the Scriptures. Within two weeks I could walk to the back door, and after a month I could walk across the street to the mailbox. When we saw signs of my back becoming straight again, my wife and I sat on the back steps and cried with joy for the progress being made. After two months I was able to walk as well as ever, without any pain. This was seven years ago, and there has been no return of any of the former conditions.

Other healings I have had in Science are those of smoking and gambling and a dislocated shoulder. One day while I was removing varnish from a chair, some of the fluid splashed into my eyes, leaving me blind for two days. This was also healed when I had a practitioner's help.

I thank God for Christ Jesus, the greater Exemplar, for Mrs. Eddy, who made his works practical today, and for the Christian Science practitioners, who are helping to bring this truth to us who are so greatly in need of it in our daily affairs.

Thomas B. Browne
Long Beach, California.

Example 2. (Taken from my field notes, dated November 1970; the first is from Mr. Leighton, one of my prime informants and the other of his son, but told to me by his father).

I was working for a company in Toronto which involved travelling--a job selling by car. Anyway, the company was merging with another company and there was much jockeying for position going on among employees. I failed to get the advancement that I expected--in short, I lost out! This made me very anxious, nervous, and irritable. I consulted a practitioner and after a few weeks of treatment, I began to realize (and fully accept) that I didn't really hate my employer for not giving me that better job that I expected, as I did at first. I realized that he was only doing his job and that I had no real reason not to love him for it. After I overrode the storm, my wife brought to my attention an ad in the paper. It was a job opportunity at McMaster. I applied and was accepted. I've been very happy here ever since and am very thankful for Christian Science for helping me out of my difficulty.

My son experienced a cure from a burn very recently, in fact only a couple of weeks ago. He spilled a pot of hot water (boiling water) on his left hand and badly scalded it. We (the family) sang hymns to him from the Christian Science hymnal and phoned a practitioner. He read from the Bible and Science and Health--my wife bandaged his hand but didn't use any medication. Within days it cleared up.

(ii) Church Services

Of prime importance, the Church of Christ, Scientist, has no clergy; it is a church of laymen where any member may rise to any position in the organization for which he has demonstrated both an interest and a fitness. The key persons are the First and Second Readers who are elected by (and from) the church membership for a three year term, or a lesser time period depending on circumstances (The Mother Church differs slightly from this in that the two Readers are appointed by

the Board of Directors for a three year period.)

In the Hamilton branch church, both Readers at the time of my study were women of middle-age. Both Readers occupy places behind the lectern in the front of the congregation and the job of the First Reader is to read passages from Mrs. Eddy's Science and Health during the Lesson-Sermon, while the Second Reader reads relevant (or "correlative" as they themselves refer to them) passages from the Bible.

A typical Sunday service follows this format:

1. Hymn (from the Christian Science Hymnal); hymns are similar to Christian ones in melody, but different in content; they stress Healing by Divine Grace.
2. Scripture Selection
3. Silent Prayer (1 minute) followed by the Lord's Prayer with its spiritual interpretation by Mrs. Eddy.
4. Hymn
5. Notices (a brief introduction and welcome from Christian Science to the general public, and an explanation and description of the organization).
6. Solo
7. Explanatory Note (explanation about how the Lesson-Sermons are composed, what sources comprise them, et cetera.)
8. Golden Text and Responsive Reading (a scriptural selection by the First Reader followed by alternating audience participation in reciting selected scriptural verse).
9. Lesson-Sermon (composed of citations from the Bible and Science and Health, by the Readers).
10. Collection

11. Hymn
12. The Scientific Statement of Being (by Mrs. Eddy) and the correlative Scripture according to I John 3:1-3; by the First Reader (this is essentially a reinstatement of the Christian Social Dogma).

The whole service pattern lasts approximately one hour and is followed by all branch churches. Every Lesson-Sermon follows on certain days as set out in the Christian Science Quarterly, a small booklet of "Bible Lessons" that is handed out at the beginning of each service by ushers as one walks into the church from the foyer. This booklet lists the twenty-six subjects which Mrs. Eddy chose for her Lesson-Sermons (which are repeated twice a year) and the respective citations chosen to illustrate these subjects. A "good" Christian Scientist studies the lesson before Church every Sunday and looks up the references in Science and Health and the Bible. The Reading Rooms, as previously noted, serve as places where both these references (as well as others) can be consulted.

As well as the Sunday service, a Wednesday night meeting (the one in Hamilton is held at 8:00 P.M.) is held and is primarily the presentation of a series of testimonies of Christian Science Healing given by various members of the regular congregation. I attended many such services and found that the ritual of the Sunday service is altered but slightly: there is only the First Reader present and the Lesson-Sermon, solo, and collection are omitted. After the Explanatory Note and Notices, the floor is opened up for 'testimonies' from the

congregation. After the testimonies, the service is closed by a final hymn. The total service lasts from about one to one and one-half hours, depending on how many people wish to speak.

Generally speaking, more women than men testify on the efficacy of Christian Science at these evening meetings; the proportion can be as high as 95%-100% female. The testimonies themselves run the gambit from just generally praising the church to specific healings of such ills as depression, sores that failed to heal, broken bones, evil and malicious thoughts of 'mortal mind' and protection and guidance from everyday precarious situations.¹

The content of each testimony is rigidly stylized and the procedure for testifying follows this pattern: the Reader announces, after the Explanatory Note, that the floor is "open"; a member of the congregation rises from her pew and relates her experience; there are usually long periods of silence (sometimes up to a few minutes) between each testimony and when a member has finished speaking, she or he sits down again as the Reader nods her approval. The lack of high emotions in these testimonies is particularly noticeable; to my mind, it is not like a "revival" in the evangelical sense but rather a low-key, positive affirmation of the "Truth". After a general comment about the efficacy

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One woman, for example, praised Science for protecting her from a household furnace explosion; another for finding a lost wedding ring after many years of searching.

of Christian Science, a typical testimony includes an introduction to the cure that is to be related, the cure (along with the hardships and reservations, if any, which the person had in following the healing procedure), and the conclusion along with another praising of Christian Science Healing.

These services and testimonies function to reinforce Christian Science dogma and are, in effect, healing procedures in themselves.

PART IV: OJIBWA RELIGION

A. Theory of Disease

The Ojibwa believed in a universe that consisted of "a multiplicity of spirits, both good and evil" (Hoffman, 1888: 211). Landes (1968:21) says that:

"In the world-view provided by Ojibwa religion and magic there is neither stick nor stone that is not animate and changed with potential hostility to men, no circumstance that is accidental or free of personalized intent, not one human creature to be taken for granted. At the same time, all difficulties may be appeasable through governing spirits."

Rogers (1962:7, 17), talking of the Round Lake Ojibwa of Ontario, says that formerly "the spirits conferred on an individual the power to kill others, to cause sickness and accidents, to frighten, to heal, and to divine in various ways....Practically all cases of illness, accident, and death are attributed to the sorcery of others."¹

Hallowell (1960), speaking of the Saulteaux Ojibwa of Canada, says that:

"Personalistic explanation is central in theories of disease causation. Illness may be due to sorcery; the victim, in turn, may be 'responsible' because he has offended the sorcerer--even unwittingly. Besides this, I may be responsible for my own illness, even without the intervention of a sorcerer. I may have committed some wrongful act in the past, which is the 'cause' of my sickness....The personalistic type of explanation satisfies the Ojibwa because it is rooted in a basic metaphysical assumption; its terms are ultimate and incapable of further analysis within the framework of their cognitive orientation and experience."

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Rogers (1962:22) also tries to distinguish between illness causes by natural causes and illness caused by the supernatural; he also categorizes disease brought on by mental disturbances and that brought on by taboo violation.

Hallowell (1939:191), in an earlier work, lists the causes of disease among the Ojibwa he studied:

1. fortuitous circumstances which may result in broken limbs, cuts, wounds, colds and minor ailments.¹
2. dream visits from certain spiritual entities.
3. sorcery
4. transgression of several kinds, either on the part of the sick persons or of their parents.

He further adds that disease which is believed to have resulted from transgression, in turn, involves the relation of the individuals to (a) supernatural entities, (b) the use of magical procedures, and (c) to the moral imperatives which should govern one's own conduct and one's relations to other human beings. He gives as examples of his last point: murder, deceit, such as offering professional services, like curing and conjuring under false pretences (i.e. without the validation which a dream revelation gives), and sexual transgressions.² He says that the only "effective curative procedure for transgressions of any kind is confession" (ibid., pg. 191).

Mary Black (1967:169 ff.), in her study of the Ojibwa at Ponemah, Minnesota, on the Red Lake reservation, found that there was a pervasive system of beliefs which arranged "living

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Hallowell is not clear on this point; his later work (1960) corroborates Landes in that this category is seen as accidents caused by "persons" - "spiritual" or "human".

