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The Healing Touch: Spiritual Healing in England,
c.1870-1955

by

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Abstract

This thesis provides a comprehensive analysis of spiritual healing in England in its various different guises during the late-nineteenth and early- to mid-twentieth centuries. It considers the interplay between the various spiritual healing groups themselves and between their philosophies and practices and orthodox medical theory more generally. The first half examines how spiritual healing was conceptualised by those who practised it - who spiritual healers were, what they believed and how they defined illness and healing. The specific therapeutic techniques used by healers are delineated, and the themes of touch and morality explored in detail. The second half of this thesis then examines how spiritual healing was perceived by the religious and medical establishments, and explores their co-operational discourse. Firstly, the reaction of the orthodox Christian churches to spiritual healing and their fractured and inherently conservative attempts to utilise it as a means of revitalising orthodox Christianity are analysed. The final chapters then chart the chronological relationship between spiritual healing and orthodox medicine during three specific periods, and explore the way in which spiritual healing intersected and impacted upon medical reactions to the new psychology of the twentieth century.

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Introduction

Defining Spiritual Healing

Nothing in life is more wonderful than faith – the one great moving force which we can neither weigh in the balance nor test in the crucible. Intangible as the ether, ineluctable as gravitation, the radium of the moral and mental spheres, mysterious, indefinable, known only by its effects, faith pours out an unfailing stream of energy while abating nor jot nor title of its potency. (Dr William Osler, *BMJ*, 18 June 1910)¹

The issue of spiritual healing aroused considerable interest in Britain in the late-nineteenth and early- to mid-twentieth centuries, both at a popular level and at a more bureaucratic level within Britain's medical and religious establishments. In the early twentieth century the orthodox churches began to turn to spiritual healing as a means of revitalising Christianity, and at around the same time the interest of the medical profession in the subject was sparked by increasing awareness of the power that the mind was able to wield over the body. Spiritual healing movements such as Christian Science, the Emmanuel Movement and, to a lesser extent, Spiritualism proved immensely - and from the authorities' point of view, disturbingly - popular. As a specific point of convergence between the fast dichotomising disciplines of science and religion, as well as between them both and popular spirituality more generally, the history of spiritual healing during the period 1870 to 1955 provides a fascinating insight into the various shifting intellectual attitudes of the time and how these were received and adapted at a populist level. Faith became a matter of considerable intellectual debate during this period - what it was, how it worked, what it meant, and uneasily but unavoidably underlying all such discussions, whether there was any objective truth to uphold religious belief. 'Nothing in life is more wonderful than

¹ William Osler, 'The Faith That Heals', *BMJ*, 21 June 1910, p. 1470.

faith', wrote the eminent physician and Oxford University Regius Professor of Medicine Dr William Osler in the *British Medical Journal [BMJ]* in 1910. His remark is quoted at more length above and epitomises the newly considered approach of the medical profession to healing through faith in the early twentieth century. However, tellingly Osler's comments mingled awe and frustration in almost equal measure. For although, as he noted in his article, the compelling effects of faith were clearly observable within all types of medicine and also more generally within everyday life, by its very nature that faith was impervious to scientific attempts at rationalisation and eluded the definitive understanding and quantification that was a scientific necessity.²

This sense of frustration and slight uneasiness was apparent, and increasingly so, within most discussions about spiritual healing throughout the period under consideration. Doctors in the early twentieth century quickly began to attribute the 'phenomenal, even ... miraculous'³ therapeutic effects of spiritual healing to psychotherapeutic mental suggestion, provoking some significant responses from healers, ranging from the generally placatory and submissive attitude of Christian churchmen to the more ambivalent antagonism of the gradients of more radical healers. The general parameters of what was at its most basic a dialogue about the place of spirituality within scientific medicine still echoes today. In 2003, for example, a BBC *Everyman* documentary series charted the controversial 'Mantra Study', an American medical inquiry into the benefit of prayer in healing. The programme, entitled 'Does Prayer Work?',

² *ibid*, pp. 1470-1471.

