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Miracle as Placebo Effect: Catholicism, Biomedicine and the Realm of Healing

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Miracle as Placebo Effect: Catholicism, Biomedicine and the Realm of Healing

Disciplines
Anthropology
MIRACLE AS PLACEBO EFFECT:
CATHOLICISM, BIOMEDICINE AND THE REALM OF HEALING

By

Gerianne Elizabeth Kauffman

In

Anthropology

Submitted to the
Department of Anthropology
University of Pennsylvania

Thesis Advisor: Dr. Janet Monge

2002
When I find myself in times of trouble
    Mother Mary comes to me
Speaking words of wisdom, let it be.
    And in my hour of darkness
She is standing right in front of me
Speaking words of wisdom, let it be.

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ABSTRACT

Miracles are an important part of Catholic culture today. Yet biomedicine, as a scientific discipline, cannot reconcile miracle within its belief system. This paper establishes miracle within Catholicism using Lourdes, France as a case study, evaluates the problems between biomedicine and Catholicism, reconciles them as one complementary medical system and then re-evaluates miracle within the realm of biomedicine. Using anthropological and biomedical literature as well as interview and personal accounts from Lourdes, miracles were established as important within its own culture. This importance establishes a need for more scientific research within biomedical science as Catholicism and biomedicine form a conglomerate medical system for those within Catholic culture. The evaluation of miracle as placebo effect creates a realm in which biomedicine can understand it and therefore, study it to evaluate its cause.
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INTRODUCTION

"The World Health Organization says that health is not merely the absence of disease but an overall state of physical, mental, and social well-being (Brown 1998: 70)." This is important when understanding the effects of religion and spirituality and illness. "There is hardly a patient today that does not know that his mind has a powerful effect on his body both in sickness and in health (Schepker-Hughes and Lock 1998: 220)," religion and spirituality have large mental effects yet within the physical realm, those effects not quite tangible enough for biomedicine.

Religion has proven to be a large part of life for many around the globe. The goal of this paper is to prove Catholicism as valid within the realm of healing as well as to restate the idea of miracle as a "placebo effect." To examine Catholicism as a system of healing, this paper will focus on Lourdes, France as a case study of a center of healing and miracles in Catholic culture. As stated above, the physical effects of religion are hard for biomedicine to grasp though the effects are available in many accounts. While the goal of this paper is neither to prove nor disprove the miracles, it is important to acknowledge them as a central form of healing, whether they occur as some form of cognitive healing, as an actual spiritual healing by a higher power, as some combination
of both or as some other reason not named. In the focus of this paper, that which is really important is that there is healing at Lourdes. In this way, it is important to redefine a miracle and other religious healings within biomedicine as being placebo effects.

To prove the effects of religion, especially miracles, as placebo effects as well as to prove Catholicism as a healing system, this paper will draw upon three realms: anthropological literature of healing systems, ritual and miracles, the individual experience of Catholicism through an interview and other personal accounts found in the literature on Lourdes, and finally biomedical and scientific literature on the effects of religion on health, miracle, the biological basis of religion and placebo effect.

METHODS

I was drawn into this topic when I made my first and only trip to Lourdes, France in the summer of 2001. I made the trip with a friend who was taking a course with me in Bordeaux. The friend is a devout Catholic and lives in Switzerland; he wanted to take a trip there before he returned home. I wanted to see the location since my mother was born and raised an Irish Catholic in Pennsylvania. Those memories of her childhood are still prevalent today and still very important both to her and myself.

I was truly struck by the sheer numbers of the people at this site as well the huge commercial atmosphere outside contrasted with the serene sanctuary itself at Lourdes. It amazed me that there was such an influx of people at this location; there are people young and old, sick and healthy from all over the world. The place serves as a crossroads for many different groups. I had heard a little about the miracles that occurred at Lourdes and the importance of the water from Lourdes as a healing mechanism for those in
Catholicism. I was intrigued by the role of Catholicism in healing mechanisms. Why would these people choose to come to this place?

Returning to school in the fall, I decided that I would love to study about the place as well as the effects of religion on health. I chose to prove Catholicism as a valid healing system within Anthropology as I felt it could address the needs of validity for Catholicism within biomedicine. If these people feel that this place as well as their faith in God could heal them, how could this not be a valid healing system?

There is obviously the possibility of more research at this location. There should be interviews conducted with those who travel to the place as well as those who work and live there. Catholicism is a way of life for many in the world; understanding the importance of Catholicism to one’s whole life, not just in healing, is truly important. This work is the basis for other work that should be done within the discipline. There will be a focus on the literature as well as the use of one interview with the friend with whom I visited Lourdes. The interview is to be used to evaluate some of the basic beliefs within Catholicism as well as the importance of Lourdes to this person. The paper will focus on anthropological literature as well as literature within biomedicine.

The paper will try to understand the effects of religion on health, evaluate those effects in Catholicism, and redefine those effects as placebo effects. Redefining those religious effects could be important for more research in the fields of both medical anthropology as well as biomedicine. Since there seems to be wariness toward the word miracle within biomedicine, redefining this term with a term that is already accepted could bridge some of the gap between religion and biomedicine. It is perhaps then that the true effects of religion can be understood.
I. CATHOLICISM TODAY

Religion has been important in the lives of many for centuries; Shapiro and Shapiro (1997) point out that “[r]eligiosity is one of the most universal of human attributes (p. 45).” To understand the effects of Catholicism in the realm of healing, it is first important to understand the effects of religion and health and the background of healing within Catholicism today.

RELIGION AND HEALTH

Within the realm of this study, the definition of religion is important to start with even though religion is a hard concept to truly define. Bowen 1998a states:

[w]hat we call ‘religion’ may look quite different from one society to another, in the relative importance of a shared belief system, in the degree to which religious practice involves strong emotions, and in the social functions and contexts associated with religious practices (p. 5).

How does one decide how to define what religion actually is? Since the goal of the paper is to understand the effects of Catholicism as a religion on biomedicine as a science, it is important to focus on Western culture. “In most Western traditions one finds two very common definitions. One emphasizes the individual’s beliefs; the other, his or her emotions (1998: 4).” The first definition focuses on the idea of shared beliefs in god(s)
or spirits; the second truly focuses on the idea of maintaining a sense of awe at the unknown. With the onset of science in Western culture, much of the importance of Catholicism is as a group that has shared beliefs. Yet there are things that still are not explained and promote the sense of awe, such as miracles. For the purposes of this paper, it is important to use both definitions.

Catholicism is an established religious organization all over the world. While there are different sects of the religion, the core beliefs remain the same. With over 1 billion adherents, Catholicism is one of the largest religions across the globe. In fact, of those religious bodies that have at least 30% of their membership worldwide outside the country with the largest number of members, the Catholic Church is the largest (Adherents.com 2001: internet document). An actual definition of Catholicism is hard to come by but it is generally accepted as a religion worldwide so this paper will discuss Catholicism as an established religion; there will be other works supporting certain aspects of Catholicism throughout the paper. The focus within this paper will be in the aspects of Catholicism in the West; as shown in Appendix A, a large portion of the Western world, especially Europe, is Catholic or at least Christian. One aspect in which Catholicism is important to its adherents is through the maintenance and attainment of health.

To understand the effects of Catholicism as a religion on health, it is necessary to introduce a common definition of health. The World Health Organization offers one of the best definitions of health; “health is not merely the absence of disease but an overall state of physical, mental, and social well-being (Brown 1998: 70).” There is more to health than just the physical ailment which biomedicine helps to diagnose. This is the
mental aspect; there must be a state of harmony with the body and mind to be truly healthy. "Conceptions of the healthy body were patterned after the healthy state: in both there is an emphasis on order, harmony, balance, and hierarchy within the context of mutual interdependencies (Schep-Hughes and Lock 1998: 212)." Religion provides a sense of balance and harmony within the lives of those within it; this can be seen in the literature on the effects of religion on health.

Within scientific literature, there seems to be two areas in which religion affects health: overall health and healing. Within the arena of overall health, religious values and beliefs have the ability to promote positive lifestyles that have to do with health. In Koenig (1999), there is a long list of positive effects of religion on overall health and illness; on this list of effects were lower blood pressure, less hospitalization and less depression. For more on effects of religion on health, see Appendix B. It states that religion reduces stress and therefore reduces possibilities of ill effects on health. The figure in Appendix B diagrams the way in which religion affects these lifestyle and health outcomes.

There is more to the effect of religion on lifestyle. It is important to understanding the effects of religion on healing. Initially, it is seen in the literature that when one who is of strong faith becomes ill, that person is more likely to have better outcomes than that person who does not have strong faith (Koenig 1999: 24). Religion helps to maintain that "harmony" and "balance" as Schep-Hughes and Lock (1998) stated (p. 212). The ability to maintain a feeling that one is in balance with their life though being ill truly helps to reduce the stress of the illness and provide a more positive outcome in treatment.
The literature lacks one religious effect on healing, miracle. While all of these positive effects of religion on health are important, the focus of this paper will be on miracles within religion, specifically Catholicism as miracle is an important part of the Catholic Church. The effect of a miracle is important to study, as it is important to those within the religion. For science, it is problematic to study miracles since “miracles are usually at least partially defined as violations of the laws of nature (Larmer 1988: 17).”

Along with reducing stress, miracles are important to the understanding of healing within religion. "True, they are marvelous events which demand an explanation. Their real significance, however lies in the fact that they are integral parts of a larger system," Catholicism (Larmer 1988: 128)."

MIRACLES AND CATHOLICISM

On the 9th of October in 1987, Monsieur Jean-Pierre Bély was laying in a bed of the hospital at Lourdes, France. He was suffering from an advanced case of multiple sclerosis; the disease him affected him such that he could not get up out of bed because of the effect of the disease on his central nervous system. While lying in the bed during the day "he experienced a feeling of cold which grew stronger, almost painful, which gave way to a feeling of warmth, also more intense and overwhelming (OLEANE 1999: internet document)." He immediately sat up in bed surprised at the movement in his limbs. At this point, his brancardiers, or helpers for his times at Lourdes, took him to the last Mass of the evening.

That night, he was awoken from a deep sleeping by a feeling that someone touched him; he found no one by his bed. Lying in bed awake, his mind tells him to get up and walk which is something that he had not done for a long time. The night nurse
heard him moving and turning so she went to see if he needed anything. Jean-Pierre states about this moment, "I tell her that I must get up, and I add...to go to the toilet. I had to find a reason! I could not say that I wanted to take a little walk to stretch my legs! She would have certainly thought that I had lost my mind (OLEANE 1999: internet document)." He continues on about his need to get up:

She begins to get my wheelchair for me, but I tell her that I must go there on foot. She answers that I will fall and her with me...[n]evertheless, I insist so much that she finally gives in. And that is how I took my first steps, without any other support than her arm, unsteady as a child that is learning to walk. I feel solid on my legs although they hadn't worked like that for quite a long time. It all seems unreal but nevertheless, I am well aware of what is happening to me (OLEANE 1999: internet document)!

For the full personal account, see Appendix C.

Jean-Pierre Bély experienced a miraculous healing. His personal testimony of the healing is an important part of the realm of miracle; "a miracle is never merely a private or personal experience, but is rather an event that has importance to a larger community. The idea of testimony is a central part of a miracle (Mullin 1996: 6)." The importance of miracle and miracle stories to Catholicism is key to understanding its role in healing.

Mullin (1996) states:

[the] tenacity of the idea of the miraculous lies in the fact that it is linked in the religious imagination to anumber of cherished beliefs such as the reality of a spiritual realm, the meaningfulness of prayer, and the ability of a personal God to respond to the world. Whereas outside of a religious world view the idea of a miracle might appear meaningless, from within it is not (Mullin 1996: 5).

Miracle is inextricably tied to Catholicism; it is seen historically in the Bible as well as miracle occurrences up until today.

How would one define miracle? "A problem we immediately face...is that the word miracle (Italics used by author), like a good many other words, is used in a number of different ways (Larmer 1988: 3)." Miracle within religion has other definitions than
those within science. It is important to focus at this point, on what miracle is within Catholicism. The discussion of miracle within biomedicine is in the last chapter.