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Hallowell notes an overwhelming preponderance of sexual transgressions (ibid., pg. 191).

things" that existed in the world according to certain properites, chief of which was a quality called "control" or "control-power". This "control-power" was either inherent or derived, depending on the class of living things: (1) Indians or human beings who did not inherently have "control-power", but received it from the spiritual beings; and (2) Spirits or supernaturals, those who inherently had "control-power", and could dispense it to humans.

Persons or living things varied in the amount of "power" they had and were structured accordingly. Shamans, for example, were felt to have great amounts of "control-power" and could manipulate events to suit their purposes. Every Ojibwa male, however, sought "power" in order to combat other people's "power".

The Ojibwa aboriginally attributed the cause of disease and misfortune to the supernatural, either directly, or more often, through sorcery.

PART IV: OJIBWA RELIGION

B. Mode of Treatment

The Ojibwa treated illness in a variety of ways, the chief of which was via religion: "The Ojibwa regarded all religion and magic as "medicine" or as "power", expressed through visions and purchased formulas and exercised responsibility or hostility toward society" (Landes, 1968:42).

Other means of treating illness included herbal treatments, sweat baths, massage, bloodletting et cetera. These were often incorporated into religious healing (as in the Midewiwin). It should not be forgotten that there were always specialists that practised only one of these skills, and that healing roles were not always clear-cut and distinct; that is, a shaman could be skilled in more than one of these.

The therapeutic goal was the securing of "power" through visions and/or purchase. The key to combating illness and misfortune was to secure enough "power" to oppose sorcery and magic.

The objective in combating illness was either securing "power" from vision experiences (or dream experiences), or by purchasing "power" through Midewiwin; the highest prestige, though, was through private visions and shamans were ranked according to the efficacy of their "powers" secured through visions (ibid., pg. 42). Further, shamans boasted of their "power" and took part in great duels during Midewiwin in which they

would flaunt their powers and test its strength. Landes (ibid., pg. 33) says that Ojibwa visions fell into three classes according to the promise of each: success in hunting, including trapping and fishing; success in war; and curing sickness. These three classes were respected equally and the individuals (usually men) who possessed all three were greatly respected.

Consistent with visionary beliefs, the Mide origin tale emphasized that midewiwin brought happiness, freedom from misfortune and a general blessing of "life"; thus the goal was to secure "power" from visions and purchased "power" from midewiwin in order to secure happiness and triumph over evil. Mide taught such things as neighbourliness, forbearance, concern for the sick, and respect for the manitos; and though shamans secured the support of various manitos for humane purposes through vision and the manitos were, in effect, their servants (the manitos were patrons to shamans), Ojibwa knew that Evil could still triumph through bad shamans. Shamans had the "power" to transform themselves into various animals and in such a form, wreak havoc both in causing physical affliction and general bad luck. Hoffman (1891) and Landes (1968) both say that sorcery was employed frequently by shamans and others alike to attack enemies.

Mide shamans became merged with the Supernaturals and addressed one another as "manito", and even though they were ideally good and kind, they were expected to be enemies of the people and to be eventually felled by the very super-

natural powers that they misused; this boomerang effect¹ was one means of deterring individual shamans from becoming too powerful but it is questionable if it deterred that many. No matter how arrogantly a shaman behaved toward fellow Ojibwa, he always maintained a humble manner when communing with the Supernaturals; he fasted, offered tobacco, and spoke humbly, and in so doing, hoped (and expected) to obtain favours from the manitos by this ritual means.

Ojibwa religious healing was of two sorts: curing by vision, and curing by midewiwin.

(i) Curing by Vision

Shaman's skills or professional activities were called "powers", "medicine", and "doctoring", by the Ojibwa in English (Landes, 1937a:111-114). All Ojibwa religion was concerned with curing illness and other misfortunes such as bad weather, blood revenge, starvation, sexual yearnings (love medicine), and recovering lost articles. The greatest skills, traditionally, were supernatural gifts from vision experiences, but some were learned by purchased instruction (perhaps amplified by vision)--midwifery, tcisaki (divining); Landes (ibid., pg. 47) relates the following:

"The greatest skills, by traditional esteem, were supernatural gifts transmitted in visions by supernatural patrons, as for hunting, war, curing, and tcisaki divining (which centered on the mystically shaking tent that concealed the diviner). Other

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Rogers mentions this also (1962:D.10)

great skills were said to be learned through visions amplified by purchased instruction, such as midwifery, and notably tcisaki again, despite the concurrent dogma of its sole source of visions; and other skills were acquired only by purchased instruction, such as midewiwin curing and minor healing specialties of herb-brewing (mashgigiwabogi), tattooing (azhassowe), and vomiting (shigagoweawe). Laymen and great doctors alike could use purchased herbs and magics".

Landes classified four categories of curing by vision; curing by sucking, tcisaki, ritual naming, and sun dancing; all of these invoked Thunderbird (or Thunders) and associated other manitos.

- (1) Curing by Sucking (nanandawi iwe winini): Thunderbird's associate was Woodpecker since his long beak could scratch out things; the sucking doctor extracted the cause of the disease, a foreign object sent by a sorcerer.
- (2) Tcisaki: This specialist was able to find the cause of disease by divination; the disease was caused by a sorcerer and the doctor divined the sorcerer or the nature of the cause of the disease by summoning the sorcerer's soul into the divining tent (shaking tent) and combatting it with his own manitos. (c.f. Hallowell, 1942; Hoffman, 1891:156 ff.; and Rogers, 1962: D.10 ff.) Thunderbird was a kind of remote overlord and Snapping Turtle was the key manito of tcisaki; his job was to summon "lesser Supernaturals into the divining lodge to hear the doctor's request and act upon it" (Landes, 1968:48). Each manito was characterized by a special voice and the persons outside the tent listened for the voice; the tent trembled when the supernaturals were present.
- (3) Ritual Naming: This was a means of ensuring an ailing person strength by giving him a new name and thus a new mystic identity with new "power" to live. The namesake became identical with the visionary namer and automatically received protection from the latter's guardian spirit.
- (4) Sun Dance: Landes' Red Lake and Emo informants talked about the great esteem this rite had in the past although it was no longer practised.

The Sun Dance served to invoke the Supernaturals by means of dancing and chanting to the Thunders; the dance was given by a person who had dreamt it and that person acted as the doctor to all those who attended. The aim of those attending was to secure "power" and thus be cured of whatever ailed them. (ibid., pg. 47-50)

The process of acquiring a vision involved a great deal of time, energy and money since all invocations required offerings of both a material and physical kind. The person had to abstain from food and drink frequently and literally tax himself nearly to the point of exhaustion and, as Landes states, (ibid., pg. 15), goods had to be presented to the manitos:

"Dealings with the supernatural involved barter and sale principles; the offerings of tobacco, goods, foods, and prayers were increased or reduced according to the Indian's calculations of what the expected favours were worth. A doctor would not cure unless his fee was displayed in advance nor would a manito, as the midewiwin emphasizes."

(ii) Curing by Midewiwin

The purpose of midewiwin was curing illness and this challenged the domain of vision doctors, but since both mide shamans and visionary doctors were one and the same, there was not really any conflict: a patient always sought the services of a visionary doctor first and only when the latter failed did he consult the proper mide shamans; or the visionary doctor might advise mide treatment himself. "The Indians' explanation of the sequence was that vision doctors demanded smaller fees. Mide cure was always the last resort and, in strange emphasis of this, it 'cured' even a patient who had

died and it sped the ghost to its destination". (ibid., pg. 50)

Landes gives a good example of this (ibid., pg. 50-52):

"In the 1930's I heard much at Manitou about the curing of an orphaned girl named Gleaming Thunderbird, which illustrated the practises. Mrs. Wilson and my other informants dwelt on the sad case, which had dragged on for years; everyone took sides over symptoms and treatments, weighing personalities and techniques of the doctors called in. At about the age of twelve, the girl had her first menses, but periods were exceedingly irregular, old Mrs. Blackbird, housed her, made her rest, gave her teas and poultices. When nothing helped, they called in a blood-letter (called patchishga'owe or patchishgaige, meaning one who employs a pointed tool; he may also be called pasgigweige, meaning one who lets blood), named Jack Horton. Mrs. Wilson said that his vision empowered him to cure stoppage and inflammation. He cut the girl on the thigh twice, whereupon flow came. Later she sickened with a hacking cough. Her grandmother summoned Billy McGinnis to cure by sucking out the cause of the cough. Billy was 'too young to doctor' but he was the only one at Manitou with the specialty.

The Ojibwa believed that disease came from intrusion into the body of a foreign substance due to supernatural punishment of a slighted tabu; sometimes a sorcerer might send it, sometimes no reason was given, or the victim offered a reason, or outsiders did, and contradictory reasons were advanced at times. In this case, Billy extracted several threadlike white worms with tiny black heads, according to Mrs. Wilson, sucking them out and spitting them into a white saucer holding a little water in which they wriggled. He doctored this way during four successive days, singing and beating his hand drum, swallowing the leg bone of the bird representing his guardian spirit, regurgitating it repeatedly and simulating unspeakable agonies, applying it to the patient's chest and sucking out through it a few worms daily.

