



EMORY

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SCHOOL OF  
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Interfaith Health Program

Hubert Department of Global Health

Title Negotiating Differences: Why Theology is Important for Interdisciplinary Field Placements in Global Contexts

Authors John Blevins, Mimi Kiser, and Esther Mombo

Date 2012

Location Annual Meeting of the American Academy of Religion, Chicago, IL

Background This paper, offered at the session of the Association of Practical Theology during the AAR, describes the interdisciplinary class offered by IHP and St. Paul's University. The class examines religion's influence on global health and development initiatives and is open to selected graduate students from both universities.

This paper describes an interdisciplinary program in religion, public health, and development studies that has been developed between St. Paul's University in Limuru, Kenya and Emory University in Atlanta, GA. This program represents a unique approach to theological contextual education that offers classroom learning and reflection, eight weeks of full-time field placement, and an international context to teaching and learning involving students and faculty from both universities.

The program combines two week-long seminars with readings and lectures in theology, religious studies, public health, and development studies that bookend eight weeks of field placement in faith-based NGOs and churches in various locations in Kenya. The course is offered to master's and doctoral level students from both universities who are enrolled in degree programs in theology, public health, development studies, and specialized programs in HIV/AIDS and Community Care. In describing the unique makeup and contributions of the St. Paul's/Emory program, we have three focuses: *first*, to provide a background on the program and its administrative and instructional components; *second*, to identify the challenges and lessons learned through the partnership, highlighting the unique opportunities of internationalizing theological education and field placements in a multi-disciplinary context; and *third*, to make a case for the importance of interdisciplinary scholarship by demonstrating the ways in which the insights gained both through theological reflection and public health research can deepen and improve each field. We begin, then, by first providing a background to this program and its administrative and instructional components.

St. Paul's University has a century-long history as a divinity school and college preparing many of the leaders of the church in east Africa. Chartered more recently as a university in 2007, it is growing strong academic programs that are responsive to the social, political, development, and religious environments in Kenya and Africa. St. Paul's now offers unique graduate programs

in Christian-Muslim relations, development studies, HIV AIDS and community care, and leadership and urban transformation.

The St. Paul's/Emory relationship began in 2008 when faculty from St. Paul's worked with faculty in Emory's school of public health in implementing an HIV prevention, community based participatory research program in an informal settlement in the outskirts of Nairobi. The partnership has expanded considerably since then building on a mutual interest in the interface of religion and health and the development of innovative contextual learning and community based research and programming for students and faculty from both universities. In 2010 the collaboration was strengthened with seed funding from the Institute for Developing Nations at Emory. The purpose of this funding was to grow opportunities across the two universities through curriculum development, intensive coursework, and applied field research. That year faculty from theology and public health at Emory were able to travel to Kenya for curriculum planning and development as well as host faculty from St. Paul's at Emory to continue that work.

The course in Religion, Health, and Development is an important milestone in this partnership. It was first offered as a certificate course from May – July 2011 with 5 Emory students (including graduate students in theology and public health) and 21 St. Paul's students. Students were drawn from various departments/schools of the two universities and taught by St. Paul's and Emory faculty from public health, theology, development studies, and organizational development. In 2012 the course was refined and participation was limited to graduate students and approved for 3 hours of course credit for Emory students. The second year 8 students from Emory (again, including students in theology and public health, among others) and 7 students from St. Paul's enrolled in the course. In the spring semester, Emory students take a seminar for one-hour credit that provides an introduction to important social, cultural, religious, and political events in Kenya and examines the effect of those events on various aspects of public health research and/or practice in the country. The May – August portion of the course in Kenya for Emory and St. Paul's students combines 2 weeks of intensive seminars, one at the beginning and another held after 8 weeks of field experience in a Kenyan NGO/FBO. This bookend classroom time surrounds a substantial immersion in field practice making it possible for students to learn in greater depth through an extended reflection action cycle. Two weeks of classroom learning with a mix of Emory and Kenya students and faculty provides another powerful experiential, cross cultural dimension to the curriculum.

Course learning objectives developed by the universities' faculties are to:

1. identify the intersections among religion, health, and development in both theory and practice;
2. assess religion's function in relation to public health and development initiatives. When is it an asset? When is in tension?;
3. assess the organizational strengths and weaknesses of a local NGO/CBO/FBO; and
4. develop or refine their own theoretical perspectives in light of the field placement practice.

The first week in the classroom addresses content to enable students to gain facility in defining religion, health, and development, understanding the limits of their definitions and appreciating the complexity of the relationship of religion, health, and development. Readings,

videos, and case studies contribute theory and concepts from public health and development economic theory; liberation, feminist, and practical theology; practice-based HIV/AIDS work by FBOs; African spirituality; and social theory.