"For an event to be considered a miracle, it must first be understood as an intervention by God into the world of humanity or nature (Mullin 1996: 6)." Miracle is key to religion in that it is a way in which God acts upon the lives of those within religion. For people within the Catholic Church, a miracle is something for them to believe in; "[miracles] appear for the sake of believers, not skeptics (Mullin 1996: 127)."

What are the vehicles for miracles within Catholicism? One area of evaluation is to look at the role of saints within Catholicism. There are hundreds of saints within the Catholic Church and each saint has areas in which he/she has a specialization. "Patron saints are chosen as special protectors or guardians over areas of life. These areas can include occupations, illnesses, churches, countries, causes--anything that is important to [Catholics] (Matz, Terry and Catholic Online 2001: internet document)." When a Catholic uses a saint to pray for a certain type of help from God, they are actually praying with the saint; the saint is supposed to be a vehicle to God since they are considered closer to Him.

Many saints became such because of some kind of miracle that they helped to bring about. "In the miracles of the saints one saw a manifestation of the sanctity of the church itself (Mullin 1996: 111)." These saints have the ability to bring about this miracle because of their closeness to God; they are determined to be close to God as they are in pure in their belief.

One saint who is important to evaluate when looking within the realm of healing in Catholicism is Saint Bernadette Soubirous of Lourdes. She is the patron saint of
bodily ills and Lourdes France. Bernadette was the young girl to whom a vision of Mary appeared at Lourdes; this uncovered the healing waters and power of Lourdes, France, which will be discussed later in the chapter.

These Marian apparitions are key to healing sites around the globe such as Lourdes and Medjugorje (Bosnia/Herzegovina). These are sites of miracles for those within Catholicism. They have received the backing of the Vatican; “[the Pope] has made a point of visiting Marian apparition shrines when on tour (e.g. Lourdes, Knock, Fatima, Beauraing, Banneaux) (Maunder 1991: 281).” In fact, the Marian shrines are a part of a new movement within Catholicism toward an emphasis on Mary as an important sign of God. “[The Pope] is concerned to confirm and expand the conciliar treatment of Mary; his new and original emphasis is on the ‘presence of Mary, and implicit in his references to shrines is the fact that the apparitions are a special sign of her presence (Maunder 1991: 281-2).” Her presence helps to reaffirm the belief in the Catholic religion.

While there are many centers of healing within Catholicism as well as saints associated with healing, the focus of this paper will be on Lourdes, France as a Marian apparition site and one of, if not, the largest miracle centers in Catholicism. The importance of Lourdes is within the aspect of healing as the predominant reason for visiting the location is to be healed. “[T]he crowds at Lourdes...looked for healing because healing was part of the original message of their religion (Mullin 1996: 6).” To talk about Lourdes though, it is important to offer a background on Lourdes.

LOURDES TODAY

The story of Lourdes is of course well known. In 1858, in Lourdes, a small French town in the Pyrenees, Marie-Bernarde Soubirous, the fourteen-year-old daughter of once prosperous but now poor parents, beheld an apparition while searching for firewood and
bones to sell. Bernadette (as she is now better known) saw a young woman, clothed in a long white robe and wearing a veil and blue sash, standing in an oval niche or grotto in the rock cliff of Massiabell. She experienced a total of eighteen apparitions. Although none of her companions saw them, her believability impressed others and the grotto became a holy spot for thousands (Mullin 1996: 119).

Situated in south-central France, near the border with Spain, Lourdes is located in the Hautes-Pyréreés department. The sighting of the Virgin Mary occurred on the outskirts of the city itself. Before the sighting, the town was small and unknown by many. After the visions of the Virgin by Bernadette, there was an influx of business and commerce as well as an expansion of the sanctuary or Lourdes itself. In Appendix D, there is a map of Lourdes from the Lourdes website (OLEANE 2001b: internet document). The sanctuary itself is located at the juncture of E and F and 7 & 8 and called Les Sanctuaires. It is important to note that it is a small section of the town; there is a larger city to the east of the sanctuary. Just outside the boundaries of the sanctuary, there is a large amount of hotels, souvenir shops, restaurants and parking facilities available. Within the sanctuary, none of this is available. In fact, the sanctuary is closed off from the rest of the city by an iron fence with gated openings.

For those arriving in Lourdes, “[a]t first glance Lourdes seems to epitomize packaged piety and rampant consumerism, the mass mobilization of crowds and new techniques of indoctrination (Harris 1999: 11).” There are thousands of people milling around with stores lined up upon every street offering cheap souvenirs. In between the stores are many small hotels and simple eateries. While one of the main complaints about Lourdes is the fact that it is so commercial, once you enter the actual sanctuary there is nothing to buy; the feeling inside the gates is one of awe, serenity and calm.
Commercialization represents the role of Western culture at Lourdes; yet the commercialization does not take away from the feelings within the sanctuary. Even though there is a large amount of complaining about the commercialization of the region from both believers and non-believers; there is a sense of admiration for the intense faith. "[Non-Catholics] might often criticize the doctrines they heard, or the commercialism they observed, but not the faith itself, which was quite often pictured in a positive light (Mullin 1996: 123)." The shrine really does reflect Western life and the ideals of consumerism. The commercialization of Lourdes should not take away from the status of Lourdes as a healing center in Catholicism. Catholicism is a part of modern life and culture and therefore such is Lourdes. Commercialism is rampant throughout many areas of the world. The most important idea to note within this discussion is that the sanctuary itself is untouched by this commercialization. It is also important as many people visit the location each year; "[T]he shrine’s massive appeal alone indicates how much religion remained a crucial part of ‘modernity,’ itself a notion that requires reconsideration (Harris 1999: 12)." Lourdes is product of a Western culture that consists of things such as religion and science.

While Western culture consists of commercialism, it also consists of biomedical science, which was integrated into the sanctuary by the Medical Bureau of Lourdes. Mullin (1996) points out that a:

striking aspect of these events in Lourdes is that they appeared in the age of science, and further that the Catholic Church seemed to recognize and welcome the authority of science. From the very beginning testimonies of medical doctors were solicited to confirm claims of miraculous healing, and by 1884 a medical bureau, which included non-Catholic doctors, was founded to evaluate all alleged healing (p. 120).
While only 65 cures have been recognized as being official miracles, there have been many cures (OLEANE 2001c: internet document). “The Bureau’s initial investigation deals with about two reported cures a week, although the number can fluctuate considerably (Marnham 1981: 162).” Appendix E has the detailed list of miracles at Lourdes since 1858. The Medical Bureau is used to decide whether a cure at Lourdes could actually be deemed a miracle, something unexplainable by science. This reflects the integration of science into the sanctuary by using biomedicine to evaluate the validity of miracles.

This Medical Bureau was set up to have many doctors review each cure; then, the patients need to return the following year to show that they have not had a relapse of that illness. It is important within the sanctuary to make sure that these cures are inexplicable in any other manner than as a miracle. The process for a cure to be determined to be a miracle takes many years, but “certainly the whole purpose of the Bureau and the Committee is to say that medicine has nothing to say, and knows nothing of what happened (Marnham 1981: 180).” For a full description of the process by which a miracle is determined, see Appendix F. From the Medical Bureau at Lourdes, the file on the person is sent to the Lourdes International Medical Committee (CMIL); this committee is made up of many specialists who evaluate the case for many years while observing the patient. If the CMIL believes that the cure is inexplicable by medical science, the committee then passes the file to the Catholic Church to be determined to be determined a miracle. The Bishop of the region where the person cured lives represents the Church. The Bishop then gathers a Commission of other religious leaders and these leaders determine if this cure really came from God. If so, the Bishop makes the
proclamation that the cure is truly a miracle. An example of a proclamation made by a
Bishop determining a cure to be a miracle in the case of Jean-Pierre Bély can be seen in
Appendix G. “Originally, the Lourdes Medical Bureau set out to disprove accusations of
fraud, gullibility and superstition. Then it battled with the suggestion that all the cures
were of hysterical illness. Both those battles are long since won (Marnham 1981: 180).”

This development and need to prove that the medical doctors had no idea
biologically/physiologically how the cure came about is important within this discussion.
How was the cure able to come about? What has helped Lourdes maintain its validity as
a center for spiritual healing? Catholicism is an established religion with rituals related to
faith and healing; these ritualized actions help to reaffirm the faith in the religion and its
power to heal them.

RITUAL AND FAITH IN MODERN CATHOLICISM

“All acts of healing, however mundane, have an important
element of ritual and drama (Brown 1998: 169).”

Within anthropology, ritual has become a large area for research; yet the initial
question is what is ritual? “[R]itual has important social, psychological and symbolic
dimensions. A key characteristic of any ritual is that they are a form of repetitive
behaviour that does not have a direct overt technical effect (Helman 1990: 192).” It is
common within literature on ritual to evaluate it both on its own but in conjunction with
the idea of performance. “Rituals are performative: they are acts done; and performances
are ritualized: they are codified, repeatable actions (Schechner 1994: 613).” The ritual
action itself is usually structured; this structure is learned from within the society.
“Rituals are performed on schedule, at specific locations, regardless of weather or attendance. They mark days and places of importance (Schechner 1994: 613).”

The reason behind the ritual is key to understanding its importance within a culture; “[i]n a social setting, rituals both express and renew certain basic values of that society, especially regarding the relationships of man to man, man to nature, and man to the supernatural world, relationships that are integral to the functioning of any human group (Helman 1990: 193).” A ritual consists of certain actions but many times it also includes items that are symbolic for the group.

“[Symbolic items] include certain standardized objects, clothing, movements, gestures, words, sounds, songs, music and scents used in rituals, as well as the fixed order in which they appear (Helman 1990: 193).” Symbols used within ritual are able to help renew those basic values of a culture. “The manipulation of symbols, however, is only a means to an end. Its purpose is to bring a cure. That is done, psychosomatic research tells us, by harnessing the power of the mind and the body’s own ability to heal itself (Brown 1998: 129).”

Ritual can fulfill many different functions for the individual or group. “In situations of unexpected misfortune or ill-health, rituals provide a standardized way of explaining and controlling the unknown (Helman 1990: 206).” One area in which ritual action is key is the area of healing which is important to this discussion of Catholicism in the healing realm. Somé (1993) suggests, "that the road to correcting ills goes through the challenging path of ritual (p. 97).” How the rituals actually help those who are ill is key to understanding a ritual’s importance. The established effects of religion on health are important to return to at this point. Religion can act as a de-stressor for patients and it
is in the form of ritual that those patients can express and renew those basic beliefs in their religion. "Rituals dealing with ill-health can protect the participants in two ways, either psychologically or physically. The role of rituals [in] in protecting against the anxiety and uncertainty associated with illness, death and other misfortune (Helman 1990: 209)."

Within Catholic doctrine, small rituals have important meaning for each member of that culture, especially in the realm of healing. "[In Catholicism], patients can resort to a variety of saints and lengthy prayers (repetition of rosary prayers) that can render therapeutic rituals complex (Avalos 1999: 22)." In fact, the use of the rosary prayer is essential for the Marian healing shrines; "[t]he careful exposition of devotion using the rosary is especially relevant to the Marian shrines, where this prayer has been a central feature, since Lourdes (1858) in particular (Maunder 1991: 281)." There is a chanting of the rosary by a priest every hour at Lourdes and most people recite along with the priest; the language of the priest who leads the rosary prayer is often French though there is recitation in other languages. The actual recitation of the prayer by the pilgrims to the site is a sound to be heard; a melody of languages chanting in unison. This is once again something that helps to unite those at Lourdes in the Catholic faith, no matter how different they are from one another.

The common rituals within Catholicism as a whole are present at Lourdes as seen by the use of the rosary prayer. The pilgrims use both the rosary as well as simple prayer to reach God; they pray for their loved ones, for the person in the wheelchair next to them, and for themselves even. This is important to these people and they enact a
performance dictated by tradition and a common culture. The performance is beautiful to behold with all of the people fulfilling their role within their group.

Along with these small rituals, there are other rituals specific to Lourdes and other Marian shrines such as pilgrimage. "Pilgrimmages...are one form in which the rigidity of structure is attenuated, offering a model of communitas (Bowen 1998b: 8)." Some of the rituals of pilgrimage associated with Lourdes are "the trains, the stretchers, the crippled and dying escorted to the Grotto by nuns and lay helpers, [and] the massive Eucharistic processions (Harris 1999: 210)." At Lourdes, the pilgrims amount to approximately 5 million visitors every year (OLEANE 2001e: internet document).

