Faith, Healing and "Ecstasy Deprivation": Secular Society in a new Age of Anxiety.

Keynote Address

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Thank you, Steve, for your very nice introduction.

As you will recall, I gave you the title for this talk, back in January. That now seems a long time ago. The world looked a bit different then. I hope, however, that what I want to say to you today still has some relevance.

First, then, let me start by saying a word about my title: In recent months I have been intrigued by the great current interest in religious healing as well as in various expressions of concern about the prevalence of what is being called "Ecstasy Deprivation" in contemporary society. All of this, I suggest, needs to be put in context, namely by reference to both secular society and the current Age of Anxiety, as it is being called.

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The industrial societies are generally considered to be secular in nature, and the United States might be expected to be more secular than most since, unlike some of the others, it does not have a state religion, and it has the constitutional separation of church and state the others lack. And yet, compared with the European countries, it has the highest percentage of church membership, church participation and people who say they believe in God. It also has the greatest variety of religions. But perhaps precisely because there has been no history of government sponsored religion, variety has flourished. Moreover, this country has experienced, over and over again, movements of religious enthusiasm, and even religious panic, both of which seem to have some connection to crises within the society. Right now, this society doesn't look all that secular.

As for the Age of Anxiety: this is a term that has become popular in this country since 9/11. I call it "new" because, like the reference to an Axis
(as in Axis of Evil, with Evil having religious as well moral overtones), the
term has been dug up by some archaeologist of rhetoric from the remains of
World War II. It was the English poet W.H. Auden who first wrote about an
Age of Anxiety in a 1939 poem. It was anxiety about the war about to begin.
The phrase was then widely used. But when, since 1939, have we lived in an
anxiety-free, war-free environment?

But before I get to the heart of the matter, let me bring in a bit of
personal academic history:

When I began to consider what I might talk to you about, it struck
me,—not for the first time—how the status of the concept of consciousness
has changed over the course of my academic life. Among my first teaching
assignments at Ohio State, starting in 1949, was a course on the then popular
topic of Culture and Personality, the precursor of Psychological
Anthropology. I was part of a sociology department and the course had to be
listed as social psychology, not anthropology—but that is a separate story.
Given the dearth of textbooks, I used, among other readings, the then recent
comprehensive volume on Personality by Gardner Murphy. The term "consciousness"
does not appear in the index. However, having recently returned from Haiti where I had learned something about possession trance
in the context of vodou ritual, I was struck by Murphy's discussion of cases of
multiple personality as described by Morton Prince (1906) and the
similarities between the two phenomena, and I puzzled about them.
(Checking the volume as I write this, I discovered a bookmark still lodged at
the relevant place). These 19th century phenomena were understood as
clearly pathological. They also offered a look at the process of dissociation
and hence at the unconscious. As Murphy notes, dissociation is in itself not
pathological and can be experimentally produced in hypnosis. And, of
course, research on dissociation in hypnosis has grown apace over the years.

The view of multiple personality as pathological was paralleled
at the time by a similar understanding of possession trance in vodou by a
Haitian physician, J. C. Dorsainvil (1931), who explained the phenomenon
by referring to the Haitian's "hereditary nervous instability," which he
ascribed to Haiti's difficult history. Missionaries put their own slant on it,
seeing in possession trance not only madness but the work of the devil. In
contrast to all this, I had been taught by my adviser, Professor M. J.
Herskovits (1937), that since possession trance was not only widespread in
Haiti but welcomed by the people, it was perfectly normal, even though we
did not understand the psychological mechanisms involved. But what is to
be understood by "normal?"
Murphy did not discuss consciousness, because, like the origin of language, that was then a topic beyond the pale. So much self-indulgent, unsystematic writing had appeared that, to some extent under the influence of Watsonian behaviorism, the subject had fallen under a ban. With newer methods, as Damasio has repeatedly pointed out, for example in his interview with Grant Rich (2000), the systematic study of consciousness is now again a realistic and respectable enterprise.