Some months later, the girl fell sick with tuberculosis. Billy's sucking could not help. People surmised the girl was suffering from 'the work' of a sorcerer, because she was desirable, secluded years at a Catholic school, and was now guarded jealously by her grandparents. Perhaps 'some old man' wanted her, or a young one had engaged a shaman to work revenge for him on the aloof family.

This would need divining. So Billy and the Blackbirds agreed to call in a tcisaki.

The diviner sent forth his spirit turtle and other helpful spirits and discovered that the people's surmises were mistaken. The actual reason he gave, according to Mrs. Wilson, was the anger of mide Supernaturals at the girl's conversion to Christianity. The sole cure was to put the girl through mide rites; this was arranged. The Blackbirds approached mide shamans of their own choice, neglecting the diviner, who was also a mide shaman. When midewiwin failed to cure the girl, the diviner's family felt avenged. Nor did the girl respond to white Canadian medicine. A second midewiwin was held without effecting cure, so a third was arranged for. Before it could take place, the girl was dead. But the third rite had to proceed, for mide manitos had been solicited, led to expect tobacco and food, and had promised aid; mide officers had been engaged. This rite now became a Ghost midewiwin for strengthening the deceased girl's soul on its journey to the mide land where it would sing and dance as an initiate of the Society."

The organization of Midewiwin was structured into eight successive grades of curing: the first four were called Earth grades and the second four called sky grades.¹ "Power" ascended with each grade, as did the fees,² and time involved for completion of each. A man was encouraged to undergo the first four grades but the last four were considered dangerous because they taught sorcery and sorcery was believed to eventually return to its master (epitomized in the "evil" shaman who gained great esteem by manipulating the supernatural

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Hoffman (1891) reports the Midewiwin as containing only four grades.

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Landes describes the heavy economic burden of mide payments (1937a:127).

only to die a horrible death by this boomerang effect for using magic for his own ends). Landes says that such was the nature of the second set of grades that only the very ill or substitutes for dying or dead kinsmen went through the seventh and eighth grades (*ibid.*, pg. 52).

The hunting life of the Ojibwa limited the mide meetings to the summer gatherings in villages; at other times of the year, sick persons depended on herbal medicine and personal visions if vision doctors could not be reached; but sometimes, a man held a midewiwin without the officers of the rite being present. This midewiwin was held in the same manner except that the shamans were not present; when, however, the one holding the rite next saw the shamans that he had named in the proceedings, he was obliged to pay them just as if they had been there in person or else suffer supernatural retribution. The rationale for this was that since the naming had invoked the officers' presence, it also invoked their supernaturals and they would be offended if payment was not made. (*ibid.*, pg. 52).

Landes (1968:52) lists the four main persons in the mide: (1) gitchi webid or chief person; (2) one or more assistant chiefs (depending on the grade); (3) naganid or Bowman who was leader of the lesser manitos represented by mide officers; and the (4) wedaged or Steersman who was the end man in the body of lesser manitos.

Midewiwin never treated specific ailments as did

curing by vision; rather it was a "cure-all" that "gave life... on all planes"¹ (ibid., pg. 55). Mide curing brought its patients (who were at the same time initiates) long life and happiness (the latter was probably an intrusive idea brought in by Christian missionaries since Ojibwa believed that a man's fate was fixed by Supernaturals at birth).

In the process of going through the midewiwin rites, the patient was encouraged by the shamans to express the basic attitudes driven into all Ojibwa males pursuing a power vision; the patient was told to supplicate and show his sincerity and respect by presenting many prestigious gifts for the manitos; added to this, the patient was already weak (either mentally or physically, and more often both) from illness or sorrow and his expectations of help and his economic losses in dispensing with gifts to the manitos (not to mention the great amount of time and energy expended during these rites), tended to create a high emotional atmosphere. (ibid., pg. 55)

A shaman was a person of great potency in as far as personality was concerned: this came to the forefront in sorcery, witchcraft, and midewiwin. The mide rites bound patients, witnesses, and shamans with fierce interests and tensions were high. No Ojibwa shaman was a mide shaman only,

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Will Rogers, one of Landes' prime informants, assured her that "mide curing merely gave the patient ease of mind" (ibid., pg. 55).

as his shaman prestige rested on both his learned instruction from going through midewiwin and his prior visionary experiences. Shamans were expected to be sorcerers as well as healers, and in the excitement of every mide rite, the patient was overwhelmed with the shaman's manipulations of the polar values of "Good" and "Evil". Landes says that: "All mide officers were understood to be familiar with ways of sorcery and were expected to practise these in varying degrees, and all other shamans were regarded in the same light" (ibid., pg. 58).

The typical cure lasted approximately 7 or 8 daytime or nighttime sessions of closed rites as well as one final day of public daytime ceremony; each day the officers (Hoffman terms them doctors; 1891:151-52) told a small portion of the origin tale of midewiwin which included mide functions and organizations; it also served to invoke the mide supernaturals. (ibid., pg. 72).¹

More was told at higher grades and thus more "power" was forthcoming; fees also increased in proportion to higher

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"When securing mide origin tales among the Ojibwa at Red Lake reservation and Manitou Reserve in the 1930's, I saw that they differed widely from mide tales of other tribes and from Ojibwa ones W.J. Hoffman had recorded (1891). In 1885-86, Hoffman had studied the Mide Society among the Minnesota Ojibwa around Red, Cass, and Leech Lakes and found it very similar to the Menominee form, especially in the origin tales (Hoffman, 1891). By 1932, I found prominent features of ideology, organization, and ritual not mentioned in other sources. It seems reasonable to infer that the Ojibwa divergences from their recorded older forms were expedited by the people's devotion to visions." (ibid., pg. 112)

grade. The "power" itself was transferred to the patient from the performance in general and from the sacred migis shells in particular. These shells were supernaturally charged and their possession by Ojibwa ensured a degree of "power". Migis shells were "shot" from "mystic hides" (called wayan) into the patient by the shamans in charge of the ceremony and shooting duels between the officers themselves tested each shaman's "power" and let the candidate know how much "mystic force" was present. The patient received a hide and some migis shells of his own at the close of the ceremony; the shamans owned a number of shells and one or more hides (which were made from small animals, e.g. otter) the birchbark scrolls bearing pictographs which depicted the supernatural characters in the origin myth.

The shells, upon being shot into the patient, were then extracted by the officers: "The 'extracting' and 'regurgitating' of shells from the patient's body, by various mannerisms...signalled the cure, whereupon mide initiates of all ranks began a dancing round of 'shooting' migis shells into one another, to demonstrate their relative powers. Among the Ojibwa, shifting pairs continued shooting one another and singing mide songs or chants of power for hours until the chief mide officer pronounced the ceremony over". (ibid., pg. 73)

The content of a mide curing was ritual dramatization of the mide origin tale. The first curing grade merely sketched this tale, while the remaining grades elaborated it;

the fullest version was told at the fourth grade and the eighth grade.¹ The tale always opened with a statement that the Earth-Supernatural (Shell, or Shell-Covered One), in mythic times, brooded over the olden Indian's sad state of affairs and sought a remedy for it; (the Indian was now vulnerable to disease, misfortune and death since losing his enamel armour and Nehnehbush's gift of mortality). Shell sent his chief messenger to consult the Great Spirit with a plan of providing Indians with health and long life. The Great Spirit assented and summoned the rest of the Spirits to council whereupon Bear was chosen to organize midewiwin. The Midewiwin was then formed and revealed to Cutfoot (the primordial Indian) who then taught it to the Indian.

Sky ceremonies (the second set of mide grades) did not arise from vision like the Earth rites, but as a result of a patient who failed to get well after the four ceremonials and a shaman argued, as a consequence, that four more grades were permissible since Sky Supernaturals had supported the ancient meeting called by Shell and Great Spirit. The patient was cured and subsequently the Sky rites were established with the same skeletal framework of Earth rites but patronized by Sky creatures--Shell being replaced by Great Spirit and Bear by Eagle. (ibid., pg. 96)

The patient was supposed to play-act the ancient

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The second set of grades were identical to the first except that the former's locale was mythic Earth and the latter mythic Sky.

visionary's experience and to respond to the shamans as he would if he was directly experiencing a Vision himself; this meant he used the same deferential kinship terms for the doctors as for the manitos he saw in vision; this also meant the propitiation of the spirits in the form of offerings to the manitos. These acts brought health. The secret sessions were fewer in the lower grades and the public rite was less elaborate (Landes likens the day ceremony to a miracle play in the Christian world; *ibid.*, pg. 115).

