Miracles and the new psychology, a study in the healing miracles of the New Testament

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MIRACLES & THE NEW PSYCHOLOGY

A Study in the
Healing Miracles of the New Testament

BY

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PREFACE

At a day when no Englishman would boggle at construing ‘je vais de mieux en mieux’, and when every man suspects his neighbour of an ‘Oedipus complex’ some apology seems needed for yet another volume with ‘psychology’ on the title-page. My excuse is the very prevalence of this word on the lips of the community. According to many, psychology will ‘explain’ everything however mysterious or however sacred. Human affection and love is nothing but a manifestation of the primitive sex instinct, prayer is ‘merely autosuggestion’, effective intercession ‘just telepathy’, while religion is a sure sign of ‘infantile regression’. Sweeping assertions are, as a rule, misleading, and are especially unfortunate when they bring discredit on a method of great value. The only useful reply to them is a dispassionate examination of the ascertainable facts. In the following pages I have attempted such an examination of a subject which has suffered much from broad generalizations.

It is impossible to acknowledge by name all those who have given me valuable assistance in the preparation of this study. Some few, however, who have gone out of their way to give me help and advice I cannot refrain from naming: Dr. W. B. Selbie, Dr. G. Buchanan Gray, Dr. William Brown, Dr. J. A. Hadfield, the Rev. Canon B. H. Streeter, the Rev. Gordon Matthews, Dr. E. J. Peill, my brother Dr. T. E. Micklem, and, above all, my brother the Rev. N. Micklem, without whose unstinted help and continual counsel and encouragement the book would not have been written. For the views propounded none but myself is responsible.

If there is anything here that contributes to sound learning and true religion I dedicate it to my Father and my Mother.

E. ROMILLY MICKLEM.

MANSFIELD COLLEGE,
May, 1922.
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LIST OF ABBREVIATIONS EMPLOYED

B. Chr. Foakes Jackson and Lake, The Beginnings of Christianity.
E. B. Encyclopaedia Biblica.
E. R. E. Hastings’s Encyclopaedia of Religion and Ethics.
E. S. J. Loisy, Les Évangiles synoptiques.
I. L. N. T. Moffatt, Introduction to the Literature of the New Testament,
3rd edition.
J. E. Jewish Encyclopaedia.
Jn. Author of the Fourth Gospel.
J. Q. R. Jewish Quarterly Review.
Lk. Author of the Third Gospel; author of Acts.
Mk. Author of the Second Gospel.
Mt. Author of the First Gospel.
P. C. Peake’s Commentary on the Bible.
S. H. N. S. Seale Hayne Neurological Studies.
GENERAL INTRODUCTION

In this essay the expression ‘miracles of healing in the New Testament’ is employed in its popular sense as covering all those cases of works of healing done by our Lord or His followers that are recorded in the New Testament. A discussion of such a question as the possibility or impossibility of ‘miracle’ in a more restricted and technical sense (whatever may be the precise definition attached to the term) is not relevant to the study undertaken. Nor, when the healing acts of our Lord are under consideration, is it necessary, or even desirable, to express any particular metaphysical theory as to the nature of His Person. On the other hand it would be a travesty of an investigation into His healing ministry from a psychological standpoint if His personality were to be ignored. It would be universally acknowledged by those competent to judge that the success of any modern doctor, whether or not he be a specialist in psychotherapy, depends to a very considerable extent upon his own personality; and it is reasonable to suppose that this factor played a prominent part in the cures of Jesus Christ. I take as postulates, without attempting any detailed proof, that Jesus manifested a remarkably keen insight into human character, and that He gave the impression of a man of real sympathy and authority. These traits, which have an important bearing on the present study, seem to me to stand out unquestionably in the Gospel narratives.

The order which I have adopted will be apparent from the preceding Table of Contents. It should, perhaps, be said with regard to Section II (Introduction to Psychotherapy) that much in it that may seem at first sight to be somewhat remote from the subject of the N.T. miracles will appear to be relevant as the essay progresses.

In attempting to adduce parallels to the cases under consideration I have confined myself almost exclusively to
evidence from medical practitioners in psychotherapy whose practice is not officially connected with healing of a specifically religious kind. Hence I have not quoted any examples from Lourdes, the work of Christian Scientists, that of the Emmanuel Movement in America, or the like, although I do not wish to deny that striking cures have been performed in such places and movements. On the other hand, I have thought it desirable to cite evidence from the Christian mission-field in order to illustrate my argument when dealing with 'demon possession'. The departure which I have made from my rule about evidence from religious healing in the case of the man with the 'withered hand' does not, I think, need special justification.

