# The (Mistica) Doctor Is In: Communicating Health at Suprema dela Iglesia del Ciudad Mistica de Dios

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Throughout history, religion, spirituality, health and the practice of medicine have been intertwined but all are united in seeking improved health for all. Medical organizations and faith-based institutions consider caring for the sick as their primary mission, sometimes drawing from each other's knowledge about healing to address patients' concerns.This paper examines the role of spirituality and religion on the health of a populace and explains how a faith-based organization uses spirituality as the foundation for communicating health even as the community avails itself of medical science through the services of a barangay health center.

Keywords: Health communication, traditional medicine, culture

Throughout history, religion, spirituality, health and the practice of medicine have been intertwined—sometimes colliding, at other times agreeing in complementary harmony—but both working for a single reason: the health welfare of all. Medical organizations and faith-based institutions embrace caring for the sick as their primary mission, sometimes drawing from each other's knowledge and strength in healing to address patients' concerns.

Religion and spirituality are regarded as among the most important cultural factors that give structure and meaning to human values, behaviors, and experiences (Lukoff, Lu & Turner, 1995). In fact, most people report having a spiritual life. Surveys of the general population have consistently found that more than 90% of people believe in a Higher Being (Gallup, 1998).

Another survey found that 94% of patients regarded their spiritual health and their physical health as equally important (Maugans & Wadland, 1991).

Most patients wanted their spiritual needs met and would welcome an inquiry regarding their religious and spiritual needs (King & Bushwick, 1994). Finally, a survey of family physicians found that 96% believed that spiritual well-being was an important factor in health (Ellis, Vinson & Ewigman, 1999).

This paper attempts to analyze the role of spirituality and religion on the health of a given populace. At the same time, this paper explains how a faith-based organization uses spirituality as the foundation for communicating health in a highly varied socio-cultural and almost mystical setup even as the community avails itself of medical science through the services of a barangay health center.

Specifically, this paper aims to find out how the *Suprema dela Iglesia del Ciudad Mistica de Dios*—the largest faith-based organization in Mount Banahaw, a mountain regarded as sacred in the province of Quezon, Philippines—views health and health communication and how it frames advice on health risk behaviors among the members of the religious group. Health risk behaviors include smoking, drug addiction, alcoholism, and unsafe sex, both pre- and extramarital.

## Spirituality, Religion and Health as a Research Field

Attempts by scholars across the centuries to classify religions have met with difficulties because of the latter's vast diversity. Among the principles of classification that have been used are: (a) normative classification or distinctions between "true" religions and "false" religions based on arbitrary or subjective criteria (e.g., Thomas Aquinas's distinction between natural and revealed religions); (b) geographical classifications based on physical locations and communities; (c) ethnographic-linguistic classifications based on the descent from a common origin; (d) philosophical classification or distinctions based on speculative and abstract concepts (e.g., Hegel, 1832/1988); (e) morphological classifications based on stages

Respect between members and "outsiders" is a key feature of the spiritually imbued culture of Suprema dela Iglesia del Ciudad Mistica de Dios, a faith-based organization in Mt. Banahaw, Quezon Province. Here, women followers pose for the researchers before they help in faith-based healing.

of development (e.g., Tylor, 1871); (f) phenomenological classifications based on common elements of experience (e.g., Kristensen, 1960); and (g) attitude toward life (James, 1902). Perhaps the classification system that has had the greatest impact to date on the social sciences is that of the American sociologist Bellah (1970), whose system was organized around symbolization complexity and personal and societal freedom from the environment.

It is not a surprisingly new idea to study religion scientifically. William James, a secular founder of American psychology, had a keen interest in religious experience and devoted a volume of contributions to the subject (James, 1902). The studies have been influential in psychology, philosophy, and theology (Barnard, 1997). Beyond the pragmatic aspects of enduring public interest in the subject (Pickren, 2000), a long tradition exists for the scientific study of religion, although it has evolved in relative isolation from mainstream physical and behavioral sciences (Allport, 1961; Shafranske, 1996).

In the 20th century, however, as behavioral and health sciences came to be dominated by positivistic and naturalistic viewpoints, the spiritual side of human nature was often considered by psychologists to be immaterial and, thus, by definition, an improper topic for scientific investigation.