"Powers" attained at the second degree rite included the ability to see into the future, hear at great distances, as well as the ability to defeat enemies with the newly acquired power and thus ensuring the life and health of the patient (Hoffman, 1891:168). Hoffman submits evidence for these "powers" from pictographs on sacred birchbark scrolls; these crude figures show lines radiating from the eyes, ears, hands, and feet, symbolically indicating power.

Hoffman (*ibid.*, pg. 169) states that the "powers" possessed in the third degree were enlargements of those received in the preceding degree: "He feels more confident of prompt response and assistance from the sacred manitos and his knowledge of them becomes more widely extended".

"Power" in the fourth degree increased even more and was represented by a number of spots on the pictograph: "These spots designate the places where the Mide priests, during the initiation, shot into his body the migis and the lines connecting

them in order that all the functions of the several corresponding parts or organs of the body may be exercised" (ibid., pg. 170). The patient, on completion of this degree was also able to accomplish the "greatest feats in necromancy and magic. He is not only endowed with the power of reading the thoughts and intentions of others, as is pictorially indicated by the migis spot upon the top of the head, but to call forth the shadow (soul) and retain it within his grasp at pleasure. At this stage of his pretensions, he is encroaching upon the prerogatives of the Jessakkid (tcisaki), and is then recognized as one, as he usually performs within the Jessakkan (shaking tent) or Jessakkid lodge, commonly designated 'the Jugglerly'" (ibid., pg. 170).

Each degree had associated with it a specific method of facial decoration that all who partook of mide had to wear; these paints represented the wearer's guardian spirits. The paints worn at mide rites belonged to mide dogma and since they were given to a candidate, only he could wear them; "A mide patient wore the paints, as a single colour or in a combination recommended by the chief mide, to symbolize the colour changes experienced by Bear upon emerging from Earth's deeps" (op. cit. pg. 181).

Hoffman says that mide shamans taught patients how to use herbs and prescribed them in the course of therapy (Hoffman, 1891:197) in order to remove bad manitos from the sick body. Landes (1968:185) however, reports that her elderly informants

remembered the use of herbal medicine in mide rites but that it was "long ago" (i.e. before the 1930's), that herbal remedies were known by all the special remedies could be purchased from herbal doctors: "In the 1930's...herbal pharmacology...existed apart from midewiwin, chiefly monopolized by the category of men and women called 'herbal curers'; they prepared a considerable number of compositions, prescribed to treat nearly every disorder attributed to congestion of body fluids, ranging from nosebleed to uterine, pulmonary, and elementary disorders, with or without Supernatural's aid. Mide officers drew upon this".

Juggling tricks were also not prominent in mide in the 1930's, while Hoffman (op. cit. pg. 204-206) reports that they were prominent for his people.

Sweat baths were part of mide ritual also; Hoffman says: "This act of purification is absolutely necessary and must be performed once each day for four days, though the process may be shortened by taking two vapour baths in one day, thus limiting the process to two days. This, however, is permitted, or desired only under extraordinary circumstances. During the process of purgation, the candidates thoughts must dwell upon the seriousness of the course he is pursuing and the sacred character of the new life he is about to assume". (op. cit. 1891:204)

PART V: INTERPRETATION

A. The Belief Systems

1. Healers¹

(a) Christian Science

In this case, the healer is the Christian Science practitioner; his abilities include: curing patients who have admitted that "matter" exists when in reality it is only illusion; and recovering lost articles²; (formerly he was apparently able to cause illness via "M.A.M." or "Malicious Animal Magnetism")³.

A practitioner's methods include: reading (i.e. to read="to get the meaning of by using the eyes; to utter aloud printed or written matter") the "Truth" from the teachings of Mrs. Mary Baker Eddy, the founder of Christian Science; meditating, or instructing the patient in meditation (i.e. "thinking deeply and continuously; reflection"); singing Christian Science hymns; and prayer, or spiritual communion with God. (see Part III, pg. 36-37)

A practitioner's patients include any member (in theory) of the public that is sick and can make the necessary payments; usually these are Christian Scientists who have yielded to "mortal mind".

A practitioner's sources of abilities come from his

¹ I define "healer" as "one who makes sound, well, or healthy again"; he is also a socially sanctioned specialist.

² Janet (1925:50).

³ Dresser (1921:164).

attainment of the "Truth" (that is, that the only reality is "Divine Mind", "Spirit"). He achieves this by following Christian Science dogma: learning Mrs. Eddy's teachings, either on his own, with another practitioner's help, by attending church services, or by a combination of these. (see Part III, pg. 36 ff) He is also a charismatic personality.¹

(b) Ojibwa

In this instance, the healer is the Ojibwa shaman²; his abilities include: curing sick Ojibwa by helping them get their own "power", and/or curing sick Ojibwa by removing causes of their illness; recovering lost articles; "mind-reading", "seeing and hearing into the future and at great distances", and necromancy; and causing illness by sending malicious "power" and/or transforming oneself into other objects and sending sickness directly. (see Part IV, pg. 48 ff)

His methods include: divining causes of illness (e.g. teisaki) using herbal medicines and other folk medicines; dancing (e.g. Mide dances); reciting or reading (e.g. Mide origin myth with the help of sacred scrolls); prayer or communion with the manitos (e.g. Midewiwin); and singing. (see Part IV, pg. 48 ff) Densmore

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Charisma is defined as "a divinely inspired gift, grace, or talent, as for prophesying, healing etc.; a special quality of leadership that captures the popular imagination and inspires unswerving allegiance and devotion" (Webster's New World Dictionary, Second College Edition, 1970.)

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This includes Mide and also vision doctors; not necessarily mutually exclusive .

(1913:34-36) gives an excellent account of the latter:

"Throughout these songs the element of affirmation is very strong; indeed, many have a triumphal tone. The idea underlying them all is the securing of a definite result through supernatural power, the music being an indispensable factor. In the initiation the desired end was the transference of 'spirit power' to the candidate by the men and women who were initiating him, also the renewal of the same power in the members of the order who witnessed the ceremony, and the prolonging of their lives to old age. In the songs connected with special 'mediums' the purpose to be accomplished was the healing of the sick and the producing of a certain effect on one or more persons, as in the use of various 'charms'. Thus it is seen that this purpose was usually objective, the effect on the singer being only secondary, that the means of securing benefit was supernatural, and that the singer had full confidence in its bestowal as well as in its efficacy."

A shaman's patients are any members of Ojibwa society that are sick and who can make the necessary payments.

A shaman's sources of his abilities come from his attainment of personal "power" via visions and/or purchase as in the Midewiwin (see Part IV, pg. 50 ff). He is also a charismatic personality (Landes, 1971:202 ff).¹

Both the Christian Science practitioner and the Ojibwa shaman can be designated as "healers". Both are able to cure patients because they have attained the cultural prerequisites (i.e. they have attained their abilities by divine inspiration, in the sense that they achieved the goals of their respective

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Hallowell (1952:120), although speaking of a more Northerly group, comments on the leadership abilities of shamans. c.f. Hoffman (1891:274).

religions by following the teachings) and they are charismatic persons. Both have the apparent ability to recover lost articles (I say "apparent" because of the lack of substantial evidence for either group other than brief mention in the literature). The chief difference between the two is that the Ojibwa shaman has the ability to cause illness via sorcery (a Christian Science practitioner may have been able to cause illness via "Malicious Animal Magnetism", but this is only the conjecture pending further proof).

Both healers utilize similar methods in their treatment: meditation, singing, prayer, and reading.

Both treat similar patients in the sense that any member of each society who is sick and who can make the necessary payments can consult a healer.

2. Modes of Cure

For purposes of comparison we can distinguish two modes of cure in Christian Science: "Truth" via reading, meditating, and prayer on one's own; and "Truth" via reading, meditating, and prayer with the help of a practitioner. Similarly, the two modes of cure in Ojibwa society: "power" via vision, and "power" via purchase.

(a) "Power" via vision and "Truth" via reading, meditating, and prayer

It is difficult to compare these two modes. All Ojibwa males were expected to pursue a vision in order to obtain "power";

this vision quest demanded the utmost in physiological and psychological humility on the part of each male; it was necessary to goad the manitos to reveal themselves and bestow "power" to the supplicant. This was not a passive relationship by any means; it demanded life-long self-discipline since "power" had to be kept secret in order to remain potent, and "power" was conditional on special rituals connected with it. For example, one's guardian spirit had to be presented with gifts of tobacco and other items, spoken to in a humble tone and manner, and generally regarded with great respect (see Part IV, pg. 50 ff).

All Christian Scientists were expected to study Mrs. Eddy's teachings; this meant assiduously reading Christian Science dogma, meditation, attending church services, and generally practising Christian Science in everyday life situations (see Part III, pg. 36 ff).

