

Miracle Cures

*Saints, Pilgrimage, and
the Healing Powers of Belief*

Robert A. Scott



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*To Julia,
and for Jane, Winfield, Tom, and Nonie*

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PROLOGUE

On December 14, 1421, in the English city of Salisbury, a fourteen-year-old girl named Agnes suffered a grievous injury when a hot spit pierced her torso. Bystanders managed to extract the spit, but her condition remained grave. She was all but given up for dead when her parents, along with several neighbors, prayed to Osmund, the eleventh-century bishop of Sarum (modern-day Salisbury), whose tomb was in Salisbury Cathedral. At the time, Osmund was still a saint-in-waiting; though he had been proposed for canonization in 1228, he was not officially canonized until 1457. In their prayers, the supplicants vowed to Osmund that if Agnes's life was spared, they would visit his tomb, honor him in prayer, and leave gifts in thanks for his miraculous intercession with God on the child's behalf. Shortly thereafter, Agnes began to show renewed signs of life. Two days after regaining consciousness, she rose from her bed and walked around her house, and ten days after that she was described as completely recovered.¹ The event was duly noted in documents submitted by the dean and chapter of Salisbury Cathedral to the Roman Curia (the Vatican's judicial court) in support of Osmund's canonization.

This was one of fifty-two miracles attributed to Osmund. According to a petition to the curia by a commission representing Salisbury Cathedral in 1423, two years after Agnes's miraculous recovery, Osmund had a direct hand in curing paralysis, restoring sanity to a madman, restoring the sight of a blind person, relieving pain caused by injuries, and curing illnesses of various kinds.²

At roughly the same time but in a different part of Europe, another miracle occurred, involving one Guibert of Burgundy. Several years earlier, Guibert had lost the use of his legs. He set off by cart for Santiago de Compostela, at the far northeastern corner of Spain—a thousand kilometers from his home—to visit the famous shrine of Christ's apostle Saint James. Guibert was housed in a hospital near the basilica, where priests counseled him to pray to the saint. He kept a vigil in the church for two nights, and on the third he claimed that a figure appeared to him, took his hand, and raised him up. When the pilgrim asked the figure to identify himself, he replied, "I am James, the apostle of God." Guibert was immediately restored to health. He kept a vigil for thirteen more days in the church and then began to travel about the countryside telling people what had happened to him.³

Reports about saints performing similar miracles during the medieval period are legion. They are said to have cured afflictions of every kind—blindness, deafness, dumbness, paralysis, chronic pain, fever, stomach ailments, leprosy—and even to have raised the dead. Indeed, canonization for a holy figure was not even considered by the Church unless the candidate was known to have performed miraculous cures.

One of medieval England's most important saints, Thomas Becket, the famously martyred archbishop of Canterbury, was slain in his own cathedral on December 29, 1170. John of Salisbury (1115 or 1120–80), who had served as Becket's personal secretary and later became bishop of Chartres Cathedral in France, wrote about the experiences of pilgrims who visited Becket's shrine: "For in the place of his passion, and in the place where he lay before the great altar previous to burial, and in the place where he was at last buried, paralytics are cured, the blind see, the deaf hear, the dumb

speak, the lame walk, lepers are cured. . . . And the dead are raised . . . the deformed [are] well formed; he causes gout and fever to be cured; drop-sied and leprous folk he restores . . . and [causes] the mad to return to their senses.”⁴ Few modern-day physicians can boast of such accomplishments.

Belief in the possibility of miraculous cures through the agency of a saint is not restricted to the medieval period. Though less widely accepted today than it once was, the idea that saints can perform miracles enjoyed considerable currency long after the Enlightenment and remains very much alive today. Most readers have heard about Lourdes in the French Pyrenees, where the Virgin Mary appeared to the peasant girl Bernadette Soubirous in 1857; it now attracts several million pilgrims and other visitors each year. According to one source, in 2001 more than six million people visited Lourdes, including many who were sick and seeking the intercession of the Virgin to effect a cure.⁵

Among the sixty-six miracles at Lourdes recognized by the Catholic Church is one that involved a woman named Virginie Gordet in 1892. She suffered from an undiagnosed muscular disorder that hampered her ability to walk. The official account of her miracle reads as follows:

On contact with the water [from the famous grotto], the sick woman said: “Lord, may your will be done.” It seemed to her that her limbs were relaxing, that their strength was returning. But she dared not yet believe and went on repeating: “Saint Mary, pray for me! Blessed Virgin, cure me!” The women who assisted her were moved to the depths of their souls! At their suggestion, and without any indication of difficulty or suffering, Mme. Gordet took a few steps in the piscine, then, alone, submerged herself a second time. “But you are cured!” exclaimed the ladies. “Ah! Help me, Mesdames, to thank the Blessed Virgin!” Then the woman, Virginie Gordet, reportedly walked up the three steps of the pool alone, holding her crutches, and, while she threw herself at the feet of the statue of the Virgin with her *visage transfiguré*, onlookers in the bathhouse began to say the *Magnificat*.⁶

Those of us whose notions about the causes and cures of sickness are rooted in medical science may have difficulty knowing what to make of

such reports. Often they are dismissed as exaggerations, even pure fictions, born of wishful or misguided thinking on the part of uneducated, superstitious people desperate for relief from suffering.⁷ I do not share this view.

Some deeply religious people understand illness and cure as evidence of direct divine intervention in human affairs. Others, equally devout, find it difficult to accept such claims uncritically. I leave it to them to debate this aspect of miracle cures. I propose an additional explanation for what happens when people of faith and belief appeal to saints for relief from bodily suffering. It is based on a body of theory and research that has been largely overlooked by those who study miracle cures: the work of social, behavioral, and medical scientists showing that culture, beliefs, cognitions, emotions, social relationships, and physical environment play a central role in the onset, course, and outcome of illness. I do not dismiss, negate, or supplant the views of religious believers but instead extend the modern understanding of what transpires in the body and mind when the faithful report that they gain relief from their suffering by appealing to saints.

My only real quarrel is with those who dismiss all such claims of cure as hogwash. Even while making allowances for exaggeration, wishful thinking, and shameless propaganda, I nevertheless conclude that if a sufferer claims to have obtained relief by appealing to a saint, that person's account has validity. In the eyes of some medical scientists, these cures may be illusory, in the sense that they are not always permanent, but there are nonetheless solid scientific grounds for the claims of supplicants that their practices can provide relief from suffering. In other words, I argue that the faithful feel confident in appealing to saints for cures because for certain conditions, and under certain circumstances, such appeals actually work.

I draw on insights by social and behavioral scientists who have studied the cultural, cognitive, and situational bases for health and illness. Belief in the power of saints to cure, participation in the practices associated with pilgrimage, and engagement in acts of veneration of saints at shrines where their relics are housed combine to instill in many pilgrims

a distinct experience of feeling better. For some illnesses, such acts may give rise to physiological processes that can lead to lasting recovery.

BACKGROUND

In 2003 I published a book about the medieval Gothic cathedrals of Europe.⁸ In it I address questions that often cross the minds of visitors: How did the people of medieval Europe manage to build such audacious structures? Why did they do so? What were the buildings for? Behind these and similar questions lies a puzzle. The economy of Europe during the Middle Ages was based largely on subsistence farming.⁹ How could resource-deprived, underdeveloped, technologically primitive communities, barely surviving from one harvest to the next, manage to create magnificent works of architecture like the cathedrals of Chartres, Notre Dame, and Canterbury? Why would anyone think such undertakings a prudent use of scarce liquid capital? To what worthwhile communal purposes was a cathedral put?

Answering these questions required me to investigate—among other things—where the cathedral builders found funds to underwrite the costs of construction and maintenance. Cathedral-building projects were colossal sinkholes for liquid capital at a time when the supply was meager and the demands on it varied and urgent. How was the money to build a Chartres or a Canterbury Cathedral raised?

The bishops who built Europe's medieval cathedrals amassed the funds to build and maintain them in just about any way they could. I won't review their methods here, except to mention one that especially intrigued me. For at least some cathedrals—though not for all—one substantial source of revenue was gifts left by pilgrims at the shrines of saints at the cathedral site.¹⁰ Those seeking cures showed their admiration for the saints to whom they appealed for relief by making gifts, and the most common gift was coins. (In medieval England the expected amount was one penny.) Such gifts could generate a small but steady revenue stream to help underwrite the enormous costs of building and maintaining a cathedral.¹¹