At least two basic assumptions have contributed to the neglect of research in this area: (a) the assumption that spirituality cannot be studied scientifically; and (b) the assumption that spirituality should not be studied scientifically. There exists little scientific basis for assuming that spirituality cannot be studied (Easterbrook, 1997). The scientific method does not specify what should be studied. Such decisions are a function of the values preferred by scientists (Kendler, 1999; Suppe, 1977). Arguments that scientists ought not to study a particular topic are necessarily ethical in nature. Scientific findings may provide information that is pertinent to ethical arguments, but such findings do not determine or substantiate the philosophical presuppositions and value orientations (such as what constitutes the good of a population) from which ethical arguments arise.

In view of scientific research practice, neither of these assumptions is scientifically sound. Spirituality can be studied scientifically. Although it is a topic seldom covered in the training of social, behavioral, and health scientists or practitioners, a very large body of scientific research on spiritual/religious processes already exists (Hood, Spilka, Hunsberger & Gorsuch, 1996; Koenig,

McCullough & Larson, 2000; Quirante, 1993; Larson, Swyers & McCullough, 1998).

The *Journal for the Scientific Study of Religion,* for example, has already published 41 volumes. Scientific-professional organizations have included divisions or special interest groups specifically devoted to this area of study. These include, for example, the Association for the Advancement of Behavior Therapy, the American Psychological Association's Division 36 and the Society of Behavioral Medicine. Furthermore, a large display of instruments is available for studying religious variables (Hill & Hood, 1999; Hill & Pargament, 2003), some with well-established psychometric properties, and these instruments have been used in a wide range of studies.

Similarly elusive phenomena, such as complex cognitive processes, emotional states, and the inner workings of psychotherapy, are also regular topics of scientific study. The July 1999 issue of the *American Psychologist*, for example, was devoted to scientific evidence demonstrating that most human behavior is regulated by implicit processes that are not readily observable (e.g., Bargh & Chartrand, 1999; Kirsch & Lynn, 1999). To this date though, some understandable confusion exists about how best to study spiritual/religious factors and how to interpret the results of empirical studies in this area (Oman & Thorensen, 2002).

Apart from these evidence, there have been a lot of discussions made supporting, in varying degrees, a generally positive relationship between religiousness and wellness, although the reasons or causes for this common correlation remain unclear. As indicated above, a large majority of U.S. citizens have reported a belief in God and religious affiliation. A substantial minority have stated that their spiritual faith is the single most important influence in their lives (Gallup, 1985; 1995), and its subjective importance generally increases among those who are dealing with serious illness (e.g., Baider et al., 1999; Dein & Stygal, 1997; Ehman, Ott & Short, 1999; Holland et al., 1999).

In the Philippines, a number of studies on the practice of spirituality-laden folk medicine also exist. In an unpublished doctoral dissertation, Quirante (1993), reviewed various ethnographic studies that were made on folk medicine. In folk medicine, illnesses are believed to have been caused by both natural and supernatural causes—with some people believing that illnesses are caused by *init* (hot) and *lamig* (cold), *pasma*, *kulam* and *usog*. While modern medicine

has gained strong following even among those who practice folk medicine, the former however cannot totally replace the latter because of proven efficacy, people's experience, the personal relationship between the patient and the healer, and the people's belief in the power of the supernatural, among other things (Quirante, 1993). The importance of spirituality in addressing illnesses and the belief in Higher Beings to cure the sick are clearly manifested through the combination of herbal treatments, rituals and prayers, with people preferring traditional over the western practice of medicine (Quirante, 1993). Indeed, spirituality has been found to be an important and unique component in patients' ability to cope with serious and chronic illnesses (e.g., Brady, Peterman, Fitchett, Mo & Cella, 1999; Ehman et al., 1999; Roberts, Brown, Elkins & Larson, 1997; see Pargament, 1997, for a comprehensive discussion of spiritual/ religious coping).

The concept of health itself has emerged in recent decades as something far more than just disease-free biological functioning. Health is powerfully influenced by cultural, social, and philosophical factors, including the existence of meaning and purpose in life and the quality of intimate personal relationships (Quirante, 1993).

All of the studies mentioned above have served as the basis for the authors of this paper to believe that further investigation of spiritual/religious factors and health is clearly warranted and relevant. This paper hopes that other scholars who remain uninterested or uninformed about the existing literature linking spiritual/religious factors to health become interested in the issue.

The main informant interviewed is Felipa "Epang" Almendras, the *manggagamot* (healer) of the faith-based organization, the *Suprema dela Iglesia del Ciudad Mistica de Dios (Mistica).* The researchers constructed an interview guide for data collection. The interview has two main parts: the informant's profile and the questions on religion and health-risk communication.