During the 8-week field placements, Emory students work in low resource settings with faith-based and community organizations that are providing a variety of health and social services to children, youth, and families affected by HIV/AIDS. Field placements are offered by in Nairobi through work with an NGO working in eight informal settlements around the city and in a rural setting 120 miles southeast of Nairobi. Most of the St. Paul's students are already working in similar service agency settings as well as in churches. All students are given assignments to carry out during their field placements that guide them in critical thinking and reflecting on their contextual experiences. Two of these assignments shape the learning in the second week long seminar at the end of their field work. One is the development of a case study drawn from their work that presents a tension or challenge which requires the need to think critically about religion, health, and development. The other is to contact the course faculty after their fifth week in the field to describe the theoretical or research areas that are most salient to their work in the field placements and to describe the gaps in their knowledge related to these areas. This allows the faculty to develop practice-derived lecture content for the second seminar. The combination of intensive seminars on either end of a long field placement guided by critical thinking and reflection provides a unique opportunity for integrative and transformative learning.

Having provided this background, we now turn in the second section to the challenges and lessons learned through the partnership. St. Paul's and Emory have complementary programs in theology, public health, and development studies and each university has a number of strong, innovative in the interdisciplinary study of religion and public health. St. Paul's offers innovative graduate programs in HIV/AIDS and community health care and in Christian/Muslim relations. Emory stands at the fore of academic study and applied research into religion and public health with a university-wide consortium of scholars and students comprising the Religion and Public Health Collaborative, a long-standing program of applied research and practice in this area in the school of public health called the Interfaith Health Program, a comprehensive two-year program of field education for theology students that offers contexts for congregational and community ministry in both churches and social service agencies, and a doctoral program allowing students to study various aspects of religious practices in interdisciplinary perspectives. Although the universities' programs are complementary, the collaboration on religion, health and development brought to the fore several challenges related to:

- teaching methodologies,
- the challenge of divergent cultural and practice contexts,
- gaps between students in terms of economic, social, and religious perspectives,
- the challenge of field placements in relation to economic realities and the personal and family responsibilities of some of the students from St. Paul's.

As much as these were challenges they were also opportunities. First the course was designed to bring together aspects of religion, public health and development. While these are significant areas of study at both universities, they have often been distinct fields of

study with little integration. This course required students and faculty to connect the three fields in order to examine the influence of religion on societal perspectives and practices in health and development in a context such as Kenya. In short, the program provided a challenge to students and faculty to think holistically and not to compartmentalize complex, interconnected issues.

For students from Kenya the course became a forum in which to interpret both African and Christian religious traditions, theologies, and practices in the context of health; the students from Emory gained insight into the hybridity of Christianity and African traditional spirituality and began to consider the nature of such hybrid practices in their own cultural contexts, often for the first time. The course offered unexpected insights into the importance of attending to gender dynamics and issues of social power and agency as we gained deeper appreciation of the interconnectedness of these issues across religion, health, and development. Finally, the course raised a number of complex moral issues in politics, sociology, and economics that reside at the core of this intersection of religion, health and development. These included: questions of opportunity, access, and distribution of resources if communities are to be well; the question of power as a key concern of practical theology in order to develop practices of resistance and refusal and to create alternative social contexts in response to social forces that are life-denying rather than life-giving; and the unsettling realization that international aid policies and programs can actually hinder the very things they are supposed to promote.

Third and finally, we claim that the collaboration between St. Paul's and Emory is teaching us that insights to be gained from theological reflection and public health research deepens and strengthens both fields. For instance, theological reflection makes two important contributions to public health:

□ *First, theology can offer a critical analysis of power*

Public health and development practitioners are supremely practical and action-oriented. We scour funding opportunity announcements looking for possible grant funding that matches our areas of interest and expertise. Once funded, we implement programs—often called interventions—in far-flung global contexts far removed from our own. We develop metrics to measure the impact of those interventions on the communities where we work. Finally, we report our findings back to the people who provided us funding in the first place. In all of this work, large questions loom: What are the intentions of the funders of that work? What do we know about the culture and politics in the places where we carry out our work? Who decides what is important to implement in those places? How is the impact of our efforts measured and what counts as significant in those measurements? What impact do we have that is not measured and might some dimensions of that impact be negative?

We think that theological reflection can offer some important insights in regard to these questions. Theology makes us keenly aware of the potential for any effort to offer care for another human being to turn into an effort to control them and compel them to do what we want them to "for their own good." We recognize this, at least in part, because we acknowledge just how efficient religion is in such efforts. Theological education has taught us the importance of such self-critique because of the violence of our religious traditions in this regard. Theological reflection today has been forced to account for its history and the field has been re-imagined in

light of that history, acknowledging that history and the possibility of repeating it even as the field makes claims about the nature of God, human beings, the nature of faith, and implications of our practices of faith.

Public health does not display such self-awareness, in large part because it has not yet had to answer to the dangers inherent within the field and to re-formulate the field in light of those dangers and of the potential for doing harm in its practices. We believe that this is so not because public health is inherently a morally superior field to theology but because the field has not been forced by larger social forces to acknowledge the possibility of such harm. Nonetheless, we believe that such possibilities exist in our public health practice and we also believe that theology offers insights for public health research and practice in precisely this area because theology has emerged through this historical process of sustained critique and re-imagining.