In a few instances I have added in a foot-note the translation of passages in Greek in the text, in order that the main argument may not be obscured for readers unfamiliar with N. T. Greek.

II

PSYCHOTHERAPY—INTRODUCTION

The employment of mental or spiritual means of healing, as opposed to those of drugs or the surgeon's knife, can be traced back to very early times. Indeed there are some who think that in the most primitive times those who practised the healing art used this method alone. Whether or not this be so it can be stated with considerable confidence that mental healing has been employed without intermission from the days when the celebrated method of 'incubation' was used in the temples of Asclepios down to the present day. Therapeutics of this kind have been connected through the centuries with religion, and have been received by the majority of men as something miraculous, in the sense of being the effect of the intervention of the deity or of some other superhuman being or beings. Only recently has psychotherapy come to
be studied in a scientific spirit. This latter period may be said to begin with Mesmer and his followers at the end of the eighteenth and beginning of the nineteenth centuries.

The growth in the understanding of the rationale of psychotherapy has been largely dependent upon the growth in the knowledge of morbid psychology, while the practice of the former has greatly facilitated insight into the latter—the two studies mutually interacting. Since psychotherapy as a science is still in its infancy, it is hardly surprising to find a great divergence of opinion amongst competent investigators as to the relative merits of the different methods practised, and a multitude of theories propounded to explain the facts which are observed. These conflicting views do not, however, much concern us in this essay. It is rather the observed facts which we need to consider—the theories being of secondary importance.

Although there are many differing schools of psychotherapy at the present time the differences between them are, apart from theories of mechanism, chiefly those of emphasis. Each school would admit the efficacy of the methods of the others under certain conditions. Some insist on the supreme value of the hypnotic trance for therapeutic purposes; some think that ‘suggestion’ in the waking state or in an hypnoidal state, where the subject does not lose consciousness, is more effective; others (e.g. Dubois and Déjerine) prefer the method of ‘persuasion’ or rational appeal to the intelligence of the patient; while yet others emphasize the primary importance of psycho-analysis as a healing agent. Probably the majority of practitioners employ a combination of all these methods, each showing a special preference for one or other of them. Thus Dr. J. A. Hadfield writes: ‘Almost all methods, whether persuasion, drugs, suggestion, or analysis, are found to be efficacious in special cases, and it is the business of the psychotherapist, holding them all at his

1 It is difficult to avoid the conviction that the ‘persuasionists’, for all their insistence on ‘rational’ treatment, do not eliminate ‘suggestion’ from their cures. For a criticism of Dubois’s method by a protagonist of Freud’s psycho-analytic method see Oskar Pfister (of Zürich), The Psychoanalytic Method, pp. 439-441; and for a criticism by one who practises hypnotism see Bonjour, Les Guérisons miraculeuses modernes, p. 39, n. 1.
disposal, to discover which is the most effective to apply to each type of case.'

In order to show broadly what is meant by the term ‘suggestion’, and the distinction between the various forms of it, I cannot do better than quote again Dr. Hadfield. But first it must be remarked that the terminology used by psychotherapists is by no means fixed, and that the same word may be employed by different writers to convey very varied shades of meaning, and sometimes even entirely different meanings. ‘Suggestion’, writes Dr. Hadfield, ‘is the process by which ideas are introduced into the mind of a subject without being submitted to his critical judgment. The effect of any suggestion depends upon its evading the critical judgment of the reason.’

‘Waking suggestion depends for its force chiefly upon the authority of the physician and the expectancy of the patient, both of which factors tend to make the patient accept ideas without question or criticism. With a patient sufficiently suggestible, even in the fully waking state and though he has never been hypnotized, one can make the suggestion of anaesthesia, and then put a pin through his skin without producing the slightest pain; or can compel him by waking suggestion to perform various movements. However hard the patient tries to act contrary to the suggestions, he finds that they dominate his mind and actions. The announcement, forcibly delivered to a paralytic patient in the waking state, that he can and will walk, sometimes produces the desired result, in some cases instantaneously. Such a patient is not to be considered a malingerer because he is cured by “stern” measures.’

