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# Christian Science Church Seeks Truce With Modern Medicine

By **PAUL VITELLO**

Since the founding of [their church 131 years ago](#), [Christian Scientists](#) have been taught to avoid doctors at all cost. It is a conviction rooted so deeply in church dogma that dozens of members have endured criminal prosecution rather than surrender an ailing person to what they see as the quackery of medical science.

But faced with dwindling membership and blows to their church's reputation caused by its intransigence concerning medical treatment, even for children with grave illnesses, [Christian Science](#) leaders have recently found a new tolerance for medical care. For more than a year, leaders say, they have been encouraging members to see a physician if they feel it is necessary.

Perhaps more significantly, they have begun a public campaign to redefine their methods as a form of care that the broader public should consider as a supplement rather than a substitute for conventional treatment, like biofeedback, chiropractic or homeopathic care.

In recent years, the church has been lobbying to convince lawmakers that its approach is an alternative way of tending to the sick, and that its costs should be covered by insurance companies and included in health care legislation.

Lobbyists succeeded in getting provisions that encourage private insurance coverage of Christian Science care into both the 2006 legislation overhauling health care in Massachusetts and the [United States Senate](#) version of the health care overhaul; both measures were removed in negotiations. Church officials say they intend to keep trying, at both the state and federal level.

"In the last year, I can't tell you how many times I've been called to pray at a patient's bedside in a hospital," said Philip Davis, 59, the church's national spokesman, who has been tending to the sick for three decades as a Christian Science practitioner. The church trains

and registers its practitioners to help patients with their prayers.

His credentials as a practitioner consist of a friendly Midwestern manner and a certainty that sickness is the manifestation of a conflict between “correct” and “incorrect” thinking. He does not believe in germs or the existence of illness, which they consider a dreamlike state.

The faith’s guiding textbook forbids mixing medical care with Christian Science healing, which is a form of transcendental prayer intended to realign a patient’s soul with God.

But rigid thinking has not served the church well in the last half century, Mr. Davis said. Though officials do not provide membership statistics, scholars estimate that the church’s numbers have dropped to under 100,000 from a peak of about twice that at the turn of the 20th century. The faith has about 1,100 churches in the United States and 600 abroad.

In New York City, falling membership forced the Christian Science church on Park Avenue to lease its building part time to a catering service in 2006. Another Manhattan church remains open; a third closed in 2005.

“We are a church on a slow curve of diminishment, in good part because of what people see as our stridency,” he said in an interview at the church’s New York offices on East 42nd Street near Grand Central Terminal. “So we asked ourselves, ‘Are we only going to pray for you if we find you pure enough and spiritual enough?’ ”

Mary Baker Eddy, [who founded the Church of Christ, Scientist](#), in 1879 in Boston, wrote in the church’s textbook, “Science and Health With Key to the Scriptures,” that anyone inviting a doctor to his sickbed “invites defeat.”

Mr. Davis said that by toning down “the judgmental part of our nature” and opening the doors to people seeking Christian Science prayer as a sort of “value-added health care,” the church hopes to keep alive a form of religious practice that its adherents still see as the true path to salvation.

Religious scholars say the church’s past reticence, even secrecy, in the face of what its leaders have considered persecution, makes it difficult to know how widely the new message is being embraced among members, or how long it will last.

Publicly, the church has always said that its members were free to choose medical care. But some former Christian Scientists say those who consult doctors risk ostracism.

The truth may lie somewhere in between, said [Rennie B. Schoepflin](#), a professor of religious history at [California State University](#) in Los Angeles and author of “Christian Science on Trial: Religious Healing in America.”

“There has never been a monolithic ‘Church of Christian Science,’ ” he said. “There has always been a tension between those in the church who were more zealous and those who were less so.”

The source of deepest tension, said [Gary Dorrien](#), the [Reinhold Niebuhr](#) professor of social ethics at [Union Theological Seminary](#) in Manhattan, “is the fact that Christian Scientists are best known right now for denying medical care,” especially to children who subsequently die.

Over its history, more than 50 church members or practitioners have been charged in connection with such deaths. Prosecutions have come in waves, most recently during the 1980s and '90s, when the church and its practitioners were linked to the deaths of a half-dozen children whose lives, the authorities said, might have been saved if they had not been denied medical care.

“The church of today would not let that happen,” said Mr. Davis, who was quoted last June in [The Christian Science Journal](#), an official church publication, as telling parents to “do what you have to do for your kids’ health,” including seeking a doctor’s help.

Church officials recently permitted two practitioners and two patients to talk about Christian Science treatments with a reporter from The New York Times — a rare public discussion that they said they hoped would demonstrate the commitment to transparency, and would help people understand their beliefs.

They would not discuss the care of children or let a reporter witness a treatment session. And neither practitioner was willing to discuss the new flexibility described by Mr. Davis.

But in conversations liberally supplemented with citations from “Science and Health,” they explained their basic beliefs: In Christian Science, they said, sickness and suffering are misunderstandings — or as Mrs. Eddy wrote, “a mistaken belief” in the “power of ill health.”

One of the practitioners, John Q. Adams of Manhattan, said a patient who came to him with a lump under his arm was experiencing “a manifestation of fear, not a lump.”

The other practitioner, Rebecca Odegaard of Boston, said that if a patient had a bleeding

gash in his arm, “I would try to calm this person, and help him overcome the fear.” Such a patient is suffering [anxiety](#) over the illusion that something has injured his “true self,” when the gash has only happened to his “material self,” Ms. Odegaard said.

In both cases, said Mr. Adams, healing requires engaging in “an argument with yourself to restore the truth.”

While both practitioners said they would continue to consult with patients who see a doctor, Ms. Odegaard said, “it would not be the same kind of prayer.”

“In that case, I would be available to that person,” she said. “I would never abandon someone.”

About 1,400 practitioners are registered with the church, roughly half as many as were listed in church publications in 1985, Professor Schoepflin said.

The treatment does not cost much. Patients pay \$25 to \$50 per consultation, whether for a five-minute phone conversation, an e-mail exchange or face-to-face.

The low cost is among the concerns expressed by some critics, worried that poor people might be attracted to the \$25 treatments. But the main opposition to Christian Science and other prayer treatments has come from the medical establishment, most forcefully the [American Academy of Pediatrics](#).

“Given the complete lack of scientific evidence of the efficacy of prayer in treating any illness or disorder in children,” academy officials wrote Senate leaders in October, “mandating coverage for these services runs counter to the principles of evidence-based medicine.”

Jane Warmack, the director of the church’s legislative division, said nothing in the measures it had proposed would hurt children. Insurance companies, she said, would simply have the option to cover prayer treatments.

Given their low cost, she added, “the insurance companies would have little to lose — it’s kind of a no-brainer for them.”