In the past fifty-some years then, we have come a long way both with regard to consciousness: in popular culture and in philosophy, and also in psychology, in neuroscience and psychoneuroimmunology and, of course, in anthropology, including cognitive archaeology, some of whose practitioners are particularly interested in the possible shamanistic origins of rock art.

My own interest in the study of trance and possession, and religion more generally, derived from my attempt to understand what I observed in the field. It so happened that when we began our large scale cross-cultural study in 1963, we did not know that we were anticipating what has been termed the "psychedelic revolution." In fact, I recall being chided by a colleague for spending my time with such an antiquarian subject!

Here are some items that have come across my desk in recent months:

A producer at BBC, preparing a program in cooperation with the Discovery Channel, asked why people were willing to undergo self torture in religious rites. When I suggested that in such practices people might not actually experience pain, there was no further interest in what expertise I might have to offer.

Writing in Forbes in Dec.01, under the title "The X Best Thing: is there a far, far better place we can go?" Barbara Ehrenreich says, and I quote: "Anthropologist Erika Bourguignon surveyed the anthropological literature available in the mid-1960's and found that 92% of small scale...societies engaged in rituals capable of inducing ecstatic trance states in all or some of the participants."(p.70). Ehrenreich seems to think that "trance" is always the same thing, namely "ecstasy," or "rapture" and that "voodoo(sic), Santeria, and the more exuberant forms of Pentecostalism" are ecstatic religions. Yet in Haitian vodou (not voodoo), Cuban santeria and all the other possession trance religions around the world, trance is typically followed by amnesia, not the recollection of a "high" nor the conscious experience of religious transcendency. And this amnesia is clearly linked to state-specific learning. It is important to understand what these religions are, and are not, in view of Ehrenreich's urgent proposal, for she says: "Since the ancient techniques of ecstasy" are no longer easily acceptable, "why not develop new ones, more congenial to an overpopulated and urbanized
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This article puzzled me. I know little about Ehrenreich but have been impressed by her investigative, participant observation-based study of how women live on minimum wage jobs. Might there be a connection? But can a mechanically produced brain state, empty of meaning, be satisfying? 1960s studies of uses of hallucinogens without significant meaning suggest a strong warning. And yet, the idea of an Ecstasy Machine seems to be consistent with what may be seen as a general American pragmatic approach. After all, Yoga has become, for many people in this country, a form of gymnastics.

But to return to "ecstasy:"

A Learning Channel program on demonic possession and exorcism in this country was advertised as Ecstasy and Exorcism (Feb 11, 03). I saw exorcistic ritual, but no ecstasy. But more on that later.

"Sensible Ecstasy" (Hollywood, 2001), an apparent contradiction in terms, is the title of a recent book on Medieval women mystics.

Various people, following Felicitas Goodman, now speak and write of "ecstasy deprivation." The philosopher Bruce Wilshire (1998), in his book Wild Hunger: The Primal Roots of Modern Addiction, defines ecstasy as "intense experience," and "aliveness," and argues that being deprived of such experiences leads the young in our society to drug addiction.
Deepak Chopra (Jalaja Bonheim 2001) says, in an interview entitled "The Hunger for Ecstasy": "Addiction is one of the most common symptoms of ecstasy deprivation." This "deprivation," presumably accounts for the fact that the drug named Ecstasy seems to be the drug of choice for what is being called the "chemical" generation. An ad for a book titled Ecstasy and the Rise of the Chemical Generation by Hammersely and al. says: "Using drugs is normal for the chemical generation and the drug that defines them is ecstasy" (Rutledge 2001). Again, what is to be understood by "normal?"
Indeed, "ecstasy" seems to be everywhere. The Utne Arts Extra for 2002 (p.60) introduces the ecstatic dancer Estelle Roth whose "version of ecstatic dance," we are told, "is equal parts trance, experimental theater and primal movement."