The journey to Lourdes is often long and hard; many are ill and suffer a lot of pain. "The pilgrimage fulfills a need in the lives of those who are seriously ill which is overlooked by modern medical treatment. The sick pilgrims feel better, not in the sense of receiving a cure - but in the sense of feeling stronger and happier and more reconciled to their lives (Marnham 1981: vii.)" This sense of feeling stronger and happier is important to those who are ill; this pilgrimage and location help to maintain and improve the mental aspect of health for them. It is a way to clear one's head and once again reaffirm one's beliefs. "Pilgrims felt themselves 'stained', and the object of the journey was to remove the dirty patch on their bodies and souls, a physical image of contamination requiring purification (Harris 1999: 291)."

While ptrifying the mind, there was ritual action also associated with purification; one of the most important aspects of ritual other than pilgrimage is the ritual associated with the water of Lourdes. In the ninth apparition of the Virgin at Lourdes, "a spring emerged (or was discovered), and the water of this spring began to effect miraculous
cures. Lourdes quickly became the most famous healing shrine in the Catholic world, and the story of Lourdes and its miracles caught the imagination of the world (Mullin 1996: 120).” There were many options at Lourdes to utilize the water for healing and purification such as drinking the water and bathing in it.

An example of a miracle that occurred with the drinking of the water at Lourdes is the story of Monsieur Pierre De Rudder of Belgium. In 1867, Monsieur De Rudder had the misfortune of a tree falling on his left leg. His leg was severely broken and after weeks, he leg had still not healed, there was an open wound on the leg as well as an ulceration on his foot. After many months of treatment, his doctor could not heal the leg and determined that his leg needed to be amputated; he refused to let this happen. He remained confined to his bed for a year; after this, he moved around on crutches though he the effort caused him much pain.

In 1875, he was finally able to make the trip to Lourdes as he had wished to do; he went directly to the Grotto, the actual location where Bernadette saw the apparitions. This is the site where the chanting of the rosary occurs every hour and where the spring appeared. His wife gave him a drink of the water from the fountain and he returned to the Grotto near the fountain and began to pray. “Suddenly, he felt a strange sensation. He was upset, shaken, agitated. Forgetting his crutches, without which he had not taken a single step for eight long years, he rose and walked through the rows of pilgrims (Sharkey 1945: 128).” He walked to have his leg examined. “The leg and the foot, both of which had been swollen a short time before, had gone down to their normal size and the plaster and the bandages had fallen off as a result. The two wounds were healed and the two broken bones were united in spite of the distance that had separated them
The lack of worry or preoccupation was immersed in faith. Faith in the idea that the lack of worry or preoccupation was immersed in faith. Faith is the basis of truth. Faith is the idea that they would not become ill in this holy location. Faith is the basis of truth. Faith is the idea that they would not become ill in this holy location. Faith is the idea that they would not become ill in this holy location. Faith is the idea that they would not become ill in this holy location. Faith is the idea that they would not become ill in this holy location. Faith is the idea that they would not become ill in this holy location. Faith is the idea that they would not become ill in this holy location. Faith is the idea that they would not become ill in this holy location. Faith is the idea that they would not become ill in this holy location.

The illness of previous occupants—she wrote in the baths was changed only twice daily—worry that they would acquire any other disease. "The faithful never need to worry away what they attired with. In fact, for those who were ill, there was no preoccupation or dangerous situation, it is believed that no person fell with an illness other than the one who visited the baths were sick with infectious diseases. While this was a problem, it was not followed by epidemic standards known today. In the early 19th century, many of the baths and laundries were determined to be immersed in the water. The conditions of the baths and laundries were determined to be immersed in the water. The conditions of the baths and laundries were determined to be immersed in the water. The conditions of the baths and laundries were determined to be immersed in the water. The conditions of the baths and laundries were determined to be immersed in the water. The conditions of the baths and laundries were determined to be immersed in the water. The conditions of the baths and laundries were determined to be immersed in the water. The conditions of the baths and laundries were determined to be immersed in the water.

Another important usage of the water in religious section is washing at the site. Sacred locations are associated with healing at the site. Sacred locations are associated with healing at the site. Sacred locations are associated with healing at the site. Sacred locations are associated with healing at the site. Sacred locations are associated with healing at the site. Sacred locations are associated with healing at the site. Sacred locations are associated with healing at the site. Sacred locations are associated with healing at the site. Sacred locations are associated with healing at the site.

"(Sharky 1945: 219) Upon examination of his legs bones on his death, there was evidence of the treading in the leg yet the leg was the same length of the other, which is..."
rather see God as their active partner in the continuous struggle to achieve peace and balance in their lives (Koenig 1999: 27).”

At Lourdes, there is intense faith behind the ritual action: “[f]aith was expressed through the body: how the sufferers conducted themselves, how others in turn treated and cared for them, was the most perfect expression of the spirituality they sought (Harris 1999: 287).” Within those in Catholic culture, an integral part of the healing process is faith. My informant stated that “[p]eople think that it’s like a freak show, you go to a church, ask a priest can you heal me, but that’s not how it works, someone has to have real faith. And then miracles happen sometimes.” One cannot just pretend that he or she wants to be healed, there needs to be a belief in the rituals that are being performed and a belief in the higher power of God to heal and protect you. My informant continued to say that “[f]aith is the most important thing in religion.”

The story of Lourdes has loaned itself to literature since the time of the apparitions; many of the authors are believers though others went to discount the miraculous healings. A common theme though remains in all of the works on Lourdes: the faith of those who pilgrimaged to Lourdes. Mullin (1996) states it best:

One finds a wistful and nostalgic quality in many of these accounts [of Lourdes], as if the authors were observing a world in which the acids of modernity had not yet begun to eat away the innocence of faith. They might often criticize the doctrines they heard, or the commercialism they observed, but not the faith itself, which was quite often pictured in a positive light (p. 123).

Emile Zola wrote one of the most well known literary works of the time on Lourdes. A late 19th century French author, he did not believe in the ability of Lourdes to heal and was a big critic of religion and the belief in miracles. His book was meant to disprove those miraculous healings at Lourdes. Yet throughout the novel “again and
again Zola returns to the pilgrims themselves, and in their faith, no matter how misguided, he sees a glimpse of true reality. The power of Lourdes, he implies, lay not in its dogmas nor its alleged miracles but in its moral vision (Mulling 1996: 136).” While overall he may not have believed in the doctrine of a religion, he was truly struck by the faith of those within the religion.

In many ways, faith and ritual have a reciprocal relationship. It is a cycle; completing the rituals is important to maintain faith and vice versa. This idea of faith is crucial in understanding basis of healing in Lourdes. The belief that one can be healed at Lourdes is key to belief in Catholicism. That the adherents to Catholicism believe in the miracles at Lourdes is important to this paper.
II. CATHOLICISM VERSUS BIOMEDICINE

In the realm of religion and health, it is often hard to talk about religious healings, such as miracles, within the context of a system such as biomedicine. The scientific background of biomedicine does not often allow itself to look at things that are often considered be of the supernatural realm. In many ways, this is one of the core problems between Catholicism and biomedicine.

WHAT IS BIOMEDICINE?

The theory behind medicine is best explained by Kleinman (1995): "its self-portrait is of a scientific, technological program that is continuously progressing in acquisition of knowledge and especially in deployment of powerful therapeutic options (Kleinman 1995: 34)." The focus of biomedicine is more so on the physical tangible illnesses and healing practices. "Medicine, like Western science generally, is based on scientific rationality (italics used by author) (Helman 1990: 86)." Yet as previously discussed, religion has positive effects on health and healing. The physical domain of illness is truly important but "[b]ecause modern medicine focuses more on the physical dimension of illness, factors such as the personality, religious belief, and socioeconomic
status of the patient are often considered irrelevant in making the diagnosis or prescribing treatment (Helman 1990: 89).” This idea is indicative of Western culture today; “[w]estern industrialized society’s emphasis [is] on...privacy and individualism. This model conceives of the person as an autonomous unit, independent of and isolated from other individuals and from social and cultural contexts, as the patient is when he or she enters the physician’s cubicle for consultation (Finkler 1998: 121).”

SCIENCE AND RELIGION: A Brief History

Historically, science has focused on the tangible and rational while religion has seemed to be less tangible. Religion is one of the oldest systems in human history; at the dawn of science, there was need to separate the two as not to disturb the many structures put into place by religion. Hippocrates (ca. 400BC), whose time was dominated by religion, was “determined to eradicate the vestiges of magico-religious thinking about the human body and to introduce a rational basis for clinical practice (Schepel-Hughes and Lock 1998: 210).” His views are still prevalent today within the realm of medicine through the Hippocratic oath.

Further down the line in history, Rene Descartes (1596-1650) also produced an important theme in biomedicine: the dichotomy between mind and body. He believed that the two were separate entities. “[I]n this way Descartes, a devout Catholic, was able to preserve the soul as the domain of theology, and to legitimate the body as the domain of science (Schepel-Hughes and Lock 1998: 210).” He was able to do what biomedicine has continued to do until recently; he started the concept of medicalization. Within medicalization, every thing, concept, or action must be explained by some scientific answer. “Medicalization inevitably entails a missed identification between the individual
and the social bodies, and a tendency to transform the social into the biological (Scheper-Hughes and Lock 1998: 211)."

This is the basis of biomedicine and has promoted many problems between science and religion. Science did not have a grasp on the empirical evidence that it is based on today; religion had a strong hold on views on life and health. It was not until the late 1800’s that medicine as a science was able to strengthen its position through new revolutions of medicine. Along with these medical revelations, there was influx of information within the realm of public health, “such as sewage disposal and water purification. The result was that sickness, pain, and premature death were no longer viewed as immovable points on the human landscape, but as problems that could be removed through human intelligence and ingenuity (Mullin 1996: 87).” As this revolution in thinking occurred, medicine and science was granted far more public authority and prestige than it had earlier experienced (Mullin 1996: 87).” As science gained authority, religion began to lose some of its importance in the realm of healing as many questions were being answered by science.

Science grew in importance and continued to use the model put forth by Descartes on the idea of a dichotomy between the mind and body; the body was the property of science and the mind still the property of religion. Religion began to integrate some of the scientific principles that were proven as it was realized that this new science was strengthened by its methods. It was in this way that both science and religion were able to both remain important belief systems. Today, “religion has not only retained its importance for many, perhaps most people in the United States and Europe, it has
become a subject of much current political debate about national culture and political practice (Bowen 1998a: 3)."

**RELIGION AND BIOMEDICAL SCIENCE TODAY**

Today, religion and biomedicine are starting to walk hand-in-hand. Both sides have made concessions with respect to work together in the healing realm. Many of the initial hospitals were established by religion while adhering to those scientific principles important to biomedicine. Even today, there are many hospitals run by religious organizations, including the Catholic Church.

Within Catholicism specifically, the realm of biomedicine has been integrated into healing shrines such as Lourdes, as seen in the discussion on the Medical Bureau. "Although the scientific status of the medical bureau was a continuing source of debate between defenders of Lourdes and its critics, the very fact that such procedures were set up was an acknowledgement of the authority of scientific and medical professionals to decide what was and what was not a miracle (Mullin 1996: 121)." Catholicism recognized that by making sure that the miracles were inexplicable by biomedicine, it would be able to maintain its validity as a religion and a belief system in the new age of science.

In the realm of science, there is information now on the effects of religion on health within biomedicine as stated previously and seen in Appendix B. "Another positive aspect of this new interest in the health-faith think [by biomedicine] is the growing recognition that the once-nebulous mind-body connection is a critical factor in the whole-person medicine that many clinicians now try to practice (Koenig 1999: 259)." These physicians are doing so because "[t]he researchers have begun to realize that
expressions of spirituality have measurable effects on health and well-being. This information is causing a revolution in medical research, medical education, and clinical practice (Levin 2001: 3)." This importance placed on religion seen recently came about because of the weaknesses of biomedicine in respect to the mind-body dichotomy. In many respects, "biomedicine is still caught in the clutches of the Cartesian dichotomy and its related oppositions of nature and culture, natural and supernatural, real and unreal (Scheper-Hughes and Lock 1998: 220)." While biomedicine is consistently caught in this dichotomy, if it works hand in hand with religion, specifically Catholicism, it will be able to fill both sides of the dichotomy and promote a more complete healing experience. It has started working on the effects of religion recently but it is only focusing on those aspects that can be seen physically; within biomedicine, "[p]henomena relating to health and sickness only become ‘real’ when they can be objectively (Italics used by author) observed and measured under these conditions. Once they have been observed, and often quantified, they become clinical ‘facts’, the cause and affect of which must then be discovered (Helman 1990: 87)."