But I can hardly assert that this is the same as pursuing a power vision since I cannot be sufficiently precise in my terms of comparison here; suffice it to say that both "power" via vision and "Truth" via reading and meditation involve a life-long commitment. Both are active relationships.

(b) "Power" via purchase and "Truth" via Practitioner's Help

Both cases can be compared in terms of an economic transaction: both involve payments to be made to the healer in exchange for the goals of each religion.

We can say that the obtaining of "power" via purchase,

and the obtaining of "Truth" via a practitioner's help function similarly. When an Ojibwa patient gives tobacco to a shaman in the Midewiwin, he expects to receive "power" through the reciting of sacred verses of the origin tale; these are taught to him by the shaman (see Part IV, pg. 52 ff). When a Christian Science patient seeks out a practitioner and agrees to pay him a certain amount of money for help in his sickness, he expects the practitioner to help him reach the "Truth" by instruction in Christian Science dogma (see Part III, pg. 36).

I say "function similarly" because this comparison implies, perhaps, that the obtaining of "power" and "Truth" by purchase from a healer is of a different type than that obtained by vision, and reading and meditation, respectively. In the case of the Ojibwa, it is of a slightly different type: "power" via vision was traditionally more prestigious than that via purchase. The most powerful shamans had received their "power" from vision experiences. In the case of Christian Science, there was no real distinction between "Truth" obtained from reading, meditation, attending church services, or via a practitioner's help: the goal was to see the "Truth" by any of these means, and frequently by all of them in combination.

3. Theories of Disease

If we directly compare the belief system or the major tenets of each culture's theory of disease, we find that members of each culture recognize a causal relationship between disease

(and health) and an agent(s) of disease; but even here, I do not know exactly how the Ojibwa perceive this relationship. The Christian Science case is straight forward in comparison; a patient strives to eradicate products of "mortal mind" ("matter", and therefore disease) and realize "Divine Mind" ("Truth" or "Spirit") which is all good. The ambiguity is kept to a minimum: one is continually striving for "Divine Mind" and striving to remain free of "mortal mind" (see Part III, pg. 33-34).

The Ojibwa, according to Hallowell (see Part IV, pg. 45), recognize that people ("persons") or the spirits can cause illness. All "persons-other-than-human" (i.e. spirits or supernaturals) are more powerful than human persons; that is, the supernaturals have "power" and since "power" can be used for "good" or "bad", they can cause disease or help cure. Humans get "power" through the supernaturals and can potentially cause harm (sorcery) or cure.

Mary Black basically follows Hallowell: she categorizes living things into those that do not inherently have what she terms "control-power" (humans) and those who do inherently have "control-power" (spirits). Humans receive "control-power" from the supernaturals (see Part IV, pg. 46-47).

Hence, in the Ojibwa case, the source of "power" is a category that is capable of being both harmful or curative. Shamans can potentially cause illness via sorcery or cure

illness via various rites, while Christian Science practitioners can only cure.¹

To the Ojibwa "spirit" seems to signify that class of living things that has inherent "power". In possessing this quality--a quality essential for every Ojibwa male to possess some of--the spirits or supernaturals are sought after via the vision quest. One can also get "power" via purchase (e.g. Midewiwin) and this requires a shaman who can manipulate the spirits for his own use.

To the Christian Scientists, spirit ("Spirit") is "Truth" or "Divine Mind" or God, not a class of beings, but a quality. All persons are essentially this quality but some realize this fact before others and can sustain it for a longer time. The whole purpose of this religion is atonement with God who is completely good.

In sum, "Truth" (the goal of Christian Science) cannot be satisfactorily equated with "power" (the goal of Ojibwa religion) since they are essentially different entities possessing different qualities.

B. De Waal Malefijt's disease causation category

¹ Although in the past they were apparently capable of harm. But even in this case, the idea of animal magnetism--either beneficially used or maliciously used--does not appear to be developed very satisfactorily. It seems to me that "animal magnetism" as a religious tenet was, for Christian Science, an early borrowing from the suggestion school of P.P. Quimby for purposes of prestige (c.f. Dresser, 1921).

We can compare the cause of disease in both groups if we use De Waal Malefijt's classification that disease is caused by the individual himself (see Part I, pg. 13). This is the only common classification of the three that De Waal Malefijt postulates.

The Ojibwa believe that the cause of disease is via someone; that is, disease is caused by a person--spirit or otherwise human (see Part IV, pg. 45-47). An Ojibwa can cause himself to get sick by slighting a shaman (by word, deed or merely "wrong looks") and thereby cause the latter to send bad magic; an Ojibwa can also break a societal norm and thereby cause himself to get sick.

A Christian Scientist causes his own sickness by allowing his "mortal mind" to take prominence in his life; that is, his acknowledgment of "matter" (produced by "mortal mind") causes his illness.

Within this category, furthermore, both groups can be compared on the basis of a "taboo violation causing sickness"; that is, just as the Ojibwa recognize the fact that supernatural punishment results from slighting a taboo, Christian Scientists acknowledge that disease results from violating the tenet that the only truth is of a spiritual essence.

If a Christian Scientist acknowledges other than Spirit as being real, sickness will follow (or the converse; that is, if one is ill, one must have "yielded to mortal mind"). In both cases, "matter" is acknowledged to be real--in contradiction

to Christian Science's belief in the opposite ("Spirit" being the only reality)--and the cure is to realize that this product of "mortal mind" ("matter") is "mortal error":

"Divine Mind" must be the only reality acknowledged.

I define taboo as "any restriction or ban founded on custom or social convention" and while I see no objection to the use of this concept for the Ojibwa since it is well documented (e.g. Landes, 1968:50-52), I must say that Christian Science does not use such a term. I am interpreting their beliefs in this light because, it seems to me, a belief boundary is broken when an individual gets sick; that is, Christian Science postulates that when one believes in "matter" (crossing the boundary of the rule that nothing exists except "spirit") sickness is inevitably the result.

C. Dr. Frank's propositions

1. Healer-patient Relationship

(a) The healer cares

The healer cares (feels concern or interest) about the patient's well-being (health) and is committed (entrusted) to bringing about a cure (restoration of health).

When a member of the Christian Science Church is sick he¹

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I will use the conventional male referent in describing the healer-patient relationship throughout this discussion. This is only for expediency and in no way is meant to dismiss females categorically.

may seek out a practitioner, and he chooses one practitioner over another presumably because of the latter's reputation, familiarity, accessibility, and because of other reasons that may bear on the situation. The patient also believes in the practitioner's ability and depends on him for help.

The practitioner is presumably confident in his ability to help a patient understand that his illness is illusion; and he is entrusted to restore health. But to say that he cares about his patient is another matter since this may be inferring too much about the practitioner's motives. I have no data to support this assertion in that I did not interview any practitioners.

An Ojibwa patient seeks out a shaman for help in his distress; his choice of one particular shaman over another will depend on many factors such as the shaman's reputation for curing and sorcery, proximity, accessibility, etc.

The shaman is confident in his abilities and is entrusted to help bring power to the patient. I cannot with any confidence say that a shaman cares about his patient however. I do not know exactly what his motives are, and frankly, he may only feel concern for the patient only in so far as a cure will enhance his reputation.

Frank does not define what he means by "care". The dictionary meaning is: "feel concern or interest", and if this meaning is applied to the data, the results are not too satisfactory. This is so because of the implicit altruistic

overtone that the word takes on when applied to the Christian Science Church. Since their worldview is one where the goal is that of achieving Divine Mind (which is all good), there is no ambiguity involved in an individual's motives vis-a-vis his goal in life: an individual desires atonement with Divine Mind.

In line with this, I do not feel that a practitioner's motives are other than altruistic; that is to say, I do not think that a practitioner attempts to help cure a patient for any other reason than that of "caring" for him in an unselfish way. But I have no direct data to support this interpretation.

The word "care" is even more ambiguous in the Ojibwa case. Here we have a shaman who is capable of manipulating his own "power" for his own ends--good or evil. I could interpret his "concern" for his patient in an egotistical way, in that he may be only interested in the cure per se in so far as it enhances his renown. Again I cannot definitely substantiate what motivates a shaman here, although Landes would seem to agree (Landes, 1937b:124); Landes, 1971:185 ff).

In any case, Dr. Frank does not spell out his meaning of "care"¹ and therefore we have not got a common term to

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Frank's use of this term is undoubtedly in accord with the Hippocratic Oath, part of which follows: "The regimen I adopt shall be for the benefit of my patients according to my ability and judgment, and not for their hurt or for any wrong." (Encyclopaedia Britannica, Vol. 15, pg. 94-95, 1971).

compare our two groups of data with.

(b) Ranked

If there is more than one healer, they are ranked (assigned positions) in terms of prestige (influence; brilliance of achievement, character).