Johannes Fabian (2000, 2001), 2 writing about early African explorers and ethnographers, suggests that their enterprise was full of irrational motives and activities, that is, "ecstasy" and that the ethnographic objects they brought to Europe were "to be appreciated as mediations of ecstatic knowledge" (2001:159). That many of these explorers were high on various locally available substances shifts the concept of ecstasy as Fabian uses it among various domains. Getting one's ecstasy mediated by Congolese ancestor figures is surely different from being high on hashish. Fabian
makes a more general point about the irrationality of the initial explorations of Central Africa: the Europeans were often disoriented, not knowing where they were, losing track of time, often ill with fevers, drunk as well as stoned, totally unrealistic about the world around them and so forth.

And now we hear not only of the excitement and thrill of war but also of its "ecstatic dimension" (Talk of the Nation, NPR, 3/17).

Clearly, the word "ecstasy" is used with the most diverse meanings, in a great variety of incompatible contexts. A term that has no shared meaning is useless.

What isn't generally pointed out is that trance states are addictive. People can get hooked on the endogeneous opiates linked to these states as they do to exogenous ones. Jean Rouch, in his great film, Les maîtres fous, you may recall, comments with respect to one listless man, that he was suffering from the fact that he had not experienced a trance state in a week. And Rouch wonders admiringly whether "these men of Africa," as he puts it, haven't found a way of dealing with madness that we of the West have not. But note that he puts this in the form of a question--he doesn't have the answer. People who join religions that focus on trance states, whether Rouch's haouka, Haitian vodou, one of the many Brazilian spirit religions, or American Pentecostal or Charismatic churches, make long-term
commitments at the risk of punishment by the spirits. So it is not surprising that there is evidence that, in this country, such churches are often successful with drug addiction, alcoholism and other forms of dependency. By all indications, freeing the individual from the initial addiction, requires continuous and repeated reinforcement. Is this a cure? And again, the question is, what is normal?

If lack of ecstasy is bad for you, ecstasy is said to be part of healing. However, as we have seen, the terms "ecstasy" and the broader term, "altered states," are often used synonymously, which leads, at times, to some confusion. Moreover, as we have long known from the worldwide ethnographic literature, it is often the healer who is in an altered state. And

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how does the healer's state promote the patient's healing? I'll come back to this in a moment.

Health, its maintenance, that is, prevention of illness, and its re-establishment, are currently what might be called a cultural focus in this country, if only judging by the mail I get advertising health and wellness letters from reputable medical institutions and supplement promotions from assorted MDs and others, each of whom has some special access to relief or prevention of what ails you or might some day ail you. Since we are constantly plagued by new epidemic, these strategies may have appeal.
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If we are apparently in dire straights, think about Haiti, the poorest country in the Hemisphere and one of the world's poorest, where the United States has embargoed $500 million in humanitarian aid, for political reasons. The consequences are drastic: for example, because there is no country-wide vaccination program, there is polio. Government and private clinics sell or prescribe drugs people can't afford to buy. And more (Farmer et al. 2003).

Given the interest in religions in this country in its numerous and highly diverse forms, it is not surprising that these two concerns have come together. Moreover, concern with health is often an expression of general anxiety engendered by the conditions of people's personal lives, the economy, the fear of terrorism, and the state of the world as well. Both religious and secular forces in this country seem to establish a link between sickness and guilt.

All of this produces stress and stress, as we know, is bad for your health. Situations not under the individual's control are particularly stressful. Stress, we know now, is not "all in your head," but indeed in your hormones and in your immune system. At the same time, you are said to be largely
responsible for your health: The Johns Hopkins University publishes a medical newsletter that promises a Prescription for Longevity, and tells in 11 not so easy steps how to take charge. One might read these to say that if you don't follow our advice you have only yourself to blame. What, then, if you do all you possibly can, and still fall ill? How do you deal with that depressing fact—knowing that depression is stressful and stress is bad, causing everything from osteoporosis to lowered resistance to infection, slowing of wound healing, to autoimmune diseases, and more. On a religious level, what if you pray for help and help doesn't come? Do you take this to mean that you are sinful, unworthy? Does this striking emphasis on guilt relate to our Puritan past? Americans, for the most part, can't blame it on the witchcraft of envious neighbors. But there may be another view:

The Learning Channel's recent (February 03) program, advertised as Ecstasy and Exorcism, was actually titled Deliver us from Evil. The exorcist, Bob Larson, says: "You don't have a problem, you have a demon." And that implies that it isn't your fault after all; there is someone you can blame. Just why the demon picked you, however, is another matter.