This importance placed on being able to objectively observe and measure the effects of religion on the body and health is seen recently in a study by Andrew Newberg, Eugene D’Aquili and Vince Rause at the University of Pennsylvania. Their research focused on determining whether the effects of meditation by Tibetan monks and Franciscan nuns are visible in the brain and their results were published in 2001 in a book, Why God Won’t Go Away. After speaking with these monks and nuns, they found a common theme in their explanation of the feeling while meditating; both stated that they felt as if they were closer to everyone/everything and God respectively. This feeling
describes the idea of the knowledge of temporality and spatiality; the researchers realized that this could be closely linked to the orientation association area (OAA) as it has been shown in other studies that the OAA seems to be the area where these two concepts are situated. Newberg et. al. (2001) state that they believe “that the orientation association area is extremely important in the brain’s sense of mystical and religious experiences, which often involve altered perceptions of space and time, self and ego (p. 29).” The OAA, generally, is an area with high activity levels as we are constantly discerning where we are and what we are doing. So using SPECT scans, they evaluated the blood flow in certain areas in the brain at the normal state of the participants and then observed at the peak of meditation. “The scans taken at the peak of [the] meditative state...show the orientation area to be bathed in...colors that indicate a sharp reduction in activity levels. This information was a scientific measurement of the feelings put forth by the participants about their religious experience in meditation. Newberg (2001) states later on in the book, “[N]eurology can reconcile the rift between science and religion, by showing them to be powerful but incomplete pathways to the same ultimate reality (p. 168-9).”

Looking at other healing systems based in religion, there have been calls for biomedicine to learn from these other cultures and their ability to encompass mind, body and soul in their health care system. The !Kung, one of the most frequently observed groups by anthropologists in terms of their healings system, Konner (1998) states that they “may have something to teach Western physicians about the psychological, and even spiritual, dimensions of illness (Konner 1998: 176).” Many may think that looking at other cultures that use the importance of spirituality in their healing systems makes them
seem less valid, but the problem with that statement is the fact that those critics are looking through the eyes of biomedicine. These systems work for these individuals. “There is a virtual consensus among anthropologists that in its psychosocial supportive dimension, non-Western medicine is often remarkably effective (Foster and Anderson 1978: 128).”

Finkler did interesting study in 1998 comparing sacred healing and biomedicine; she observed Spiritualism and biomedicine in urban Mexico to understand how they differed. She determined that the most important distinction to make between these two systems is the healer. “[H]ealers resolve contradictions for patients that physicians cannot because the biomedical script requires physicians to focus on discrete physical pains while the patient is experiencing a timeless and overbearing pain that is not necessarily localized in chronological time or confined to a specific body part (Finkler 1998: 124).” She points out that while the two systems “are rooted in disparate realities and distinct epistemologies...they become unified in day-to-day life by the people who resort to them, a phenomenon that has been recognized cross-culturally (p. 119).” While these two systems are both so different, they are integrated with each other in this culture.

Biomedicine is the dominant medical system in Western society today and to understand Catholicism within the realm of healing, it is important to evaluate Catholicism and biomedicine together. What is the role of Catholicism as a religion within biomedicine? As stated above, as disciplines, the two areas, religion and science have been pitted against each other because of their belief systems. Yet, as they move toward fixing that rift, the comparison between Catholicism and biomedicine will become
much easier. To understand biomedicine and Catholicism working together within healing, it is important to understand what determines something to be a medical system; this is will be discussed in the next chapter using anthropological literature.
III. CATHOLICISM AND BIOMEDICINE: Two Parts of One Whole

"The religious framework of a culture is of utmost importance in determining the type of health care that a culture develops. Such influence, however, is not unidirectional. Health care needs also help to shape religious frameworks (Avalos 1999: 20)." This is important in understanding that Catholicism is a religion that has developed its own health care system that is complementary to biomedicine. This may seem contradictory in a way but it is important to understand that "[a] health care system may be defined as a set of interacting resources, institutions, and strategies that are intended to maintain or restore health in a particular community (Avalos 1991: 19)." Catholicism has shown to affect positive health outcomes while interacting with biomedicine. When evaluating the medical system of the Western tradition, Catholicism cannot be left out of the mix. "[T]he monotheism of the Western tradition has had a determinative effect on biomedicine (Kleinman 1995: 27)."

Similar to patient’s beliefs in the study of Spiritualism and Catholicism (Finkler 1998), a Catholic individual believes in Catholicism has a cultural system as well as a healing system. This complementary relationship between biomedicine and Catholicism
is logical to those who are within the culture. My informant validates this idea by saying

"I think everyone has a different idea, but for me, I think that healing as in physically
healing, [Catholicism] helps. But for me, I don’t really care about physical healing, for
me mentally is a lot more important." They have their own beliefs as to what works and
what does not. Brown 1998 also offers another example about the integration of different
systems into one medical system:

For example, in David Jones’ ethnography Sanapia: A Comanche Medicine Woman
(1972), that medical system combined traditional Comanche beliefs and herbal
knowledge with fundamentalist Christian beliefs, as well as the peyote practices of the
Native American church. These diverse elements are combined in Sanapia’s unique
‘medicine way’ that seems logically consistent to her (Brown 1998: 169).

The ability of patients to use many different systems as a conglomerate medical
system is validated within the anthropological literature on medical systems.

ANTHROPOLOGICAL LITERATURE ON MEDICAL SYSTEMS

"Anthropologists have pointed out that any society’s medical system cannot be
studied in isolation from other aspects of that society, especially its social, religious,
political and economic organization (Helman 1990: 54).” Looking at definitions of
medical system, the most widely used work in anthropology is the work done by Foster
and Anderson (1978). They offer a comprehensive definition of medical system:

The term [medical system] properly embraces the totality of health knowledge, beliefs,
skills, and practices of the members of every group. It should be used in a
comprehensive sense to include all (Italics used by authors) of the clinical and
nonclinical activities, the formal and informal institutions, and any other activities that,
however tangentially, bear on the health levels of the group and promote optimum
functioning of the society (p. 36).

Catholicism, being a part of Western culture, has redefined itself to mesh with
biomedicine. It has been shown that biomedicine and Catholicism are both integral parts
of Western culture; it also has been shown that they both “bear on the health levels of the
group (Foster and Anderson 1978: 36).” While biomedicine is the dominant medical system in Western culture, both are a part of one whole medical system for Catholics and need to be evaluated as such. “[T]he dominant system of health care of any society cannot be studied in isolation from other aspects of that society, because the medical system (Italics used by author)—or professional sector of health care—does not exist in a social or cultural vacuum (Helman 1990: 65).”

Viewing biomedicine and Catholicism as two medical systems that work together is a concept known as medical pluralism. “Medical pluralism means that multiple medical systems coexist in a single social context, and therefore people choose from a variety of medical-therapy options to deal with their complaints (Brown 1998: 243).” This concept seems to be more of a correct representation of the two systems. People within Catholicism make the choices between the two systems. My informant iterated his process of choosing between the healing systems to me: “You know that you need a little more than doctors so that’s when you ask for god’s help.”

Foster and Anderson (1978) have also determined some universals in medical systems; these universals can also be used to help understand the relationship between biomedicine and Catholicism as a part of one medical system. First, they state that medical systems are integral parts of cultures. “In short, medical systems cannot be understood solely in terms of themselves; only when they are seen as parts of total cultural patterns can they be fully appreciated (Foster and Anderson 1978: 39).” This once again validates the idea that biomedicine and Catholicism work together to form one conglomerate medical system for those within Catholic culture. In fact, identifying the two as subsets of one medical system is important to be able to understand the whole
medical system. "[W]e must identify subsystems or multiple institutions within a single medical system in order to deal with it in any systematic manner (Foster and Anderson 1978: 37)."

The next two universals are in conjunction with the two identified main parts of a medical system: "(1) a 'disease theory' system, and (2) a 'health care' system (Foster and Anderson 1978: 37)." A disease theory system is the understanding that "[s]ocieties define illness in different fashions, and symptoms that are accepted as evidence of illness in one society maybe ignored in the next. Definitions within the same society may also change over time (Foster and Anderson 1978: 40)." Catholicism accepts illness as defined by biomedicine. Yet, the overarching in Catholicism is the belief that somehow there is some larger reason for illness and possibly death; this concept is stated by my informant, "if [God] really wants that person next to him, then he won't [heal them]."

Another universal is that all medical systems have both a system to prevent and a system to heal illness; this is the health care system. "The manifest function of a health care system is to mobilize the resources of the patient, his family, and his society to bring them to bear on his problem (Foster and Anderson 1978: 37)." It is within this realm that the role of healing in Catholicism is important. Biomedicine offers its theories and methods of healing within science that is not always enough for the patient, such is the role of religion within the context of healing. Amongst Catholics, there is a need for more than doctors at times, as stated by my informant: "doctors are human; and human power is limited. So sometimes, you want to ask for a little bit more. Who could do that better than god?"
The final concept is that medical systems play many roles in the culture other than that which is obvious, a healing system or a disease causation theory. "[M]edical systems fulfill a number of functions essential to the well-being of the culture of which they are a part, functions which often are not recognized by members of the group themselves, but that are adaptive in the sense that they in some way promote the well-being of the group (Foster and Anderson 1978: 42)." This was shown in the evaluation of the ritual at Lourdes; it helped to reaffirm their faith in religion, which is able to overall help these people have a better outlook on life.

When looking at medical systems, I would be remiss if I did not write about healers in the context of the medical system. "Medical systems need to be understood from within, as experienced by healers, patients, and others whose minds and hearts have both become involved in this important human undertaking (Laderman and Roseman 1996: 13)."

ANTHROPOLOGICAL LITERATURE ON HEALERS

The healers are the outward manifestation of the knowledge within their medical system. Konner (1998) offers up the role of healer in medical systems:

All folk healing systems—and modern scientific medicine, too—are based on the relationship between healer and the victim of the illness. The behavioral and psychological features of this relationship—such elements as authority, trust, shared beliefs, teaching, nurturance, and kindness—significantly, and sometimes dramatically affect the course of illness, promoting healing and preventing recurrence (p. 176).

Through an understanding of the healers in this complex medical system consisting of biomedicine and Catholicism, we can see how these two ideologies overlap and take on separate roles. It is in the role of healer that these two systems can be put together to form this unique Western medical system for those within Catholicism.
The best way to understand the roles played by healers is to initially look at Kleinman’s three sectors of health care. “[He] has suggested that, in looking at any complex society, one can identify three overlapping sectors of health care: the *popular* sector, the *folk* sector, and the *professional* (all italics used by author) sector (Helman 1990: 54).” In general, these sectors of health care have their own healers associated with them; this is the realm that we want to evaluate. “In general, ill people move freely between the popular and the other two sectors, and back again, especially when treatment in that sector fails to relieve physical discomfort or emotional distress (Helman 1990: 58).”

The popular sector is that arena namely of self-treatment or over-the-counter drugs. It “is the lay, non-professional, non-specialist domain of society, where ill-health is first recognized and defined, and health care activities are initiated. It includes all the therapeutic options that people utilize without any payment and without consulting other folk healers or medical practitioners (Helman 1990: 56).” Important also in the discussion of the popular sector is the idea of health maintenance; “[t]he popular sector usually includes a set of beliefs about *health maintenance* (Italics used by author) (Helman 1990: 56).” As shown in chapter one of this paper, religion has been shown to have positive lifestyle effects that are key to health maintenance; this reflects the way in which the culture of religion is ingrained in those within it.