‘The hypnoidal condition is one in which the patient’s mind is put into a quiescent state, and rendered receptive and uncritical. In this state he hears and remembers

1 *Functional Nerve Disease*, edited by Dr. Crichton Miller, p. 62.
2 Ibid., p. 63. Cf. and contrast Prof. Charles Baudouin, *Suggestion and Autosuggestion*, p. 26: ‘Suggestion may be briefly defined as the subconscious realisation of an idea.’ In heterosuggestion Baudouin recognizes two phases: (1) An idea, imposed by the operator, is accepted by the subject. This he calls ‘acceptation’. (2) This idea undergoes transformation within the subject into the corresponding reality. This he calls the ‘ideoreflex process’ or ‘autosuggestion’ (op. cit., p. 242).
3 Ibid., p. 64.
all that the physician says, but does not concern himself to criticize the ideas, which therefore enter the mind as suggestions, and tend to work themselves out in thought, feeling, and action... The essential difference between hypnoidal and hypnotic suggestion lies in the extent to which mental associations are still possible. The “depth” of the hypnosis depends on the relative inability to form associations with the other ideas and dispositions of the mind. There are times when hypnoidal suggestion, in which the paths of association with other dispositions of the mind are still to some extent left open, is more effective than hypnotic suggestion, in which almost complete dissociation is produced. In hypnoidal suggestion we may keep an idea, say that of “confidence”, dominant in the mind, and its influence will flow down, as it were, along the paths of association and overwhelm the other dispositions of the mind while these lie dormant and passive. In such a case, a condition of more complete dissociation, such as one gets in deep hypnosis, would be less effective, since the suggestion, before it could act on surrounding dispositions, would have to break down the barriers and resistances set up by the formation of the dissociation. This accounts for the fact that, in actual practice, treatment in the hypnoidal condition is often more successful than in the deep hypnotic. On the other hand, there are circumstances... in which deep hypnosis is preferable.¹

The best single test, says Dr. Hadfield, of hypnosis as distinct from the hypnoidal condition is amnesia; but, he continues, “it should be remembered by those who use waking or hypnoidal suggestion and decline to use hypnosis that the difference between these conditions is only a matter of degree, depending on the extent of dissociation”.²

It is often said that the number of people who can be hypnotized is very limited. Dr. Hadfield admits that a large number can never be made to ‘lose consciousness’ or become amnesic. To gain some idea of the proportion of people who can be hypnotized he made the following experiment which I give in his own words: ‘I hypnotized at once seventeen patients taken at random, and stuck a pin through a fold of skin in the hand of each one. As many as ten were found to

¹ Ibid., p. 64 f. ² Ibid., p. 66.
be amnesic, or "fast asleep", to such a degree that, when they woke, they were unconscious of what I had done—i.e. they were in a condition of deep hypnosis. Of the remaining seven, six felt the putting in of the pin, but said they experienced no pain whatever—i.e. they were in a hypnoidal condition. Only one out of the seventeen said he felt any pain, and he, curiously enough, ordinarily suffered from hysterical anaesthesia! Thus sixteen out of seventeen were analgesic and highly suggestible. A large majority of patients are sufficiently suggestible for treatment even though amnesia is not produced. The fact that the patient is "conscious" of what is said matters little, so long as he is not critical.\(^1\)

The stress which has been laid on the fact that the state of mind requisite for effective treatment by suggestion is one in which the patient is uncritical is something which, in considering the N.T. healing miracles, we need to mark carefully. The importance of it lies in this, that, if the above contention is true, it is not irrelevant to cite a modern instance of a cure brought about by the employment of deep hypnosis as being a possible parallel to a case of healing recorded in the N.T., even though our Lord and His followers never induced such a degree of hypnosis (and there is no evidence that they did this). It is interesting to observe in this connexion that recently a new school of psychotherapy has sprung up which calls itself the New Nancy School,\(^2\) whose main distinguishing tenet may be put briefly by saying that it holds that the dominant factor in all suggestion is autosuggestion, and that, even in cases where deep hypnosis is 'induced' by an operator, the determining factor in the induction of this state is the subconscious (or unconscious) of the patient, i.e. the process should be more accurately described as autosuggestion.\(^3\)

\(^1\) *Functional Nerve Disease*, p. 69 f. It should be noted that the experiment recorded above was made upon patients in a 'war-shock' hospital, and therefore its results must not be taken as indicating the proportion of so-called 'normal' subjects who can be hypnotized.

\(^2\) The two chief representatives of this school are M. Émile Coué and Prof. Charles Baudouin. It has been said that these two stand in the same relation to the New Nancy School as Liébault and Bernheim stood to the (old) Nancy School. Coué has confined his attention chiefly to the practical working out of his theories, while Baudouin is the first theoretical exponent of the former's teaching.