So we are confronted by a number of questions: what is health? what is healing, and specifically, what is religious healing? What are the aims of healing? What are the means by which healing occurs? What kind of research has been done? Obviously, these are big and important questions and we can only touch on some of them here. Still, I believe raising them is worthwhile.

To return to the exorcist Bob Larson. Some of you may have seen the program. It showed a number of exorcists at work, but in particular Bob Larson's practice. Among the people he "delivered" from demons in large public events were individuals self-identified as suffering from panic disorders, depression and self-mutilation, alcoholism, and in one extended case, schizophrenia. It is, however, striking that such exorcisms are used for psychiatric problems, not for broken bones or infectious diseases. Moreover, we are told that some of the demon-possessed keep coming back periodically for more exorcisms. Note, however, that demonic possession may be a diagnosis or accusation in other circumstances as well, as in this news story: a law school student at Pat Robertson's Regent University suffered from a facial tic which he attributed to chemical contamination while serving in the Gulf War. Another student claimed the tic was a sign of demonic possession and of being in rebellion against God. That this became the subject of a law suit for civil rights violations, defamation and slander adds a peculiarly American twist to the story.
Here I am reminded of something else from my academic history: when I started to teach, I knew about various ancient forms of exorcism—there are many examples in Oesterreich's famous book; I knew about Loudon and Charcot and his interest in demonic possession as paralleling the hysterias of his patients, and Janet and the concept of dissociation. There also was the psychiatric consultant to the Exorcist of Paris, who wrote that, though he believed in the real possibility of demonic possession, he had never seen a case. And I knew Ansky's play, the Dybbuk. In other words, all of this was historical material, of ethnographic interest to be sure, but not part of modern industrial secular societies. I do remember seeing at the time a brief note in a local paper about an Appalachian backwoods preacher, who had conducted an exorcism, but that seemed to be an oddity. The rest, as the saying goes, is history.

But to return once more to Bob Larson and his exorcisms: he was striking in his aggressiveness toward the "demons," who could, of course, be reached only through the minds and bodies of the patients. This is part of an ancient pattern in the West. David Frankfurter (2003) has pointed out that exorcisms have at times caused severe physical damage to the "possessed," even decapitation! In fact, the possessed, as vehicles of demons, are treated much as witches were in their trials. The pattern is that of judicial interrogation (read torture). The demons are the Devil, the Evil one, the fiend, the enemy. There is spiritual warfare. Note that the New Testament exorcisms, which give Christian exorcism its theological justifications, do not involve such practices. In Larson's exorcisms, as represented by the film, we are shown great psychological pressure brought to bear on the patients not only by Larson, but by his "prayer helpers" as well. The process, it appears, may take hours, leading eventually to acquiescence of the "demon" and the collapse of the patient. Here I want to mention only two points: It is striking how this type of exorcism, with its aggressiveness and hostility against the demons differs from exorcistic healing rituals Greenfield (n.d.) has described for Brazil. There the spirit is treated kindly, with charity. It is understood not as intrinsically evil but as insufficiently spiritually evolved, and in need of human help to further its evolution. There is none of the anger, hostility and aggression that we see in the work of Larson and other exorcists. In other words, quite a different view of the world is involved, quite a different psychological orientation and disposition.

Larson himself is not in trance, nor is the Brazilian healer. He is assisted by mediums through whom the harmful spirits manifest themselves. Greenfield argues persuasively that the patients are also in a hypnotic trance, though that is not formally induced(1999, n.d.). That not only Larson's
possessed patients but also at least some of the participants are in trance is strikingly shown in one scene where the demon speaks not through the mouth of the patient but through that of one of the healer's aides.