The next sector, folk, is the most important in understanding the religious aspect to the healing system; “[i]n this sector...certain individuals specialize in forms of healing which are either *sacred* or *secular* (Italics used by author), or a mixture of the two. These healers are not part of the ‘official’ medical system, and occupy an intermediate position
between the popular and professional sectors (Helman 1990: 58-9).” Within Catholicism, it is hard to truly determine who the healers actually are. For the individual, God is the healer; the actual physical manifestation of God is through the symbols and rituals that have been previously been discussed. These symbols are the vehicles to reach God. “In Catholic countries Christ and the saints are believed to have special powers to cure or to enable living men to cure. (Foster and Anderson 1978: 106).” These saints and Virgin Mary are symbolic of the power of God to heal.

The final sector of Kleinman’s three is the professional sector; “[t]his comprises the organized, legally sanctioned healing professions, such as modern Western scientific medicine (Helman 1990: 63).” It is within this realm that biomedical fits in as “modern scientific medicine.” Helman (1990) points out the tense relationship between biomedicine and Catholicism; “[t]he relationships between folk and professional healers tend to be marked by mutual distrust and suspicion (Helman 1990: 63).” This distrust is usually associated with two different belief systems that are brought together into one large system.

Healers also have certain characteristics associated with them. Brown (1998) discusses how healers differentiate themselves from others in the culture using any symbol such as a stethoscope, or certain clothes such as the white lab coat. This is important to understand because upon seeing those symbols, the people in that culture know that person’s role in their social group. Also, that projects a sense of respect for the healer and that respect helps people to put their faith in the healer’s capabilities. “The use of symbols, like the doctor’s white coat, plays an important role in reinforcing the patient’s beliefs; these symbols can be objects or words, but they have special
meaning to participants (Brown 1998: 129).” It is important to point out here that the healer in Catholicism is unseen; the symbols of the rosary, a cross, and maybe even statues are symbolic of the power of God to heal. My informant gave an example of this:

There is a priest who has the power to heal people. And that is his cross, blessed by him, and when my dad went there, he brought me a couple of crosses, and one never left my neck since 5 and a half years ago. I keep it to protect myself from evil and so far nothing bad has happened to me.

The priest is also an important symbol of the power of God; the priest leads the common rituals associated with healing such as the chanting of the rosary at Lourdes. The water is shown to be important in the healing process as a symbol of the power of God. It is these symbols and the ritual associated with them that helps those within Catholicism to maintain and even strengthen their faith in Catholicism.

Another common theme found amongst healers was their ability for compassion and caring toward all that are sick. “In analyzing his data [Lawrence LeShan] discovered that these healers had one characteristic in common: genuine love for others and a belief that they were channels of a greater love than their own (Kelsey 1995: 209).” Within Catholicism and healing, the Virgin Mary is the compassionate being; she is the mother figure within Catholicism. She takes on the role of protector and healer. This concept of Mary as a compassionate mother is best shown in Don Sharkey’s personal account of Mary in his book (1945):

In the story of Lourdes one fact stands out like a great beacon of hope in the darkness that surrounds us. The fact is that our Lady wants (italics used by author) to help us and that she is making every effort to do so...She did these things because she is a kind and loving mother who saw her children straying from the path that had been laid out for them and becoming lost in a morass of indifferentism. She wished to extend them a helping hand before they were lost forever (p. 156).
A common theme within Catholicism is that the Virgin Mary will appear in a location warning people of bad things to come, as in Medjugojja, acting as a protector; she also appears, as in Lourdes, as the healer.

Catholicism and biomedicine as a conglomerate medical system seem to work well together for the benefit of their patients. Yet there is still one main problem: miracle. The importance of miracle to Catholicism has been established yet miracle for science is still a violation of the laws of nature and therefore against its whole belief system. For Catholics, it is simple; “[t]hat we do not understand why one person is healed and another is not, is a reflection on our imperfect human knowledge (Kelsey 1995: 294-295).” It is all a question of knowledge.
IV. CATHOLIC MIRACLES AS PLACEBO EFFECT

Since miracle is such a large part of healing within Catholicism and biomedicine is starting to accept religion as having positive effects on health, it is key to try to evaluate miracle in a way that does not conflict with biomedicine. Mullin (1996) explains the controversy caused by miracle in the sciences:

To allege that miracles are real is to assert that outside of the phenomenal world there is a personal reality that intervenes within the phenomenal world. It is to maintain that these interventions are important to the believing community and to imply that these interventions highlight the nature of the received faith. Cast in such categories, it is little wonder that miracles have been both important and hugely controversial (p. 7).

This controversy is what this section hopes to evaluate and come to conclusions that can help maintain and improve the complementary relationship between Catholicism and biomedicine.

MIRACLE WITHIN BIOMEDICINE

The idea that a miracle is a physical event which is beyond the ability of nature to produce is essentially an expression of our conviction that a miracle is supernaturally caused. We are convinced that it cannot be explained in terms of the normal workings of nature, but demands an explanation in terms of something, or better, someone, acting upon nature. It is an event which demands an explanation in terms of a transcendent cause (Larner 1988: 6).

Miracle is a term that has socially constructed meanings; within Catholicism, as shown previously, miracle is an important part of healing within the church. It is highly
ritualized. Moerman (2001) points out that “Symbolic, meaningful acts in a medical context can have a substantial effect on the sick person’s experience of illness; they can have a substantial effect on actual physical lesions and, indeed, on mortality (Moerman 2001: 65).”

Within biomedicine, a discipline that prides itself on its scientific basis, miracle has a negative connotation. "As one nineteenth-century commentator observed, 'The plain fact is that the progress of civilisation produces a certain tone and habit of thought which make men recoil from miraculous narratives with an instinctive and immediate repugnance (Mullin 1996: 2)." This repugnance is seen consistently through literature but the goal of this section is to evaluate miracle in such a way that miracle would not be so problematic.

"The first assumption that because, by definition, miracles are violations of the laws of nature, any evidence for them must conflict with the vast amount of evidence supporting belief in the laws of nature (Larmer 1988: x).” Biomedicine as a scientific discipline is based on those laws of nature. Brody explains the position of science on this issue very well (1980):

Scientists conducting research rely heavily not only on the explicitly stated laws ad theories of their science, but also on a set of assumptions and explanatory presuppositions which remains implicit in which uniquely characterizes the science they are engaged in. These presuppositions create expectations about the world and suggest both what sorts of phenomenon are most usefully studied and how observations or experiments are best carried out. The presuppositions are thus very useful in guiding scientific research and in steering scientists away from troublesome areas not accessible to the scientific tools at hand. But invariably data are collected which are at odds with this set of presuppositions and which are unexpected according to the accepted laws and theories (Brody 1980: 25).

This paragraph truly shows what the problems are for biomedicine in this realm; things that are not explainable through their presuppositions about nature are truly problematic for the discipline to evaluate.
Yet another scientific discipline, as Schroeder 1997 points out, has helped to change our understanding of what nature actually is: “[n]ot only are miracles theoretically possible according to quantum mechanics, they are observed regularly in physics labs. In the pristine air of academia, they are referred to as ‘insufficiently caused events,’ events that can be observed but that cannot be explained by the conditions that preceded them (p. 74).” Maybe a miracle is not truly a violation of the laws of nature but something that is just not understood at this time. “In the case of religious healing, the unusual or miraculous quality most often has to do with the time factor, and this offers little difficulty when one views time in the relative manner of modern thought. Instantaneous healing is no more a breach of natural law than air-lifting a fifty-ton cargo (Kelsey 1995: 293).”

“[M]iracle need not be regarded as an overriding of nature, but merely as an unusual and religiously significant coincidence (Larner 1988: 7).” In fact, there are things that cannot be understood through biomedicine at this moment though they are still accepted by the discipline. An evaluation of miracle as something that is inexplicable at this time through the laws of nature could open the door to a new realm of healing.

As there is a problem with the social construction and negativity associated with miracle within biomedicine, it is important to liken miracle to something accepted though not understood within biomedicine. Within anthropological literature, Hahn and Kleinman have labeled “unexplained cures attributed to faith, suggestion, catharsis, drama and ritual” as placebo effects (Schep-Hughes and Lock 1998: 220). Miracle, in the realm of Catholicism, is an “unexplained cure” with deep roots in ritual and faith.
PLACEBO EFFECT

“The placebo effect in modern medicine is widespread and common (Jospe 1978: 7).” It is used in clinical studies on the efficacy of medication; if a study is not controlled for placebo, it is less valid. Within biomedicine, the placebo effect is not understood as in the cause of the effect. Yet biomedicine has accepted that there is a placebo effect and it is evaluated within the realm of healing; “[a]lthough we do not fully understand the power of placebos, we should begin to harness their use (Tausk 1998: 1422-1425).”

Within medical literature, there are many definitions of placebo effect. “The term *placebo effect* (Italics used by author) can be construed very narrowly to refer to only a few sorts of phenomena, or very broadly to include much of medical practice and many nonmedical occurrences as well (Brody 1980: 29).” Trying to understand placebo through the broad sense is important since it is still not understood. Since placebo effect is not understood and also hard to measure since the source of it is still unknown, the “nonmedical occurrences” can help bring about the understanding of it. Placebo effect is a complicated concept; Moerman (2001) explains the complexity of placebo:

Regardless of how omnipotent the placebo effect is (or perhaps because of that omnipotence), it is not a simple or straightforward process to recognize and isolate for analysis. In part, the difficulty of measuring placebo effects is a consequence of the complexity of the human healing process and the complexity of *measuring* (Italics used by author) the various elements of this process (p. 56).

This complexity of the process of healing also lends itself to a broad definition of placebo effect; alienating any possible information leading to the cause would hinder the understanding of placebo effect. Looking at placebo effect broadly leads to a definition used in Kirsch and Lynn 1999: “placebo effects are automatic consequences of the person’s beliefs. (p.504-515, p. 4 of internet version).”
MIRACLE AS PLACEBO EFFECT

One important line of investigation is suggested by the possibility that psychological mechanisms might produce bodily changes and that such changes depend on the belief state of the subject, a situation which would seem to have important consequences for theories of the mind-body relationship (Brody 1980: 44).

Since miracle does not have to be a violation of the laws of nature, it could be "automatic consequences of the person's beliefs" as Kirsch and Lynn (1999) state. The strength of miracle within religion is the fact that there is faith in it as seen with the miracles of Lourdes. In discussing a trip to Lourdes to observe the healings that occurred, Shapiro and Shapiro (1997) stated that "[t]he effectiveness of religious healing... is based not on controlled studies but on faith, and if it works, it is highly likely that this is due to the placebo effect (Shapiro and Shapiro 1997: 46)." They felt that they could not help but get caught up in the energy surrounding the ritual in the place and were impressed by the expressions of faith.

So what could looking at miracle as placebo effect offer for science? While it obviously offers a realm of understanding that is already established within science. It could also expand the realm of understanding the biological basis of religion as discussed in the previous chapter. As healing is an important part in Catholicism, it could help one to understand the overall affects of religion within the brain.

Anthropologically, it is important to try to understand miracles within the realm of biomedicine as we work between disciplines often. It is seen that miracles are important to Catholic culture itself and therefore should be studied. Yet, for these miracles to be understood and taken seriously in the realm of science, we "must maintain conceptual agility in order to remain relevant as anthropologists. This requires approaching problems from a multi positioned vantage as distinct from a path of least resistance (Hill 1991: 10)." The pathway of least resistance at the moment is trying to
understand miracle through the standards of biomedicine; we do not concede much as we
know that miracle is important within Catholicism. Within the neurological studies,
Newberg (2001) had conceded that:

[Both spiritual experiences and experiences of a more ordinary material nature are made
real to the mind in the very same way—through the processing powers of the brain and
the cognitive functions of the mind. Whatever the ultimate nature of spiritual experience
might be—whether it is in fact a perception of an actual spiritual reality, or merely an
interpretation of sheer neurological function—all that is meaningful in human spirituality
happens in the mind (p. 37).

This is important to see that while this paper was not meant to determine miracle to be by
the grace of God, by some cognitive function, by a mix of the both or some other
unknown possibility, the mystery of miracles is similar to that of the placebo effect.