I have no direct data to support this assertion since I did not interview practitioners' but presumably in the group that I studied in Hamilton, individuals chose a practitioner because of his reputation (rank). I heard much talk about one particular practitioner who had cured a number of people over the period of the last two years (1969-1971). But people did not like to be ostentatious about such matters (that was my impression anyway) and I could not pin them down to a set of criteria by which one could evaluate practitioners. Besides this, people do not rely on practitioners as much as they used to, and so the subject was not as topical as it could have been.

Ojibwa shamans are ranked according to the amount and effectiveness of "power" that they possess (Landes, 1968:42, 52; Hoffman, 1891:168 ff). In the Midewiwin, for instance, each officer is ranked in relation to the chief officer and there is a corresponding gradation of power from highest (the chief officer or Mide shaman) to lowest (the last officer); and, as far as public opinion is concerned, shamans are also ranked by the amount and effectiveness of "power" they possess.

(c) Mediates

The healer mediates (is the medium for bringing about a result) between the patient, group- (aggregation; a number of persons gathered closely together and forming a recognizable unit) (which is either physically present or implicitly present) and the larger society.

The Christian Science practitioner does serve the function of helping to bring about a cure since he is, in effect, tutoring his patient in Christian Science dogma (which leads to health). He is not giving the patient health so much as he is serving as a catalyst (see Part III, pg. 37).

Dr. Frank does not adequately define the term "group" here: it is a rather loose and relative term which can mean the patient's family, friends, and relatives as opposed to the "larger society"--another imprecise term referring to the rest of society.

An Ojibwa shaman uses his "power" to directly manipulate the supernaturals for his own purposes--whether for curing or sorcery. The tcisaki, via his abilities to summon his tutelary spirits, can discover the cause(s) of a patient's illness; in this sense he is an intermediary between the sick person, the cause(s) of his sickness and the other members of the society. The patient, via the tcisaki's assistance discovers the causes of his illness and after the tcisaki (or another curing specialist) extracts the "evil power", he is cured. Thus the tcisaki is the vital person in the process (e.g. see Landes, 1937b:98-99).

The Mide shaman via his "power", can invoke his tutelary

spirit(s) for his own purposes--"good" or "evil". He serves as a medium in the Midewiwin by instructing the patient in Mide lore (which is sacred), invoking the spirits by beating his drum, shaking his rattle, dancing and chanting: these actions bring "power" to the patient (Landes, 1968:55 ff).

In the public ceremonial associated with each grade of the Midewiwin, this mediating function is dramatically highlighted for the audience and the shaman is the "go between" for them as well. Dr. Frank does not clearly define his terms "group" and "larger society"; and consequently, I have difficulty applying these concepts to my two groups of data.

2. Healer Represents the Supernatural

The healer represents (acts for or stands in place of) the supernatural forces postulated by the group's worldview and the patient must appease him.

The Christian Science practitioner, in his capacity as a socially sanctioned religious specialist, achieves his status by being more knowledgeable than the ordinary Christian Scientist of the goals of Christian Science; in other words, he is closer to or more "in touch" with "Truth". Therefore, he holds a position that is at the same time desirable and envied by the ordinary Christian Scientist inasmuch as being closer to "Truth" is desirable and healthgiving. Bearing this in mind, the patient aims to follow the methods prescribed by the practitioner (see Part III, pg. 36 ff).

The Ojibwa shaman, in his capacity as a socially

sanctioned religious specialist, achieves his status by his ability to control the spirits for his own ends. He has more "power" than the usual Ojibwa and for this reason he is respected and feared because of his ability to cure and make ill. In order to achieve "power" and cure, a patient complies with a shaman's fees, confesses his taboo violations (in the instance of tcisaki) and assumes a humble and respectful manner in the Midewiwin; the patient adheres to expected norms (Landes, 1968:55 ff).

3. Systematic Healing Sessions

The healer-patient relationship takes place within the context of a series of systematic (regular, orderly) healing sessions (periods of activity).

The Christian Science practitioner instructs his patient to read aloud with him the writings of Mrs. Mary Baker Eddy and other Christian Science literature within the context of a number of regular meetings. These meetings vary in number with the time it takes to cure the patient, and probably other variables. I have no data from my fieldwork on healing sessions (see Part III, pg. 36 ff).

The Midewiwin, as has been described earlier (see Part IV, pg. 52 ff) consists of a series of grades, which in turn are broken up into a series of orderly meetings in which the patient learns sacred Mide lore and receives his own "power".

The Divining specialist (tcisaki) and other vision doctors operate within the context of a number of meetings

also, but there is no fixed number of these meetings; in all cases of curing (including Midewiwin), the shaman and patient enter into a relationship that mirrors that of the shaman and his guardian spirit. That is, the transaction is along barter and sale lines: the suppliant offers tobacco and other goods in exchange for "power" and the patient gives the shaman goods in return for "power". Both shaman and patient understand that the shaman expects payment in relation to service: he is supposed to help the patient get greater "power" for greater amounts of goods (Landes, 1937b:98-99; Landes, 1971:189).

Dr. Frank is not clear in his mention of systematic healing sessions. I suspect that the point he is trying to make is that all healing ceremonies function to reinforce the group's ideology (rather than implying a fixed set of rites)¹; and this is merely a truism.

4. Goal of Healer

The goal of the healer is to ease the patient's suffering (experiencing pain, harm, injury, loss) by attempting to change the patient's emotional state and thereby his behaviour and attitudes. Strong emotional states are invoked (called forth) to this end but they are hopeful and optimistic.

The Christian Science practitioner's goal is to help his patient understand the error of his thinking; that is,

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c.f. Durkheim (1912), Radcliffe-Brown (1952).

to show him that disease is illusion. He is trying to change the patient's behaviour (i.e. sick behaviour) and attitudes (i.e. products of "mortal mind"); he accomplishes or hopes to accomplish these by initially working on the emotional symptoms.

During the course of therapy, he points out to the patient the futility of his fear and anxiety caused by his illness (see Part III, pg. 36-37). This is difficult for each patient to fully accept and, as a consequence, anxiety is created. This anxiety, however, is aroused by the healer in an optimistic way, and may even cause the patient to be more amenable to cure (c.f. Kiev, 1962:28).

It should be noted that these terms of analysis-- emotions, behaviour, attitudes, anxiety, etc.--are not used by Christian Scientists; thus I am inferring this interpretation and cannot substantiate it.

The Ojibwa shaman's goal is to help his patient secure "power" (e.g. Midewiwin) or divine the cause of the illness (e.g. tcisaki) and extract it (e.g. sucking doctor). To say that a shaman goes about his goal by recognizing and utilizing a patient's emotional symptoms is slightly presumptuous since we are reading this interpretation into the literature. We can say, that, by helping the patient to obtain "power", the shaman cannot help but change worry and anxiety into confidence (e.g. Landes, 1968:55); but even here we are on shaky ground since very different processes may be involved.

5. Rely On Others

The healing process (a particular method of doing something generally involving a number of steps or operations) capitalizes on the patient's need to depend or rely on others for support. Hope is strengthened by a set of assumptions about illness and healing that are identical with his society's.

If a Christian Scientist falls ill and cannot cure himself, he can seek out a practitioner; a person utilizes a practitioner apparently to the extent that his affliction or distress is greater than his own ability to cure himself. I have no field-data to show how many individuals sought out the services of a practitioner in any given time, but this is my impression.

Both patient and practitioner are members of the same religious community and should share the same beliefs about illness and healing.

An Ojibwa shaman is consulted to help a patient get sufficient "power" to combat sorcery or to discover the source of a patient's ailment and to get rid of it. When an Ojibwa's own "power" is insufficient to protect him from sorcery, he can go through the Midewiwin and thereby boost his "power". The literature does not give figures as to how many and how frequently individuals consulted shamans, but one can infer that, given the prevalence of sorcery, Ojibwa consulted shamans frequently (as long as they could afford the payments) (Landes, 1971:178). Both shaman and patient are bound to the same beliefs regarding disease and healing.

6. Conceptual Framework for Organizing Distress

The ideology (the body of ideas on which a particular system is based; i.e. theory of disease) and rituals (practises, procedures done as rites especially at regular intervals; i.e. therapeutic practises) give the patient a conceptual framework for organizing his distress, and a plan of action.

The Christian Science ideology and rituals give the patient an orientation to cure his illness. A patient realizes or comes to realize that the source of his illness ultimately lies in his belief in "mortal mind". The therapy prescribed by the system requires him to change his thinking by rejecting "mortal mind" and accepting the only true idea of "Spirit"; that is, "Divine Mind" or "Truth".

All healing therapy revolves around these beliefs and since these are shared by all Christian Scientists, a patient's plan of action is socially sanctioned and faith-giving: in addition to reading and meditating, he is expected to confess his beliefs in "mortal mind" to himself, the practitioner, and to other Christian Scientists (at the Wednesday evening testimonial service) and, of course, make payments to the practitioner (see Part III, pg. 36 ff).