The state of the Brazilian medium differs from that of the patient/client, as I read it. The medium's possession is part of the performance of healing, for the spirit's authority, rather than the medium's, is central. It also helps to induce a trance state in the clients, which is essential for the healing to occur. This includes anesthesia, reduction of bleeding and resistance to infection in the surgeries performed by spirits such as those of the deceased Dr. Fritz. In the American exorcisms, by contrast, the pressure is to produce trance in the supposed victim of possession, defining it as the presence of the demon. The trance of the exorcist is not required—he has enough authority without it.

Ritual healing, religious healing, faith healing, in various forms is all around us and is currently being promoted with striking frequency and in a variety of venues. Anthropologists have, of course, reported on variations of ritual healing from all parts of the world. And in the western tradition it is ancient. You may remember that the New Testament makes much of Jesus' career as a healer.

On the other hand, faith healing may not require a healer—it can work through attempts at direct contact with the divinity or through the mediation of spirit entities. This is seen in situations as far apart in time and space as faith healing, in the context of medieval pilgrimages, reviewed in Miracula, a recent study by Redtel and Witmer (2003), and Raymond Prince's (1976), report on a pilgrimage site in India. In this connection he speaks of "psychotherapy as the manipulation of endogenous healing mechanisms." It must also be remembered that many disorders present spontaneous healing. Bell's palsy, for which there is no good current biomedical explanation or cure, is an example of this. It was, according to David Jones (1972), a specialty of the Comanche healer, Sanapia. She understood this disorder as ghost sickness, and was often successful in dealing with it. Given the cult of youth in this country, some people currently accept the price of facial paralysis, by means of injections of Botox, to rid themselves of wrinkles—temporarily.

What then, is healing? In these instance, it is relief from symptoms, often only short term, as it is in the case of Bob Larson's exorcisms. But it may also be something else.

As E. Mansell Pattison noted in his 1974 study of religious healing among a group of evangelical Christians:
from the subject's point of view, relief of symptoms is really a
tangential issue. For them, faith healing reaffirms their belief system
and their style of life. Faith healing serves to buttress their
psychological style of life. From a scientific, medical point of view,
the question usually asked of faith healing is, "Does it cure the
disease?" But that is not asked by the prospective applicant for faith
healing. His question is, "Am I living in the right way?" (p.450).
Thus, faith healing in this instance, and others like it, is not an exercise in
the treatment of organic pathology, but an exercise in the treatment of life
style. Healing, then, is salvation. And this is a change in consciousness, in
sense of self and the meaning of life.
When the symptoms persisted, the "healed" and "saved" patients continued
biomedical treatment.
Such a pursuit of multiple, complementary strategies of healing is
familiar to anyone who has taken a look at the literature in medical
anthropology. In my own Haitian fieldwork, I remember the case of a little
girl being treated by a manbo--a vodou priestess--for a case of mauvaises
aires--a spirit affliction, but also by a physician for bronchitis. This was in
interesting contrast to what I was told by an urban physician: when he spent
some time working in a rural area, the local oungan --vodou priest--
considered him to be an undesirable competitor, causing his practice to
decline. Here is another story: One of my Haitian friends, a woman in her
early twenties, told me about the death of her first child--how the her family
spirits had struggled to save the little girl, nailing the illness-causing spirits
to a chair, but to no avail. The consequences of such conditions of medical
helplessness is the heightened sense of suspicion: who hates me so much,
and why, to cause such harm? Beliefs here offer explanations, but no
healing, however great the mother's faith in the capacity of the family spirits.
Compared to today, those were comparatively rosy days in Haiti! Farmer
and his associates, as I noted earlier, paint a more drastic picture. And they
note the structural violence that forms its background and context.
The subject of faith healing or religious healing has been much in the
news for some time now. Media from The Readers Digest to NPR to Parade
Magazine have featured religious healing. Religion is said to be good for
your health. There is of course a difference whether the argument is made
on the basis of faith or on that of evidence that stands up to scientific
criteria. The argument is an old one. Sir Francis Galton, in 1872, published
an article entitled "Statistical Inquiry into the Efficacy of Prayer." He
conducted no study of his own, but offered a withering critique of existing
claims. The claims have become somewhat more sophisticated, but they
have found their Galton in the psychologist Richard P. Sloan, who criticizes this literature on methodological and ethical grounds.