What is known is that there is unexplained healing and if there can be research done on
understanding the process by which this occurs, this could open the doors to a new realm
of understanding within healing. D’Aquili (1993) states it best, “[t]o stop questioning, to
stop exploring, to stop proposing the seemingly outrageous (so long as it is grounded in
the science of one’s time and empirically tested) is to deny the essentially religious nature
of one’s humanity (p. 266).”
CONCLUSION

Catholicism and biomedicine are both parts to one conglomerate medical system for those people are in Catholic culture. Miracle is an important part of the realm of healing in Catholicism. It has previously been a subject of controversy within science as it has been deemed a violation of the laws of nature (Larmer 1988: x). Yet a miracle does not actually have to be a violation of the laws of nature; the cause is still unknown. It is actually something that at this time is not explicable within the laws of nature. Biomedicine has accepted placebo effect even though the actual cause of it is also unknown as of yet. Therefore, miracle should be re-evaluated within the realm of science as placebo effect. In doing this, it could have implications for a realm of healing that is not yet understood.

Obviously this is an area for much more research. To improve upon this study, it would be important to interview the doctors in the Medical Bureau at Lourdes to understand how they reconcile biomedicine with Catholicism as well interviewing those who travel to Lourdes to substantiate the research on the importance of Lourdes as well as to understand how they also reconcile biomedicine with Catholicism. It would also be
interesting to see exactly whom they view as healers within Catholicism. This paper is an initial study of Catholicism and biomedicine and could be the basis for more work in the realm of religious healings, especially miracle, within Catholicism. To make the study much more valid within Catholicism, it would also be important to evaluate miracle within other Marian shrines.

For anthropologists, this is an exciting time to enter this area of religious healing in within biomedicine and Catholicism. Schepet-Hughes and Lock (1998) states it well, “[m]edical anthropologists are privileged...in that their domain includes not only the unmaking of the world in sickness and death, but also the remaking of the world in healing, especially during those intensely emotional ad collective experiences of trance-dance, sings, and charismatic faith healing (Schepet-Hughes and Lock 1998: 220).” The area of faith healing is a fast growing area in need of research and understanding. The biological end is being researched as shown with the studies done by Newberg et. al. (2001). The cultural end is important as well. This is an area where medical anthropologists could help biomedicine as well as Catholics; they would serve to bridge that gap between biomedicine and Catholicism as Catholicism is supported as a medical system by anthropological literature. “[F]aith healing is not an alternative form of medicine, but that it provides a collaborative effort and...We must avoid an adversarial approach;” anthropologists could be the peace makers (Spiro 1986: 156).” The area could result in a better understanding of cognition and its effects on healing.
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Matz, Terry and Catholic Online. 2001 Patron Saints.

OLEANE in collaboration with the Sanctuary of Our Lady of Lourdes.


2001e Visit the Domain of the Sanctuary of Our Lady of Lourdes.


ADDITIONAL READINGS


APPENDIX B

VISUAL REPRESENTATION OF CAUSE AND EFFECT OF RELIGION AND HEALTH

Adapted from "Religion Good for Your Health" (Tarrytown, NY: Harranth Press, 1997). Used with permission.

(Koenig 1999: 262)
APPENDIX C
Statement of Mr. Jean-Pierre BÉLY

PUBLISHED IN LOURDES MAGAZINE ON NOVEMBER 1998 (n.76)

"To well understand what happened to me, I would like to explain what my life was like before this pilgrimage: I was 51 years old, married with two children: a boy of 19, and a girl of 15. I was a nurse by profession and I worked at the Angouleme Hospital in the Oto-rhino-laryngologie and Ophthalmology Departments. In 1984, I had to interrupt my professional activity, hit headlong by the disease. Actually, the disease dates back about fifteen years, but it was not discovered until 1984 after several hospitalizations. The diagnosis of multiple sclerosis was later confirmed. This disease destroys the sheaths of nerves and provokes different degrees of paralysis to the affected areas. From 1972 to 1984, several episodes perturbed my life but, each time, I recovered almost completely, leaving me in an almost permanent state of fatigue, which alternated with periods of real enfeeblement. In October 1984, following a slightly worse episode, signs of paralysis appeared on the right side, necessitating my first hospitalization in Angouleme, then in the University Medical Center of Poitiers for further examinations. The English canes were no longer sufficient so a wheelchair was leased which allowed me to be more autonomous. During the summer of 1985, my condition improved after changing to a more balanced diet. Nevertheless, in September 1985, another attack made me lose all hope of being able to return to work and I had to resort to the wheelchair again. Further tests only confirmed the disease.

A slight improvement in my condition allowed me to leave with my family for a few days in July, 1986. But, once home, my condition quickly deteriorated. Walking was almost impossible and any movement about was very limited. We had to remodel the house, which was not set up for a handicapped person.

A small manual elevator was installed, and the doorways were enlarged for the wheelchair to get through. That way I was more autonomous. In fact, that was my first concern: to be as autonomous as possible, so as to be as little dependant as I could on those people around me. I could not bear that those dear to me be obliged to take care of me constantly.

In June 1987, I underwent medical tests and examinations and a Medical Commission composed of several doctors declared me 100 percent disabled. It was requested that I be given a disability pension as well as the services of an outside person to help with the essentials of life (to eat, drink, go to the toilet). In September 1987 my condition worsened and long periods in a seated position in a wheelchair became unbearable. I stayed in bed, most of the time in the dark, for I was no longer able to stand the light.

Arriving in my room, the brancardier placed me on my bed and left to go about their other activities. There I am on my bed, happy, a little euphoric. I feel like I am elsewhere. That is when a sensation of cold came over me, though the temperature in the room is comfortable and I begin to feel cold all over. My jacket was put on my shoulders, but I become more and more cold. A penetrating cold envelopes me. Someone gives me blankets but nothing can stop this sensation of cold. A hot water bottle is slid under my covers, I remain flat in bed but I dont shiver despite the cold. Then, slowly, the cold diminishes in intensity, and it is replaced by a warmth that was at first gentle. I close my eyes while thinking that I am going to be able to get to sleep. This sensation of heat goes through all my body, starting at my feet and climbing up the spinal column. The heat increases a degree at a time, and quickly becomes difficult to bear. Instinctively, I push the covers to the foot of the bed and with a hand I put the hot water bottle aside. I then discover that I am seated on the edge of my bed, astonished and surprised to have made these gestures with such ease, while that same morning, it had been difficult to hold in my hands my small missal. I stay there seated, trying to understand what is happening to me. I then think back to the words that had been said to me by a young lady in white, on Wednesday afternoon: "Do not be afraid. Have confidence. Mother Mary will take care of all that". I am overwhelmed. I would like to get up, but I do not dare. Why me and not my brother more handicapped, than me? Finally, I decide to remain discreet. There is time. The moment to say something has no doubt not yet come... I try to put in writing what I have just lived, but my fingers refuse to obey me for the moment. I am too moved and I cannot form the letters. And then, my spirit is so shaken.

My brancardier come to get me to go to the closing Mass that will take place on the Esplanade. Although I tell them that I could go there in my wheelchair, I am placed on the stretcher. There are strict rules to follow and all I have to do is obey them. I peacefully let them do as they wish. I have confidence in the Lord...

We leave first. We get to the Esplanade and take our places. The Mass begins and God gives himself again to men and women through the Eucharist by His Son, Jesus-Christ, with the Holy Spirit. Hundreds of scarves are waved and form a multicolored sea. In the night, I am gently awakened. I felt that someone touched me. I realize that our night hospitalist must have wanted to cover me. I am perfectly awake and I dont see anyone. The clock in the steeple of the Basilica strikes three. When she was questioned later, the night nurse said she did not recall having covered me in the night...

I begin to think about all the events of this pilgrimage when an idea I wasnt expecting came into my mind like an order, an invitation: Get up and walk! I believe Im imagining things, and then why get up in the middle of the night when I dont feel like it. I am warm in my bed and I dont hurt anymore! I turn on my side, trying to get this idea out of my head. I close my eyes and I try to fall back to sleep. Impossible! The call comes again, more insistent and urgent this time. That makes me feel a bit uneasy. I turn over and over. The call is now firm... speaking to me without saying words. This is difficult to explain! "Let go. Its time. Walk!" The night nurse that heard me turning over again and again
APPENDIX C (p. 2)

approaches me and asks me if I need anything. I tell her that I must get up, and I add... to go to the toilet. I had to find a reason! I could not say that I wanted to take a little walk to stretch my legs! She would have certainly thought that I had lost my mind. Its not in my nature to go to the toilet in the middle of the night. I wait for the morning.

She begins to get my wheelchair for me, but I tell her that I must go there on foot. She answers that I will fall and her with me. She tells me that she will call the branardier, and to wait a little while. Nevertheless, I insist so much that she finally gives in. And that is how I took my first steps, without any other support than her arm, unsteady as a child that is learning to walk. I feel solid on my legs although they hadn't worked like that for quite a long time. I feel like I'm living a dream. It all seems unreal but nevertheless, I am well aware of what is happening to me! The night nurse will tell me, later, that if she really had known my condition she would never have let me get up like that. I did the round trip without any problem. Back in my bed, the night nurse leaves me, and I lie wondering what is happening to me! I think back to the whole chain of events: the Onction of the sick, the cold and the heat that followed, the walk in the night... It all overwhelms me!

Obviously, falling back to sleep after something like that isn't easy. In my mind, everything is topsy-turvy. I then seek help once more from the Virgin Mary. I take my rosary, as I often do before going to sleep in the evening. Usually, I fall to sleep before having finished the first ten Hail Marys. For me, its like falling to sleep in the arms of the Virgin Mary. Well! That night, the ten prayers were finished and I was still awake. Therefore, I said an entire Rosary without falling asleep. My mind was wandering too much and I wasn't always thinking about what I was saying. What is certain, is that each "Hail Mary, was as if I was saying I love you Mary!. This entire Rosary, recited in the middle of the night, probably for the first time in my life was like a action of thanks for so many wonders and so much kindness! And the morning came, without my being able to fall asleep again...

The story of what happened after that with my wife and children cannot just be told. It must be experienced. What I can say is what we did not have enough words to thank the Lord and the Virgin Mary".

OLEANE in collaboration with the Sanctuary of Our Lady of Lourdes. 1999

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APPENDIX D
MAP OF LOURDES
APPENDIX E
The Cures at Lourdes which have been recognised as miraculous by the Church

<table>
<thead>
<tr>
<th>Name and Domicile</th>
<th>Nature of illness</th>
<th>Age at the date of the cure</th>
<th>Diocese and Date of Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss Lapiez</td>
<td>Ovarian cyst</td>
<td>48 years old on 27-1-1875</td>
<td>Bruges (Belgium) 07-25-1908</td>
</tr>
<tr>
<td>Mr. Baudelot</td>
<td>Cerebral apoplexy</td>
<td>46 years old on 2-6-1892</td>
<td>Bruges (Belgium) 07-25-1908</td>
</tr>
<tr>
<td>Mrs. Cazanave</td>
<td>Cerebral apoplexy</td>
<td>46 years old on 2-6-1892</td>
<td>Bruges (Belgium) 07-25-1908</td>
</tr>
<tr>
<td>Mrs. Busquet</td>
<td>Cerebral apoplexy</td>
<td>46 years old on 2-6-1892</td>
<td>Bruges (Belgium) 07-25-1908</td>
</tr>
<tr>
<td>Mrs. Rizain</td>
<td>Cerebral apoplexy</td>
<td>46 years old on 2-6-1892</td>
<td>Bruges (Belgium) 07-25-1908</td>
</tr>
<tr>
<td>Mrs. Moreau</td>
<td>Cerebral apoplexy</td>
<td>46 years old on 2-6-1892</td>
<td>Bruges (Belgium) 07-25-1908</td>
</tr>
<tr>
<td>Mr. De Rudder, Pierre, of Jabbeke (Belgium)</td>
<td>Ununited fracture of the left leg with pseudarthrosis</td>
<td>52 years old on 4-7-1875</td>
<td>Bruges (Belgium) 07-25-1908</td>
</tr>
<tr>
<td>Miss Dehant, Joachim, of Gesves (Belgium)</td>
<td>Ulcer of the right leg with extensive gangrene</td>
<td>49 years old on 5-13-1878</td>
<td>Namur (Belgium) 04-25-1908</td>
</tr>
<tr>
<td>Miss Seisson, Elisa, of Rognonas (France)</td>
<td>Cardiac hypertrophy with oedema of the lower limbs</td>
<td>27 years old on 5-29-1882</td>
<td>Aix-en-Provence 07-02-1912</td>
</tr>
<tr>
<td>Sister Eugenia (Marie Mabillet), of Bernay (France)</td>
<td>Abscess in the right iliac fossa with vesical and colic fistulae, Bilateral phlebitis</td>
<td>28 years old on 5-21-1883</td>
<td>Evreux 08-30-1908</td>
</tr>
<tr>
<td>Sister Julienne, (Alina Bruyere), of La Roque (France)</td>
<td>Cavitating pulmonary tuberculosis</td>
<td>25 years old on 6-1-1889</td>
<td>Tulle 03-07-1912</td>
</tr>
<tr>
<td>Sister Josephine-Marie (Anne Joukain), of Gourinon (France)</td>
<td>Pulmonary tuberculosis</td>
<td>36 years old on 6-21-1890</td>
<td>Beauvais 10-10-1908</td>
</tr>
<tr>
<td>Miss Chagnon, Anelie (Nun of Sacre Coeur on 25-9-1894) of Poitiers (France)</td>
<td>Tuberculous osteo-arthritis of the knee and second metatarsal of the foot</td>
<td>17 years old on 6-21-1891</td>
<td>Tournai (Belgium) 09-06-1910</td>
</tr>
<tr>
<td>Miss Trouve Clementine, (Sister Agnes-Marie) of Rouille (France)</td>
<td>Osteo periostitis of the right foot with fistulae</td>
<td>14 years old on 6-21-1891</td>
<td>Paris 06-06-1908</td>
</tr>
</tbody>
</table>
## APPENDIX E