## Mt. Banahaw and Its Religious People: A Profile

It is said that Mt. Banahaw keeps away those who are not yet ready to receive its secrets. Rising some 2,450 meters from sea level, this active volcano, a part of the Banahaw-Cristobal National Park, has long been believed to be a storehouse of psychic energy. The local residents consider it a sacred mountain. It teems with legends and folk beliefs. It has been home to countless members of faith-based

organizations, hermits, soul-searchers and faith healers who climb the slopes to meditate in the caves and commune with the mountain spirits. Being in Banahaw is something like stepping into incredible stories of apparitions, heavenly voices, strange sounds, dwarves, fairies and even UFOs. For a number of people, Mt. Banahaw is a spiritual Mecca—a place where one communes with the inner self and grapples with the mysteries of natural and supernatural phenomena.

An old legend has it that a hermit living near Banahaw once had a vision that it was to become the New Jerusalem. This is probably the reason that some of the areas in the mountain are given names with biblical allusions, e.g. Kinabuhayan, Dolores, Santo Kalbaryo, Kuweba ng Dios Ama and Santong Jacob. During Holy Week, pilgrims ascend to the crater rim peaks called Durungawan to relive the passion and death of Jesus Christ. There, three crosses have been strategically planted to recreate the crucifixion scene. On Good Friday, however, the summit should be deserted, as the mystics believe that only God the Father may bear witness to His Son's death. It is also said that on the same day, an *engkanto* (spirit) opens a hidden cave near the crosses, which acts as the pathway to the netherworld. Anyone left on the summit will be compelled to enter it and never return.

For believers, Banahaw is their sacred mountain. Stories abound about the miracles that occurred, illnesses cured and evil spirits cast away. It is said that there are basically four categories of people who frequently climb, roam and live in Mount Banahaw. First, there are the religious, the faith-based who consider the mountain the site of the New Jerusalem. Second, there are those who scale the slopes of Banahaw as part of their sacrifice in exchange for blessings or "miracles," such as the cure for those suffering from sickness. Third, there are the visitors who are search of *anting-anting*, psychic or paranormal experiences. Then lastly, there are mountaineers or outdoor groups wanting to breathe fresh air from one of Southern Luzon's largest forests.

This paper is mostly interested in the first group to find out their evolving views on health and how their spiritual beliefs and practices affect the way they communicate health and health risk behaviors to their members.

## The Health Worker and the Priest

One readily sees the "marriage" of faith and health in the community where members of *Mistica* live. This is through the persona of priests-cum-*hilot*s. The all-women priests of Mistica are more often than not faith-healers,

drawing powers from supernatural beings and the "Almighty God" to heal illnesses. These healers, like their counterparts in the medical science, also maintain consultation hours and have a "hospital area" where they perform faith healing. Interestingly, the area which they call "hospitals" are located just two meters away from the barangay health center, a clear manifestation of the peaceful coexistence between medical science and faith-based healing in the community. The healers despite maintaining consultation hours called *Oras ng Panggagamot*—which is daily at 3 p.m.—can always be asked for help in times of dire medical need.

For this paper, the researchers focused on one senior priest-cum-healer, considered one of the most respected in the community, the organization and certainly by the head called *Suprema* (Isabel Suarez). At 80, Felipa Almendras, or "Nanay Epang" to all, is very amiable in her ways. Armed with infectious charisma, street-smart witticism, and with close to 50 years of experience in faith-based healing, Nanay Epang is a "pro". She dispenses moral, spiritual and health advice in every imaginable set-up. Even during consultation hours, she peppers her "health" advice with references to faith-based principles.

**Nanay Epang's Profile**

| | |
|---|---|
| Name (Real) | Felipa Almendras |
| Name (Religious) | "Nanay Epang" |
| Age | 80 |
| Name of Parents | Cipriano Almendras at Susana Arante |
| Place of Birth | Tanauan, Batangas |
| Place Where She Grew Up | Tanauan, Batangas |
| Religious Affiliation | *Suprema dela Iglesia del Ciudad Mistica de Dios* |
| Religious Position | Hilot (healer)<br>Pari (priestess) |
| No. of Years in Service | 47 (from 1960 to present) |