Perhaps the most oft cited, and criticized study, is one published in the Southern Medical Journal by Randolph Byrd (1988), a cardiologist. He reports on testing the effectiveness of intercessory prayer in a randomized double blind controlled study of 393 patients in a cardiac care unit, divided into two groups matched for age, sex and diagnostic criteria. The patients in the experimental group, unbeknownst to themselves, were prayed for by born-again Christians. The control group were not. Byrd reports a significant difference in outcomes between the groups by the end of their hospital stays. He notes, however, that he could not attain "pure" groups, since some of the control group patients might have prayed themselves or might have been prayed for by others. He adds: "How God acted in this situation is unknown; i.e., were the groups treated by God as a whole or were individual prayers alone answered" (p. 829). In his acknowledgements, he thanks God.

There are methodological problems with this study. However, for me this study is of interest for its implicit theology. Just what is the image of God held by Byrd: a God who is merciful to those who are the beneficiaries of intercessory prayer but who withholds his mercy from those not so favored? A God who willingly participates in Byrd's experiment? If you set up a controlled study to see whether prayer works, aren't you forgetting that, at least in Judeo-Christian thinking, God decides on whether or not to grant your prayers? But since I am not a theologian, I'll leave it at that. And what of the secular state that participates in this experiment, specifically, the State of California, through its University at San Francisco, and that institution's Department of Medicine?

In any case, this study doesn't tell us anything about faith healing, and doesn't attempt to. The faith of the patients is not an issue. It is the faith of the study's author and of those who prayed that is tested.

But to return to Haiti once more for a moment: here is a society where a large proportion of the population experience possession trance in *vodou* settings, or in that of Pentecostal Christianity, where Pentecostal preachers exorcise *vodou* spirits, where there is some traditional knowledge of medicinal plants, where modern biomedicine does in fact exist—none of this is a match for the current crisis, with its high infant and maternal mortality, its malnutrition, including kwashiokor, and more.

What, then, have we learned by this unsystematic review? It is clear that we live in a society and in a period that has its own particular sets of stresses and the social and political conditions that frame them. Health care needs at not adequately met in a society that prides itself on having the best health
care system in the world. On the other hand, some much marketed goals, such as perpetual youth, are unrealistic. Health is seen as a reward for virtue and failure to achieve it, and failure is how it is viewed, is a source of guilt—both secular and religious. If relief of symptoms is what is wanted, does it matter how that relief is accomplished? I am reminded of the neurologist who wondered, with reference to a symptom-free patient, whether that was indeed a true remission or one produced by drugs. Is that a meaningful question for the patient? Does it matter whether the patient must return for repeated exorcisms, for repeated repentance and reaffirmation of faith, where each return of symptoms is viewed as backsliding or as a renewed attack by demons?

And once more, the question is: What is normal? Ruth Benedict (1934) wondered about that, seventy years ago. Is it the same as healthy? We now know more about the inseparability of mental and physical health and are learning more about the mechanisms involved. But we are building on old work—Walter Cannon (1942), in the 1940s, knew about the effects of prolonged acute stress when he spoke of “voodoo death” and the fight or flight response. And we have learned more about the societal, economic and ultimately political context in which matters of health and disease are played out.

Clearly, we live in an age of acute anxiety. To what extent we do indeed live in a secular society remains to be seen. Perhaps we may modestly hope that the accumulating knowledge about stress, its sources and its consequences, may eventually have healing consequences!

Thank you.

Notes

1 According to a study by the Pew Research Center for the People and the Press, 59% of Americans said religion is very important in their lives, compared to 30% in Canada, U.K. 33%, Italy 27%, Germany 21%, Japan 12%, France 11%. US weekly church attendance: 50% (Church and State 2003(16,2):13

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3
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