### p. 2

<table>
<thead>
<tr>
<th>Patient</th>
<th>Diagnosis and Details</th>
<th>Age at Onset</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss LEBRANCHU Varie, (Mrs WUPLIER) of Paris (France)</td>
<td>Pulmonary tuberculosis (Koch's bacillae present in sputum)</td>
<td>35 years old on 8-20-1882</td>
<td>Paris</td>
</tr>
<tr>
<td>Miss LEMARCHAND Marie, (Mr AUTHIER) of Caen (France)</td>
<td>Pulmonary tuberculosis with ulcers of the face and legs</td>
<td>18 years old on 8-21-1882</td>
<td>Paris</td>
</tr>
<tr>
<td>Miss LESAGE Elise, of Guerquy (France)</td>
<td>Tuberculous osteo-arthritis of knee</td>
<td>18 years old on 8-21-1882</td>
<td>Amiens</td>
</tr>
<tr>
<td>Sister MARIE de la PRESENTATION, (Sylviane DELPORTE) of Lille (France)</td>
<td>Chronic tuberculous gastroenteritis</td>
<td>46 years old on 8-31-1893</td>
<td>Cambrai</td>
</tr>
<tr>
<td>Father CIRETTE, of Beaumont (France)</td>
<td>Amyotrophic lateral sclerosis of spinal cord</td>
<td>46 years old on 8-31-1893</td>
<td>Evreux</td>
</tr>
<tr>
<td>Miss HUPRELLEW Aurélie, of St Martin-le-Neuf (France)</td>
<td>Acute pulmonary tuberculosis</td>
<td>26 years old on 8-21-1895</td>
<td>Beauvais</td>
</tr>
<tr>
<td>Miss BRACHMANN Estelle, of Paris (France)</td>
<td>Tuberculous peritonitis</td>
<td>15 years old on 8-21-1895</td>
<td>Paris</td>
</tr>
<tr>
<td>Miss TULASNE Jeanne, of Tours (France)</td>
<td>Lumbar Poli's disease, with neuropathic club foot</td>
<td>20 years old on 8-21-1895</td>
<td>Tours</td>
</tr>
<tr>
<td>Miss MALOT Clementine, of Guadechart (France)</td>
<td>Pulmonary tuberculosis with haemoptysis</td>
<td>25 years old on 8-21-1895</td>
<td>Beauvais</td>
</tr>
<tr>
<td>Mrs FRANCOIS Rose (Born LABREEUVOIES) of Paris (France)</td>
<td>Fistular lymphangitis of the right arm with enormous oedema</td>
<td>36 years old on 8-21-1895</td>
<td>Paris</td>
</tr>
<tr>
<td>Rev. Fr. SALVATOR, of Rouuelle (France)</td>
<td>Tuberculous peritonitis</td>
<td>38 years old on 8-21-1895</td>
<td>Rennes</td>
</tr>
<tr>
<td>Sister MAXILLIEN, of Marseille (France)</td>
<td>Hydatid cyst of the liver, phlebitis of the left lower limb</td>
<td>43 years old on 8-21-1895</td>
<td>Marseille</td>
</tr>
<tr>
<td>Miss SAVOYE Marie, of Cateau Cambresis (France)</td>
<td>Rheumatic mitral valvular heart disease</td>
<td>24 years old on 8-21-1895</td>
<td>Cambrai</td>
</tr>
<tr>
<td>Mrs. BEZENAC Johanna, (Bor DUBOS) of St. Laurent-des-Bâtons (France)</td>
<td>Cachexia and lupus of the face probably tuberculous</td>
<td>28 years old on 8-21-1895</td>
<td>Périgueux</td>
</tr>
<tr>
<td>Sister SAINT-HILAIRE, of Peyrelieu (France)</td>
<td>Abdominal tumour</td>
<td>39 years old on 8-21-1895</td>
<td>Rodez</td>
</tr>
<tr>
<td>Sister SAINTE-BEATRICE (Rosalie VILDIER), of Evreux (France)</td>
<td>Laryngo-bronchitis, probably tuberculous</td>
<td>42 years old on 8-21-1895</td>
<td>Evreux</td>
</tr>
<tr>
<td>Miss NOBLET Marie-Therese, of Avenay (France)</td>
<td>Dorsolumbar spondylitis</td>
<td>15 years old on 8-21-1895</td>
<td>Reims</td>
</tr>
<tr>
<td>Miss DOUVILLE de FRANSSUS Céline, of Tournai (Belgium)</td>
<td>Tuberculous peritonitis</td>
<td>19 years old on 8-21-1895</td>
<td>Versailles</td>
</tr>
<tr>
<td>Name and Notes</td>
<td>Diagnosis or Condition</td>
<td>Age</td>
<td>City</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------------</td>
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<td>------</td>
</tr>
<tr>
<td>Miss MOULIN Antonia, of Vienne (France).</td>
<td>Fistulous osteomyelitis of right femur with arthritis of the knee.</td>
<td>30 years old on 08-10-1907</td>
<td>Grenoble 11-06-1910.</td>
</tr>
<tr>
<td>Miss BOREL Marie, of Mende (France).</td>
<td>Six faecal fistulae in the lumbar and abdominal region.</td>
<td>27 years old on 06-04-1911.</td>
<td>Mende</td>
</tr>
<tr>
<td>Miss HAUSDEBOURG Virginie, of Lons-le-Saulnier (France).</td>
<td>Tuberculous cystitis, nephritis.</td>
<td>22 years old on 11-25-1912.</td>
<td>Saint-Claude</td>
</tr>
<tr>
<td>Mrs. BURE Marie (born LUCAS) of Ste-Gemme-la-Pliere, (France).</td>
<td>Blindness of cerebral origin, bilateral optic atrophy.</td>
<td>41 years old on 07-30-1910.</td>
<td>Luçon</td>
</tr>
<tr>
<td>Miss ALLPOE Aimée, of Vern (France).</td>
<td>Multiple tuberculous abscesses with four fistulae on the anterior abdominal wall.</td>
<td>37 years old on 07-22-1910.</td>
<td>Angers</td>
</tr>
<tr>
<td>Miss ORION Juliette, of St. Hilaire-de-Voust (France).</td>
<td>Pulmonary and laryngeal tuberculosis, suppurating left mastoiditis.</td>
<td>24 years old on 08-05-1910.</td>
<td>Luçon</td>
</tr>
<tr>
<td>Mrs. FABRE Marie, of Montredon (France).</td>
<td>Chronic inflammatory bowel disease, uterine prolapse.</td>
<td>32 years old on 09-26-1911.</td>
<td>Cahors</td>
</tr>
<tr>
<td>Miss BRESSOLLES Henriette, of Nice (France).</td>
<td>Pott's disease, paraplegia.</td>
<td>About 28 years old on 09-06-1912.</td>
<td>Nice</td>
</tr>
<tr>
<td>Miss BROSSE Lydia, of Saint Raphael (France).</td>
<td>Multiple tuberculous fistulae with wide undermining in the left buttock.</td>
<td>41 years old on 06-04-1957.</td>
<td>Coutances</td>
</tr>
<tr>
<td>Sister MARIE-MARGUERITE, (Francoise CAPITAINE) of Rennes (France).</td>
<td>Abscess of the left kidney with phlegmonous oedema and &quot;cardiac crises&quot;.</td>
<td>64 years old on 08-05-1958.</td>
<td>Rennes</td>
</tr>
<tr>
<td>Miss JAMAIN Louise, (Mrs. MAITRE), of Paris (France).</td>
<td>Pulmonary, intestinal and peritoneal tuberculosis.</td>
<td>22 years old on 12-14-1951.</td>
<td>Paris</td>
</tr>
<tr>
<td>Mr. PASCAL Francis, of Beaucaro (France).</td>
<td>Blindness, paralysis of the lower limbs.</td>
<td>3 years 10 months old on 05-20-1946.</td>
<td>Aix-en-Provence</td>
</tr>
<tr>
<td>Miss CLAUZEL Gabrielle, of Oran (Algeria).</td>
<td>Rheumatic spondylitis.</td>
<td>49 years old on 03-18-1948.</td>
<td>Oran (Algérie)</td>
</tr>
<tr>
<td>Miss FOURNIER Yvonne, of Limoges (France).</td>
<td>Extending and progressive post-traumatic syndrome of left upper limb (Leriche's syndrome).</td>
<td>22 years old on 11-14-1959.</td>
<td>Paris</td>
</tr>
<tr>
<td>Mrs. MARTIN Rose, (born PERONA), of Nice (France).</td>
<td>Cancer of the uterine cervix (epithelioma of the cylindrical glands).</td>
<td>46 years old on 03-17-1958.</td>
<td>Nice</td>
</tr>
<tr>
<td>Mrs. GESTAS Jeanne (born Pelin), of Béziers (France).</td>
<td>Dyspeptic disorders with post-operative obstructive episodes.</td>
<td>50 years old on 07-13-1952.</td>
<td>Bordeaux</td>
</tr>
<tr>
<td>Miss CANIN Marie-Therese, of Marseille (France).</td>
<td>Dorsolumbar Pott's disease and tuberculous peritonitis with fistulae.</td>
<td>37 years old on 06-06-1952.</td>
<td>Marseille</td>
</tr>
<tr>
<td>Name</td>
<td>Condition</td>
<td>Age/Cure Dates</td>
<td>Location</td>
</tr>
<tr>
<td>-------------------------------------------</td>
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<td>---------------------------</td>
</tr>
<tr>
<td>Miss Carini Maddalena, of San Fermo (Italy)</td>
<td>Peritoneal, Pleuro-pulmonary and bony tuberculosis with coronary disease.</td>
<td>31 years old on 08-15-1948 - 06-02-1960</td>
<td>Milan (Italy)</td>
</tr>
<tr>
<td>Miss FRÉTEL Leanne, of Rennes (France)</td>
<td>Tuberculous peritonitis.</td>
<td>34 years old on 10-08-1948 - 11-20-1950</td>
<td>Rennes</td>
</tr>
<tr>
<td>Miss ANGELE Théa, (Sister MARIE-MERCEDES) of Tettang (Germany)</td>
<td>Multiple sclerosis for six years.</td>
<td>20 years old on 05-20-1950 - 06-28-1961</td>
<td>Tarbes-Lourdes</td>
</tr>
<tr>
<td>Mr. GANORA Evaso, of Casale (Italy)</td>
<td>Hodgkin's disease.</td>
<td>37 years old on 06-02-1950 - 05-31-1955</td>
<td>Casale (Italy)</td>
</tr>
<tr>
<td>Miss FULDA Edeltraud, (Mrs. HAIDINGER), of Wien (Austria)</td>
<td>Addison's disease.</td>
<td>34 years old on 08-12-1950 - 05-18-1955</td>
<td>Vienne (Austiche)</td>
</tr>
<tr>
<td>Mr PELLEGRIN Paul, of Toulon (France)</td>
<td>Post-operative fistula following a liver abscess.</td>
<td>52 years old on 10-03-1950 - 12-08-1953</td>
<td>Fréjus-Toulon</td>
</tr>
<tr>
<td>Brother SCHWAGER Léo, of Fribourg (Switzerland)</td>
<td>Multiple sclerosis for five years.</td>
<td>28 years old on 04-30-1952 - 12-18-1960</td>
<td>Genève (Lausanne)</td>
</tr>
<tr>
<td>Mrs. COUTEAULT Alice, (Born GOUDRON), of Bouill-e-Lorez (France)</td>
<td>Multiple sclerosis for three years.</td>
<td>34 years old on 05-15-1952 - 07-16-1956</td>
<td>Poitiers</td>
</tr>
<tr>
<td>Miss BIGOT Marie, of La Richardais (France)</td>
<td>Arachnoiditis of posterior fossa (blindness, deafness, hemiplegia).</td>
<td>31 years old on 10-08-1953 and 32 years old on 10-10-1954</td>
<td>Rennes</td>
</tr>
<tr>
<td>Mrs NOUVEL Ginette, (Born FABRE) of Carmaux (France)</td>
<td>Budd-Chiari disease (supra hepatic venous thrombosis).</td>
<td>26 years old on 09-21-1954 - 05-31-1963</td>
<td>Albi</td>
</tr>
<tr>
<td>Miss ALOI Elisa, (Mrs VARCHALLI) of Pati (Italy)</td>
<td>Tuberculous osteo-arthritis with fistulæ at multiple sites in the right lower limb.</td>
<td>27 years old on 06-05-1958 - 05-26-1965</td>
<td>Messine (Italy)</td>
</tr>
<tr>
<td>Miss TAMBURINI Juliette, of Marseilles, (France)</td>
<td>Femoral osteoperiostitis with fistulæ, episitaxis, for ten years.</td>
<td>22 years old on 07-17-1959 - 05-11-1965</td>
<td>Marseille</td>
</tr>
<tr>
<td>Mr. MICHELI Vittorio, of Scurele (Italy)</td>
<td>Sarcoma of pelvis.</td>
<td>23 years old on 06-01-1963 - 05-26-1976</td>
<td>Trento</td>
</tr>
<tr>
<td>Mr. PERRIN Serge, of Lion d'Angers (France)</td>
<td>Recurrent right hemiplegia, with ocular lesions, due to bilateral carotic artery disorders.</td>
<td>41 years old on 05-01-1970 - 06-17-1978</td>
<td>Angers</td>
</tr>
<tr>
<td>Miss CIROLLI Delizia, (Mrs Costa), of Paterno (Italy)</td>
<td>Ewing’s Sarcoma of right knee.</td>
<td>12 years old on 12-24-1976 - 06-28-1989</td>
<td>Catania (Italy)</td>
</tr>
<tr>
<td>Mr. Jean-Pierre Bély (France)</td>
<td>Multiple Sclerosis</td>
<td>51 years old on 10-08-1987 - 02-09-1999</td>
<td>Angoulême</td>
</tr>
</tbody>
</table>