## Mistica's Views on Health and Illness

*Mistica*'s notions and views on what is "healthy" are rooted in the belief that the balance of energies is at work in all human beings. These energies, emanating from material-body-physique and from an individual's spiritual composition, need to be balanced for a person to be considered "healthy". Almost similar to the centuries-old Chinese concept of *yin and yang*, the balance of energies—

spiritual and material—is what would promote a person's well-being. The balance, which to members of *Mistica* is God's gift to humanity, need to be observed at all times. Impure thoughts, bad deeds, and ill will against a fellowman create impurities that disturb the balance, thereby creating unhealthy individuals. Nanay Epang said:

> *Kami ay naniniwala na hindi lamang lumulusog (ang tao) dahil sa pagkain. Kailangan sa isang tao, lalo't higit na nakakaunawa ka, kailangan mong gawing timbang ang ispiritwal at materyal.* (We believe that a person does not only become healthy because of food. A person, especially one who has a deeper understanding, needs to balance the spiritual and the material.)

This has been the truth embraced and practiced by the organization since its inception. Faith-based healers have also subscribed to this tenet. For Nanay Epang who started her "calling" in 1960 and has since then been engaged in healing, nothing has changed. She has always explained physical illnesses by explaining their "root causes" and making the healing process as participative as possible.

Nanay Epang, 80, is a respected priest-*hilot* in the Suprema dela Iglesia del Ciudad Mistica de Dios.

The process of co-healing enables the patient to know the cause of his/her illness and to understand himself/herself as a whole person. This knowledge about the self and the causes of diseases also paves the way to the adoption of preventive measures (Quirante, 1993).

Nanay Epang, however, admitted that as a priest, she could not also help but give moral advice to her "patients". Like most faith healers, Nanay Epang does not just consider herself as a healer of diseases but a healer of people—a belief which is based on the concept of holistic healing (see also Quirante, 1993). Her healing sessions are also an opportune time to teach principles of faith. For example, she often tells her "patients" about the "Ks" in their faith:

> *"Alam ninyo ang Diyos ay may apat na K. 'Yan ay dapat nating pag-aralan: kalinisan, katwiran, buong katotohanan at kababaan ng loob.*

*Alam mo ang kay Satanas marami: kalibugan, kagalitan, katamaran, katakawan, kapanaghilian, kainggitan. Lamang ang kay Satanas.*" (God has four Ks. We should learn them: cleanliness, reason, truth and humility. Satan has many: lust, anger, sloth, gluttony, envy, jealousy. Satan has more.)

## Religious Views on Health Risk Behavior

Being community and spiritual leaders, priests-cum-healers are oftentimes considered as "opinion leaders" as well. Possessing not only the charisma of seasoned good-natured politicians, the emotive licenses carried by lyrical poets, and the "God-given" wisdom nurtured through decades of faith healing, these healers are obeyed by all. Hence, their roles in promoting healthy community members are worthy of a second-look.

Based on several interviews with the members of the community, these faith-based healers are very successful in convincing them, particularly the members of *Mistica,* about the truth of their message. Considered a medium of God from whom her powers are supposed to have come, Nanay Epang, along with the other faith-based healers, have contributed to very negligible statistics on people practicing risky health behaviors.

Even young people listen to Nanay Epang during her health consultation-cum-advice hour at 3 p.m. every day.

*"Wala kaming gamot na katulad nga ng matataas na doktor na tala-gang mga nag-aaral sa matataas na paaralan. Ang ginagamit naming panggamot ay ang isip. 'Yung matinding tawag namin sa Diyos, na sa oras na 'yun ng aming pananalangin ipagkaloob sa amin ang nararapat (habang kami ay nanggagamot)... Pinapangaralan din namin na huwag nang panatilihin (ang mga masamang bisyo) at iyon ay hindi kalusugan ng iyong katawan kundi kapahamakan...Ngayon kung ikaw ay maniniwala ay salamat. Kung hindi ay bahala ka na.*" (We don't have medicines like doctors who studied in prominent schools. We use the mind to heal. [While healing] we fervently ask God to grant us what is needed. We also advise [the patients] to abandon their vices because

those vices will not make them healthy. If they take [the advice], thank God. If they don't, that's their decision.)

Expectedly, faith-based healers have always used their faith and beliefs in convincing their "patients" to stay away from risky behaviors. Oftentimes, parents would seek their help and community elders would ask for advice on how to tell the young members of their family to avoid or stop engaging in risky behavior such as excessive smoking, unsafe sex, taking illegal drugs and excessive alcohol intake. Immediately, the healers would convene a counseling session for the youth.