Ojibwa ideology and rituals give the patient a framework within which to cure his illness. A sick Ojibwa realizes or comes to realize that the source of his illness is a taboo violation and ultimately his lack of "power" to ward off evil influences. The therapy required by the system is to attack the source of the problem (i.e. other people's

"power" and "power" directly from the supernaturals) with the acquisition of more "power" of his own. To this end, the patient is required to make payments to the shamans, help prepare for the rituals, and confess his taboo violations (in tcisaki) and so on. All therapeutic endeavours focus around this belief in "power" (see Part IV, pg. 48, 67 ff).

7. Emotion-cognition-behaviour

The healing process involves a complex inter-relationship between emotion, cognition, and behaviour¹: each depends on the other and reinforces the other.

The Christian Science practitioner persuades his patient that what he believes is illness, is actually a false illusion. He plays upon the patient's guilt and anxiety by scolding him for having such beliefs; this increases the patient's guilt and anxiety². At the same time, though, he assures the patient that he will be cured as soon as he realizes the "error" of his way and replaces "error" with "Truth". Thus the practitioner uses hope and faith (see Part III, pg. 35 ff).

The patient and practitioner, members of a common spiritual community, share the same ideology: both know that "Spirit" is the only reality, matter is illusion, and

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The dictionary definitions of these: emotion-any of various complex reactions with both mental and physical manifestations, as love, hate, fear, etc.; cognition-the process of knowing in the broadest sense, including, perception, memory, judgment, etc.; behaviour-the way a person behaves or acts; conduct. (Webster's New World Dictionary, second college edition, 1970).

2 & 3

I cannot substantiate this use of "anxiety", "guilt" and

that the patient must change his original belief in "mortal mind" in order to be cured.

If Christian Science teachings are followed, disease--or more correctly from this standpoint, the illusion of disease--will evaporate as the product of "mortal mind" is replaced by "Divine Mind".

An Ojibwa reaction to a shaman is ambivalent since the latter has both the ability to cure and the ability to cause harm by virtue of the fact that he has "power". The shaman is employed to help a patient get "power" to combat sorcery and to therefore give health. Anxiety is brought into play because of this ambivalence.³ In the case of tcisaki, the expectation of confession of taboo violation heightens the patient's anxiety and guilt, while the confession per se functions as a catharsis (c.f. Hallowell, 1955:110, 272; Loewen, 1969: 63-74).

Both patient and shaman share the same ideology and the prescriptions the patient goes through in healing rituals are done with expectation of results; hope and faith are ingredients in the therapy.

In Midewiwin, the patient supplicates and via the acquisition of the sacred origin tale, gains "power". Concomitant with the knowledge of the tale, he receives

2 & 3

other emotional referents; for the purposes of this section I am attempting to interpret the data in terms of Frank's terminology.

sacred migis shells and other potent sacred objects (e.g. "wayan" or "mystic hides") which are health-giving. Anxiety is a component of the process here too because of the manipulation of the supernaturals by the shamans, and the blatant display of "power" (e.g. shooting duels). Hope and faith bring the patient to the rituals and the result is health (Landes, 1968: 72 ff).

Dr. Frank does not exactly define his terms (emotion, cognition, and behaviour). Even if we had suitable definitions of these concepts, I think we would still be on shaky ground because of the fact that Frank does not explain how this process precisely articulates; that is to say, he does not spell out what he means by his terms nor the precise order of events governing the healing process.

I feel that Frank has fallen into the ethnocentricity trap by attempting to explain other cultural phenomena with tools derived from his own culture--tools that have no precise meaning--and processes that still are contentious in Western culture.

PART VI: SUMMARY AND CONCLUSIONS

A. Summary

The following is a recapitulation in terms of the belief systems, the disease causation category of Dr. De Waal Malefijt, and the propositions of J.D. Frank, M.D.

A. The Belief Systems

1. Healers

The comparisons between healers in the two groups show that in terms of abilities, both the Ojibwa shaman and Christian Science practitioner are able to cure because they have attained the cultural prerequisites; (both achieve the goals of their respective religions by following the teachings); and both have the ability to recover lost articles. The Ojibwa shaman differs from the Christian Science practitioner chiefly in the former's ability to practise sorcery.

In terms of Professional methods used, both the Ojibwa shaman and Christian Science practitioner practise meditation, singing, prayer, and reading.

The patients of both healers are the same in that anyone from the respective culture can seek treatment as long as he can afford to do so.

In terms of sources of abilities, both healers achieve their abilities via divine inspiration; that is to say via the religious teachings, each healer receives the abilities to cure people.

Finally, both groups of healers appear to be composed of

charismatic persons.

2. Modes Of Cure

- (a) "power" via vision and "Truth" via reading, meditation, and prayer.

Although both of these categories are active, life-long relationships between the person seeking "power" or "Truth" and the sources of these - the spirits in Ojibwa culture and "Divine Mind" in Christian science, respectively in each culture - that is about as far as this relation can be compared; the vision quest is too different from Christian Science and my terms of comparison in this circumstance are few and imprecise.

- (b) "power" via purchase and "Truth" via the Practitioner's help.

Both relationships in this instance are similar in that they involve an economic exchange; that is, in both cases, the patient gives payments to the healer in return for a cure (or help towards a cure). I suggest, though, that this is a somewhat superficial comparison because of the implication that "power" via purchase is different from "power" via vision in the case of the Ojibwa; and similarly that "Truth" via reading and meditating is different from "Truth" via a practitioner's help in the case of Christian Science. I maintain that there is a difference between the former but not the latter.

3. Theories Of Disease

This is a very difficult comparison for me to make; each

system is so different from the other that I can not make any confident statements regarding similarities except the very broad statement that both Ojibwa and Christian Science make a causal relation between health (and disease) and an agent of disease.

In the Ojibwa case, "power" is the key concept; lack of "power" leaves one vulnerable to other people's "power" and the object is to secure "power". This is done via vision and/or purchase. "Power" can be used for "good" or "bad" and thus the concept is ambiguous insofar as there is no clear-cut distinction between "good" and "bad" as in the Christian Science case.

In the latter, a person strives for "Truth" which is opposed to "error"; product of "Divine Mind" is health (and indeed is health) as opposed to products of "mortal mind" which are disease, and "matter" (i.e. these are illusions).

Similarly, the concept of spirit to the Ojibwa is so different from that of Christian Science that no comparison can be made. On the one hand, the Ojibwa "spirit" is a member of a class of living things or "Persons" and is the ultimate source of "power". On the other hand, the Christian Science "Spirit" is synonymous with "Divine Mind", "Truth", "God", and is the essential quality of man, all else being illusion in the final analysis.

In short, I cannot reconcile the Ojibwa conceptual framework with that of the Christian Science Church.

B. De Waal Malefijt's Disease Causation Category

Both groups can be compared in terms of Annemarie de Waal Malefijt's classification "disease caused by the individual". Of her three broad categories, this is the only applicable one in this instance. Both the Ojibwa and the Christian Science Church are shown to believe that a patient's illness is a result of his (or her) own actions: in the Ojibwa group, a patient can fall ill by provoking a shaman, who retaliates with sorcery; in the Christian Science group, a patient causes his own sickness by "yielding to mortal mind".

Furthermore, both groups are similar in that, within this category, each believes that one can get sick by breaking a taboo: in the Ojibwa case, a patient can transgress any number of societal norms; in the Christian Science case, a patient breaks the rule of believing in "mortal mind" and its product of disease.

C. Dr. Frank's Propositions

1. Healer-Patient Relationship

(a) The Healer Cares

This category is not a useful one because of the imprecise meaning of "care". Dr. Frank has not defined this term and consequently I cannot use it with any confidence in comparing either group. This is further complicated by the question of motives, in that, I cannot say what motivates either healer although a tentative consensus drawn from the literature

supports the view that shamans are motivated by extreme egotism; and practitioners seem to be motivated by altruism.

(b) Ranked

My data are lacking in this regard for Christian Science and so, the most I can say is that presumably Christian Science practitioners are ranked by reputation; Ojibwa shamans, are also ranked according to the amount and effectiveness of "power" at their disposal.

(c) Mediates

The Christian Science practitioner does act as a catalyst in helping to cure his patient. As far as the terms "group" and "larger society" are concerned they are too imprecisely defined to be useful as comparative terms.

The Ojibwa shaman also mediates between the patient and the sources of disease and health; he aids the patient in discovering the cause of illness and provides a cure (tcisaki) or he aids a patient gain "power" by instructing him in Mide lore (Midewiwin). Here too the terms "group" and "larger society" are not precisely defined to be useful.

2. Healer Represents The Supernatural

The Christian Science practitioner represents dogmatic "Truth", "Spirit", "Divine Mind", "God" more so than the ordinary church member. The practitioner is more knowledgeable of Christian Science and since the patient desires health and "Truth", he follows the practitioner's methods.

