

IMPLICATIONS OF THE "MIRACLES OF LOURDES"

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In the words of Hufeland: "The great experiment—called medicine—to which humanity has been subjecting itself for centuries, is not yet ended. Indeed, like everything else on this earth, it can never be completely ended, for it is the experiment of wresting nature's inmost secrets, of probing the mystery of life and setting life straight whenever it goes astray."

Only in exceptional cases can we scientifically grasp the complex of factors which give rise to the specific primary and secondary cause of an illness and unfavorably influence its further development. Mostly, we must depend on probable deductions, yet recognize that a great complexity of causal facts and relationships may exist of which we know nothing.

Patients may come to Lourdes, or a similar shrine, looking for Divine intervention. Religious or not, there is expectancy, frequently mixed with anxiety. The patient is ready to comply psychically, to give himself over to the shrine and what it represents to him. His inclinations, conscious or subconscious, positive or negative, are heightened. With intensified emotional ambivalence, particularly in the emotionally ill, a transfer-mechanism enters into operation. The therapeutic power of his positive or negative attitude is activated in a yes and in a no sense in his visualizing of the holy shrine. And this, in turn, depends upon his unconsciously-guided transfer-situation, in which a long-standing dependence on father, mother or

God comes to life again in a new situation. The change in climate, scenery, human contacts, the sense of being present where for over a hundred years millions have come and miraculous cures have been reported—these are factors in mass-psychology not to be underestimated.

As to the miraculous healings reported from Lourdes, we must recall the infinite complexity of any disease in its relationship to any individual. As to sudden cures, we cannot rest simply in the *post hoc propter hoc* principle. If from Lourdes there are reports of such cures in tuberculosis, joint ailments, bone disease, maladies of the female sex organs, and skin diseases, we also know well that, away from Lourdes and without outside intervention sudden, spontaneous cures of most serious illnesses can take place. Such have been clinically verified.

Why? Theories differ. Perhaps the psyche of the patient was able to overcome a host of destructive stimuli arising from the external environment and the inner world; the Ego was strengthened so as to integrate the drives active in the unconscious with the Super-Ego, adapting them to the external world and intensified social demands. The Super-Ego is the keyboard of the mental.

Scientific findings show what deep-seated biological and psychic changes can be wrought by faith, superstition, ecstasy, trust, hope, love, hate or anxiety. Freeing oneself from anxiety and guilt is often the prelude to becoming well.

As to the role of parapsychology in safeguarding mental health, I have little to add to the Utrecht report. There is much superstition in medical matters—among uncultured and cultured alike. Faith in something precisely *because* it is senseless has increased attraction in time of biological, psychic and religious crisis. Nor does the stiff dogmatism of much official medicine, which refuses to investigate “miracle healings” because it considers itself above psychology, improve the situation. People in need of cures will not wait development of such understanding. But its

coming is a pre-condition for the mental health of people and doctor alike.

Medicine, the ever-changing science, can fulfill its task only if it remains linked with its mother: folk medicine. Today we are able to evaluate more productively the powers of the psyche than ever before. If what we call extra-sensory and psychic has inner meaning for us, the road to our self-understanding is open.