□ *Second, theology can offer an awareness of structural sin*

Public health is related to but distinct from clinical medicine. Clinical medicine addresses the health or disease of the individual and the work of the medical practitioner to prevent illness or cure it in the individual. Public health is interested in the health of populations—of societies, cultures, and communities. It asks what kinds of actions can improve the health outcomes of all of us, not only as individuals but as members of social groups. Various forces act on society, some of them for good and some of them for ill. Public health research endeavors to identify and measure those forces, mobilizing those which improve health to increase their positive effects and to help insulate us from the negative consequences of the forces that will worsen our health. These attempts to measure are important and endlessly frustrating because these forces operate simultaneously and differ in their impact from context to context over time. Still, those of us who work and teach in the field of public health continue to try to develop theoretical frameworks sufficient to account for such forces. The recognition of the interconnectedness of social forces and the variability in their effects confounds public health researchers. Theologians, however, have thought about the dynamic qualities of these forces and described the social-structural nature both of sin and of grace.

Theology has had to grapple with these questions in ways that public health has not because it has emerged as a field of reflective practice that has had to confront the reality of social sin in some of the history of its own institutions and practices. Public health researchers and practitioners have not been forced to grapple with such questions; as such, we acknowledge that unintended consequences are ever-present possibilities in our work but we have few ways to anticipate them or spot them as they start to emerge. We are, in fact, rather naïve even as we are keen to deploy analytical measurements. Theology can be much more clear-eyed in this regard at helping us to spot our limits.

In a complementary fashion, public health practitioners have much to teach theologians. We list here only three:

□ *First, public health emphasizes acting versus thinking/reflecting*

As we mentioned earlier, public health practitioners are an action-oriented lot. Interpersonal Reflection Groups in Clinical Pastoral Education are not a common practice in public health.

We have work to do. And we're passionate about that work. Reflection is fine but it ought to lead us to improve our efforts.

- *Second (and in relation to the first) public health emphasizes measuring the impact of what we do.*

In public health we recognize that our passion to *do something* could be misguided. And so, we measure. In fact, we're really good at it. We develop instruments and create software platforms, convene focus groups and administer baseline assessments, conduct key informant interviews and establish criteria for continuous quality improvement. Public health researchers with our emphasis on doing and our earnest efforts to measure what is we actually do can help theologians avoid a tendency only to reflect and to "Think Deep Thoughts." Public health researchers and practitioners would definitely be find a common ground with the practical theologians—especially the practical theologians involved in community ministry—and would have little patience for exegetical debates or a thorough inventory of all fourteen volumes of Barth's *Church Dogmatics*.

- *Finally, public health displays a willingness to tilt at windmills and to take on power structures—including those structures that support the field itself.*

Our point here is not to say that theologians are reluctant to take on power structures; in fact, theologians have helped us to understand the importance of speaking truth to power. Rather, we would argue that public health has a kind of infectious optimism about it (possibly by virtue of its youth?). Public health students and researchers believe we can solve problems and come up with effective programs. We are passionate about the work we're doing. We want to make a difference. In this way, we find that public health researchers, students, and practitioners have much in common with theologians, seminarians, and ministers. We have begun to see the ways in which theologians and seminarians can help us in public health see the social-structural dimensions of sin and we have begun to wonder if we can help theologians and seminarians see the social-structural dimensions of justice and grace. Not because we have inherently better visions of justice or deeper experiences of grace but because we offer theologians and seminarians and pastors new avenues for seeing how the values that we are all deeply committed to can make a positive, material difference in people's lives and for imagining how to go about putting those values into practice.

And so, theology and public health need each other to work more effectively to address the underlying causes of social injustice and commit ourselves to work toward a different social order. We believe that the interdisciplinary study and practice of public health, development, and religion can help us recognize our mutual dependence on one another and to commit ourselves to one another both as the health of communities improves and as the forces of injustice create or exacerbate health inequities. Such a commitment works hard for positive outcomes in both individual and communal lives, even as it also recognizes that these outcomes are possible only through a deeper commitment to one another that must be in place long before the first positive outcomes are seen.

The collaboration between St. Paul's and Emory to examine the connections between religion, health, and development has allowed us to develop and deepen the components of teaching and field placement we could glimpse when we first began to develop this course in



2010. In that way, we are grateful for what it has offered us in helping us to see more clearly things we knew intuitively. But possibly even more than this, the collaboration has enriched our institutions—and our faculty and students—by revealing to us things we didn't intuit. Couldn't intuit. It has helped us to see and appreciate the importance of interdisciplinary work because such work helps us to re-imagine our own fields and our own practices in light of the contributions of our colleagues from other disciplines, other contexts, other cultures.