The Ojibwa shaman has more "power" than the usual Ojibwa and he has greater ability to control the spirits for his own ends; these qualities are desirable in Ojibwa society. An Ojibwa patient assumes the appropriate behaviour in summoning the spirits and shamans alike in curing ceremonies (e.g. Midewiwin) in order to receive "power".

3. Systematic Healing Sessions

The Christian Science practitioner works with his patient within the framework of a number of meetings or sessions. I have no direct data from my fieldwork on this, however, since I did not attend any healing sessions.

The Ojibwa shaman also works within a framework of a number of meetings. This is true for tcisaki, Midewiwin, and other doctors alike although the number and length of meetings vary.

Frank is not clear in his meaning of "systematic healing sessions", and, once again, we have too vague a term for comparison.

4. Goal of Healer

In both cases I feel that Dr. Frank's terms of comparison (e.g. emotions, behaviour, attitudes) cannot be satisfactorily applied. In both the patient expects help in obtaining a cure or relief from his distress but to say that each healer uses the beforementioned concepts is presumptuous.

5. Rely On Others

In the Christian Science case it appears that a patient relies on a practitioner to the extent that his illness is greater than his own ability to cure himself. Both patient and practitioner belong to the same religious community and share the same beliefs about illness and healing.

The Ojibwa patient relies on a shaman to help cure his illness and, presumably, given the prevalence of sorcery (and the anxiety generated by it), the Ojibwa consult shamans quite frequently. Both patient and shaman share similar beliefs.

In both cases, I have no data indicating the number of patients consulting healers, when or how frequently.

6. Conceptual Framework For Organizing Distress

The Christian Science belief system provides for the cause and cure of illness; a patient knows what actions to follow if he wants to cure himself.

In a similar fashion, Ojibwa culture provides for the cause of illness and its cure; a patient knows what to do when he gets sick in order to be cured.

In both cases, the patient is helping himself towards a cure just by doing something constructive about it. In

Dr. Frank's terms, the destructive anxiety vents itself in this way.

7. Emotion-cognition-behaviour

In both cases, we cannot with any certainty state that these terms and concepts can be used to interpret how healing is actually accomplished. Dr. Frank uses these terms in an effort to lay bare the underlying processes involved in healing, and as such, we can apply his interpretation to our data but only with reservation.

In both groups, anxiety is produced by illness and the anxiety works towards the healer's benefit in that the patient comes to rely on him for support. The healer may provoke additional anxiety in various ways (e.g. Christian Science practitioner demands confession, Ojibwa shaman manipulating power is boastful ways) but eventually this is done in constructive ways and for constructive ends. Once a patient knows the causes of illness and the steps necessary to be cured, his situation will hopefully change for the better.

PART VI: SUMMARY AND CONCLUSIONS

B. Conclusions

A. Problems with the Comparison

1. Fieldwork

One of the major drawbacks of this comparison is the fact that I do not have any records of interaction between myself and Christian Science practitioners. I am not in any position, therefore, to make any statements or inferences about their activities. Since I am trying to compare healing processes, healing beliefs, healing settings and healers themselves, this leaves me in a vulnerable position because they are all so intimately related. This is coupled with the fact that, since Christian Science healing is moving away from the traditional practitioner focus and towards the more general church service and testimonial service, there are not as many practitioners in Hamilton as presumably there used to be¹, and church members are not as knowledgeable about practitioners (from first hand experience) as in the past.

Thus, my data on practitioners could be improved and amplified.

Another major drawback in my research is simply that I do not have a specific, well-formulated hypothesis to apply to my two groups. Hence the level of sophistication of my research

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Even here my lack of substantial evidence is embarrassing: I do not know how many practitioners practised in this area in the past.

suffers accordingly. Over and above my categories of comparison and my interest in religious healing, I feel that I have not formulated as specific a problem as I think is necessary for sound scientific research.

Related to the problem of research design is the fact that often in the literature on primitive religion and healing, there are both confusion regarding terms of comparison and lack of precise criteria justifying these terms.¹ For example, the categories of conjurer, seer, sucking-doctor, tcisaki, and so on are used in the literature to designate supposedly one category of religious specialist. These terms are confusing, and, without a consensus of their use by researchers, it simply adds to the confusion. The overlapping roles of shamans, of course, do not help matters of comparison either, since the Christian Science practitioner (allowing for individual variation) does not overlap healing roles in Christian Science because there is only one such role.

2. Psychotherapeutic terminology and Approach

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Dunning (1959:176-77) gives a good example of the confusion with terms used to label shamans: "Hallowell (1934, pg. 392) states that the two terms 'djisakid' and 'kosabandam' are used interchangeably at Berens River. I found only the latter term in use at Pekangekum. The following variations are found in the literature: Hoffman (1886, pg. 157), 'jessakkid'; Jenness (1935, pg. 65), 'djiskiu'; Flannery (1940, pg. 15), 'djiskid'; Mandelbaum (1940, pg. 253), Densmore (1929, pg. 44), and Skinner (1911, pg. 160) 'shamanism'; and Landes (1937, pg. 121), 'Tcisaki'".

My use of Dr. Frank's categories of comparison leaves a lot to be desired in terms of precise terms of comparison. His use of psychological terms such as emotion, cognition, behaviour, anxiety, et cetera, invites criticism since they are not defined adequately enough for use here.

His tendency to generalize often runs rampant as well; for example, he lumps healing in primitive society with psychotherapy in modern industrialized (Western) society without first outlining adequate criteria for this generalization.¹

Perhaps the clinical setting of psychotherapy with its emphasis on subjective, personal, and emotional behaviour does not lend itself to cross-cultural comparison. Indeed, Frank himself recognizes the problem of inadequate factual material:

"...we need to gain a better understanding of the interactions between patients, therapists, therapeutic settings, and therapeutic rationale that arouse patient's hopes, provide them with success experiences, arouse them emotionally and offer alternative solutions to their problems." (Frank, 1971:360)

But even here I wonder whether or not his methods of arriving at "better understanding" would alleviate the problems that I am concerned with here; namely, the question of whether or not two or more systems of healing, which are based on a religious interpretation of disease cause and cure, can be shown to have very similar methods of curing. Until we can obtain precise

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c.f. Kluckholm and Leighton (1947)

terms of comparison between any two groups of data we cannot relate one to the other in any scientifically, meaningful way.

B. Problems For Further Research

First and foremost, the main problem to my mind is to act on the drawbacks outlined in the last section: a more precise research plan, and concomitantly, more refined terms of comparison; and more precise fieldwork.

One problem, in keeping within the boundaries of my interests here, is the question of failures in the curing rituals. What happens, for example, to those patients who do not heal? Are they doomed or are there alternatives to be opted for? Does the healing ritual allow for failures? Does the healing ritual change periodically to allow for these failures? (e.g. Ojibwa have The Ghost Midewiwin).

Related to this question of patient failures is that of healer failures: what becomes of a healer who, in effect, fails to heal? That is, does a healer relinquish his claims to healing after a period of inefficacy? And so on.

Another problem is, what underlying processes govern the balance between health and disease. Perhaps this question is too far afield until other related questions are answered. The notion of disease as a biological, emotional, and social fact is more often (in my opinion) treated separately rather than seen as a wholeness--all three

interrelated.¹

Another issue that is pertinent to my interest in healing per se is that of the interrelatedness of culture, social structure, and personality. The dynamics of an Ojibwa shaman can only be revealed by a thorough knowledge of these dimensions; similarly, a Christian Science practitioner can be studied in this manner--something I have not thoroughly accomplished.

Although not a central objective in this study, but one that has more than merely peripheral interest to me, is that of the contributions that Medical anthropologists can make to health (i.e. the contributions we can make to Western, allopathic medicine in terms of health care). My study of Christian Science, for example, contributes directly to the knowledge of therapy, disease, and disease patterns. This means that we can perhaps be in a better position to treat patients if we understand their beliefs and practices vis-a-vis health and disease.² This purpose could be more fully developed.

In sum, those issues that I feel deserve further research

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c.f. Ackerknecht (1947:25-45) from which the following is excerpted: "Disease and its treatment are only in the abstract purely biological processes. Actually, such facts as whether a person gets sick at all, what kind of disease he acquires and what kind of treatment he receives depend largely upon social factors." (quoted in Scotch, 1963:31). Also c.f. Alexander (1950) and Dunbar (1947).

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c.f. Mahoney (1960:71-77), Thomsen (1962:45-49) and Deane (1961:181-185).

include: failures, both in the part of patients to be cured and on the part of healers to cure; further investigation into the dynamics of disease causation and cure employing biological, emotional, and social concepts; comparison of healers in terms of culture, personality and social structure;¹ and contributions Medical anthropology can make toward preventive health care.

¹ c.f. Hippler (1971:190-193).

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