> *"Karaniwan dito ay sa sigarilyo at sa alak. 'Yan ay kung minsan ay nagpapa-confine dito. Ang ginagamot naman namin e tubig lamang at bubulungan mo lamang ang ulo. Sa pakikipagtalik naman sa di mo karelasyon, ibang usapan na 'yan. Dapat alam na nila na kasalanan sa Diyos 'yun. Di kami nagkukulang sa pangaral sa kanila ng Sampung Utos ng Diyos. Naroon ang mga dapat at hindi mo dapat gawin. 'Yung Sampung Utos na 'yun ay nababahagi sa dalawang lima, e. 'Yung ibang lima, huwag. 'Yung ibang lima, gawin."* (The most common risky behavior here are smoking and drinking. Sometimes there are those who request confinement. We only use water and gently blow on the head. Having extramarital relations is another matter. They should know that it is a sin against God. We are not remiss in our duty to teach them the Ten Commandments. These tell us what we should and should not do. The Ten Commandments are divided into two. Five have to do with the don'ts. The other five are the do's.)

## Harmony Between Faith and Science

Interestingly, faith-based healers like Nanay Epang have not abandoned science and have, in fact, recognized the role of trained medical doctors. For them, faith-based healing and medical science are part of a continuum, of God's plan to look after mankind's welfare and well-being. In this community, faith and science co-exist in an almost seamless harmony, very


This is the sign that greets "patients" as they enter the faith-based hospital. A few steps away is the barangay health center..

much like their concept of a balance of energies. There exists a complementary relationship between folk and modern medicine. Faith-based healers refer patients to medical doctors and rural-based medical doctors refer patients to faith-based healers (especially in cases of *kulam* and *napaglaruan ng duwende* or *engkanto*). Each recognizes the limitation of his/her practice and turns to the other to complement what he/she lacks (see also Quirante, 1993).

Respect for and understanding of their respective roles in the health of community members characterize the relationship between practitioners of medical science and faith healing. Not one of them tries to convince the other of who is the better and more efficient dispenser/promoter of health services. The community is not coerced by either the barangay health center or by the faith-based organization. Free choice is held sacred.

For the vaccination of babies and other medical treatments that cannot be provided by *Mistica*, community members go to the barangay health center. Healers even refer their "patients" to medical specialists at the health center if their illnesses persist for more than two weeks. But sometimes, it is the medical doctors who seek health advice from the faith-based healers. Mutual respect keeps the balance in the community.

> *"Ang gamit ko lang mga herbal (plants). Kung minsan nagamit din naman kami ng* ***Vicks.*** *Yong ibang kasama ko naman sumasali rin sa mga gawain ng BHW (barangay health workers). Yung mga BHW may pinag-aralan sila tungkol sa panggagamot din. Hindi naman (kami) nag-aaway (ng BWH tungkol sa kung anong gamut ang gagamitin)... Minsan nga sila (BHW at doktor) eh nagpapagamot din (sa amin)."* (I use herbal plants. Sometimes we use **Vicks** [vaporub]. Some of my co-members take part in BHW activities. The BHWs also study healing. We don't have any conflict with the BHWs on what medicine to use. Sometimes they [BHW and doctor] come to us for to be healed.)

## Spirituality: A Culture that Binds

For members of the *Suprema dela Iglesia del Ciudad Mistica de Dios,* it is their spirituality that sets them apart. It is a culture that binds them, making them think and believe that their ultimate goal is to be at peace with their creator. Maintaining the balance of forces and energies in every single human being is one of their primary goals. They communicate this message through their

teachings, their relationships with one another and their way of life. For them, their spirituality should not be seen as something culturally unique to them. Members believe what they have is not a mere subculture—a mere subset of a bigger culture outside the mystical slopes of Mt. Banahaw.

Their concept of health as a balance between spiritual and body—material-physique as against the cosmopolitan's view of "physical health is wealth"—is a universal belief, i.e. a combination of the physical and the meta-physical. One might even tend to believe that the cosmopolitan's viewpoints on health and well-being are a mere subculture of the universal concept of health and well-being as practiced by *Mistica.*

A culture that is imbued with spirituality and promotes mutual respect is clearly seen at work in the community developed and created by the leaders of *Mistica.* There is respect for health beliefs and practices. There is respect between medical science and faith-based healing. There is also respect for "outsiders," i.e. visitors, researchers, pilgrims, devotees, students, and others as exhibited by the courteous and cordial behavior of *Mistica* members. It is yet another indication of how fear of God, trust for fellowmen and general kind-heartedness rooted from deep-set religiosity and adherence to God's teachings act as a glue that binds human beings together.

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