OLEANE in collaboration with the Sanctuary of Our Lady of Lourdes.
APPENDIX F

How is a claimed cure examined and supervised?

I - Medical Examination.

1 - THE CRITERIA FOR A CURE.

For the medical study to be able to find in favour of a cure to be "certain, definitive and medically inexplicable" it must be established:
that the fact and the diagnosis of the illness is first of all established and correctly diagnosed;
that the prognosis must be permanent or terminal in the short term;
that the cure is immediate, without convalescence, complete and lasting;
that the prescribed treatment could not be attributed to the cause of this cure or be an aid to it.

2 - THE EXAMINATION OF THE MEDICAL BUREAU OF LOURDES.

The sick who come to Lourdes with a pilgrimage group are accompanied by a doctor who is furnished with a medical file describing their present condition. This file, normally explicit enough, forms the base to work from when a pilgrim declares that they have been cured. The file and the pilgrim who claims to have been cured are presented to the Medical Bureau, that is, to the doctor who is permanently in Lourdes who will then gather together the members of the medical profession present in Lourdes on that day and who wish to participate in this examination. No definite conclusion will be given at the end of this examination. The person who claims to have been cured will be invited to meet the Medical Commission the following year and/or for many subsequent years. Finally, after many successful examinations the file of the cure will be sent (if ¾ of the doctors present so wish) to the International Medical Committee.

3 - THE EXAMINATION BY THE LOURDES INTERNATIONAL MEDICAL COMMITTEE. (CMIL)

This second level of enquiry exists since 1947. At first it was the Lourdes National Medical Committee then it became the International Committee in 1954. The Committee is made up of thirty specialists, surgeons, professors or Heads of Department, from different countries that meet once each year. The current President is Professor Jean-Louis Armand-Laroche.
The International Medical Committee of Lourdes (CMIL) has a consultative role.
It will allow an assessment to continue over several years in order to observe the development of the patient before they arrive at any opinion.
If CMIL gives a favourable opinion the file is then sent to the competent church authorities.
Since 1947 until recently, 1300 files have been opened, each one for the declaration of a cure.
APPENDIX F (p. 2)

The CMIL met about thirty times between 1947 and 1998. They have presented 29 files to the Church, 15 have been judged to be miraculous. Before the CMIL came into being the Church had recognised 46 miracles.

II - Enquiry and decision of a miracle by the Church.
When the file is sent to the Bishop of the place where the cured person lives, the case is already recognised as extraordinary by science and medically inexplicable.
It remains for the Church, through the intermediary of the Bishop, to make an announcement on the miraculous character of the cure.
To do this, the Bishop gathers together a Diocesan Canonical Commission made up of priests, canonists, and theologians. The rules that guide the procedures of this Commission are those defined in 1734 by the future Pope Benedict XIV in his treatise: Concerning the Beatification and Canonisation of Servants of God (Book IV, Part I, Chapter VIII n°2)
In summary the rules demand that there must not be found in the cure any valid explanation, medical or scientific, natural or usual. This is the case for the cures that have taken place at Lourdes, as we will see. Having established this, it remains for the Canonical Commission to determine that this cure comes from God.
Furnished with conclusions reached by the Commission, it is the responsibility of the Bishop to make a definitive pronouncement and to suggest to his Diocese and to the world that they see this cure as a "sign from God".

O'LEANE in collaboration with the Sanctuary of Our Lady of Lourdes.
APPENDIX G

Bishop Claude Dagens.
Bishop's House,
Angoulême, 

Tuesday 9th. February 1999.

DECLARATION ON THE SUBJECT OF THE CURE OF MR. JEAN-
PIERRE BÉLY

The following declaration concerns the cure that happened, at Lourdes 11 years ago, to a man of the Diocese of Angoulême, living in La Couronne, in the Charante area.

This declaration deals with:

- The fact of the cure.
- The interpretation of this fact according to Christian faith.
- The specific responsibility of the Church in authenticating this fact.

I – THE FACT OF THE CURE.

On Friday 9th. October 1987, in Lourdes, during the French Rosary Pilgrimage, Mr. Jean-Pierre BÉLY, then aged 51 years, was cured of a serious and disabling illness from which he had been suffering for several years.

This illness was diagnosed by doctors treating him as multiple sclerosis which had arrived at a severe and advanced state.

All the doctors who examined him, after the events which took place in Lourdes on 9th. October 1987, have stated that the cure of Mr. BÉLY has been sudden, complete and lasting.

II – How Christian faith understands this CURE.

As Bishop of the Diocese of Angoulême, where Mr. BÉLY continues to live I have, to-day, the responsibility of publicising the interpretation which the Church considers itself authorised to give about this sudden and unexpected cure.

This interpretation rests on the statement given by Mr. BÉLY himself, following the events that happened to him in Lourdes on 9th. October 1987. It consists of a reading and an understanding of this statement in the light of faith.
APPENDIX G (p. 2)

1. It is certain that Mr. BÉLY was completely and permanently cured at Lourdes, that is, he was delivered from the illness from which he was suffering and made whole again. This delivery and this "raising up again" could be considered as a gift from God for this person, as an act of grace, as a sign of Christ the Saviour.

2. This act of grace took place in Lourdes during a pilgrimage where Mr. BÉLY had been able to receive the Sacrament of Reconciliation and the Sacrament of the Sick. One can only recognise the intimate relationship that exists between these sacramental signs and the fact of the cure. The love of God for this man is manifested through the sacraments of the Church.

3. The intercession of the Blessed Virgin Mary is equally a determining fact in the cure of Mr. BÉLY. The account that he gave himself of the days spent in Lourdes allows one to perceive the special intervention of the Blessed Virgin on behalf of this man who was seriously ill and faithful to the recitation of the Rosary.

The event of the cure of Mr. BÉLY must not be separated from the Sacraments received during the pilgrimage nor from the prayers addressed to Our Lady of Lourdes. The cure of Mr. BÉLY, even if it was instantaneous, did not fall from the sky: it is in keeping with the context of the living Church which lives the Sacraments of Christ and that asks the intercession of the Virgin Mary, Mother of Jesus Christ our Saviour.

III – THE SPECIFIC RESPONSIBILITY OF THE CHURCH.

The unexpected cure of Mr. BÉLY has caused multiple medical evaluations in neurology and psychiatry to be submitted to the Medical Bureau of Lourdes and to the International Medical Committee of Lourdes (CMIL), for nearly ten years. During its last meeting, this International committee, unable to provide an absolute medical proof for the cure, has explicitly requested that the Church should formulate its own judgement. This is the object of this declaration.

1. The pastoral discernment of which I have the responsibility to make known, as bishop of Angoulême, is not disassociated from medical discernment, which the International Medical Committee has formulated. One can, in effect, recognise that the fact of this sudden and unexpected cure escapes the usual history and nature of a diagnosed illness.

2. Taking all these things into account, the Church has the freedom, recognised by the International Medical Committee itself, to express its own pastoral discernment which is supported by the account of Mr. BÉLY and on the advice of the Canonical Commission, made up of priests and qualified lay people, mostly doctors, that I called together in Angoulême on Monday 4th. January 1999.
APPENDIX G (p. 3)

In the name of the Church, I thus recognise publicly the authentic character of the cure that has happened to Mr. Jean-Pierre BÉLY in Lourdes on Friday 9th October 1987. This sudden and complete cure is a personal gift from God for this man and an effective sign of Christ our Saviour, which was brought about by the intercession of Our Lady of Lourdes.

3. This public recognition will be proclaimed during two Eucharistic Celebrations arranged for Thursday 11th. February 1999, the Feast of Our Lady of Lourdes, and in the Catholic Church, the World Day of prayer for the Sick.

- At Lourdes, the Eucharist will be celebrated at 10.30am in the Basilica of St. Pius X and presided over by Bishop Jacques Perrier, Bishop of Tarbes and Lourdes.

- At Angoulême, Angoulême, the Eucharist will be celebrated at 8.30pm. in the Church of Our Lady of Obezine. As Bishop of Angoulême, I will preside at that celebration. Mr. BÉLY will take part in that Eucharist together with his family and friends.

I invite all the faithful to give thanks for this cure, as Mr. BÉLY himself does: in other words, in the spirit of the Beatitudes, conscious of being the poor loved by God and who can count on his love.

I especially invite the sick to be among the witnesses of this confidence, not in being resigned to their sufferings, but by desiring the coming of the new creation, where we will finally be delivered of sickness, from sin and from death. Because "the whole of creation is groaning in one great act of giving birth." (Rom. 8:22)

May the Virgin Mary, Our Lady of Lourdes, teach us to take part, in our bodies, in this giving birth to a new humanity, transformed by the love of God, in Christ!

+ Claude DAGENS
Bishop of Angoulême,
9th. February 1999

OLEANE in collaboration with the Sanctuary of Our Lady of Lourdes.