³ *ibid*, p. 1471.

documented a double-blind study involving 750 angioplasty⁴ patients over three years, of whom half were prayed for by twelve multi-faith prayer groups. The results were predictably inconclusive - patients who had been prayed for reported significantly reduced levels of anxiety and distress, but after six months prayer had proven to have no statistically significant benefit to their long-term health. Both sides were thus able to claim some measure of validation despite the obvious limitations of such a trial.⁵ Believers professed the spiritual solace apparently conferred as more important than physical cure and non-believers declared their initial scepticism justified. As will become clear this contemporary study raised many of the same questions about the value and legitimacy of spiritual healing and faced many of the same difficulties in substantively proving spiritual effect as will be discussed in this thesis. Significantly, at the end of the documentary the rather bemused presenter could only conclude that for those who believed 'no proof [was] necessary' and for those who did not 'probably no proof [would] ever be enough'. Issues of faith and subjective religious belief in the twentieth century thus sat increasingly uneasily alongside the supposed objectivity of science and medicine, and like most studies of and reflections on spiritual healing throughout the century the Mantra Study ultimately resolved little and only seemed to raise more questions than it was able to answer.⁶

⁴ Angioplasty is a surgical procedure for restoring normal blood flow through a heart artery that has become blocked or narrowed causing the patient to suffer chest pain and be at risk from a heart attack. It is done by inserting a balloon into the narrowed section and inflating it.

⁵ The most serious limitation of the trial was that its organisers had no way of preventing patients from organising their own prayers or praying for their own recovery outside of the parameters of the medical control.

⁶ Ruth Pitt (ed.), 'Does Prayer Work in Healing?', *Everyman* (BBC Television Documentary: 2003).

Modern spiritual healing recalled a connection between religion and medicine that is as old as the history of human civilisation itself. In the ancient world the roles of priest and physician had been largely combined, for where illness was mystery it was widely attributed to divine influence and prayer and medicine functioned as one. Primitive societies often had shamans, whose function it was to communicate with spirits, to exorcise demons, and to thus heal disease.⁷ Healing was also a vital component of early Christianity, as many twentieth-century spiritual healing advocates were to emphasise. Most of the miracles attributed to Jesus in the Bible were miracles of healing,⁸ and the earliest Christian priests were actually selected on the basis of their healing abilities. Healing in the early Christian church was commonly evoked through such methods as anointing with holy oil, the use of holy relics, the laying-on of hands, and prayer,⁹ techniques which changed little over the centuries. Many saints were renowned for their healing abilities, such as St. Vincent Ferrer, a fifteenth-century preaching friar, who held services specifically devoted to healing and whose touch was believed to cure blindness, deafness and lameness.¹⁰ Moreover, saints as commonly effected such healing after their deaths as during their lives. Post-death miracles are a prerequisite to canonisation as evidence of progression from purgatory to heaven and, according

⁷ For more information on shamanism, and its connection to Spiritualism and spiritual healing, see Geoffrey K. Nelson, *Spiritualism and Society* (London: Routledge & Kegan Paul, 1969), pp. 246-270.

⁸ Clinical psychiatrist Dr Louis Rose, investigating spiritual healing in the 1960s, wrote that of some fifty paranormal events attributed to Jesus in the four gospels, around thirty-five were healing miracles if resurrection from the dead was included. Louis Rose, *Faith Healing* (Middlesex: Penguin, 1971; first published 1968), p. 27. Perhaps the most erudite discussion of Jesus' healing miracles by an advocate of spiritual healing can be found in Leslie Weatherhead's *Psychology, Religion and Healing*, 2nd edition (London: Hodder & Stoughton, 1952, 1st published 1951), pp. 37-77

⁹ The Venerable Bede's classic *Ecclesiastical History of the English People* (Oxford: Clarendon Press, 1979) contains numerous examples.

¹⁰ Cited by Rose, *Faith Healing*, p. 35.

to one 1930s commentator, these miracles were ‘usually ... miracles of healing’ often achieved through the familiar medium of relics or shrines.¹¹

As dogma within orthodox religion became more entrenched and a medical profession distinct from the church began to consolidate and expand, religious healing within the church gradually declined and was ultimately all but lost. By the ninth century the Sacrament of Unction, the anointing of the sick with holy oil, had become a ritual used more in order to fit the soul of the dying for death than as the active attempt to heal the physical body that it had originally been conceived of as in early Christianity.¹² In the thirteenth century the growing division between medicine and religion was sanctioned by Pope Innocent III, who officially forbade the clergy to meddle in physic, pronouncing such study sacrilegious.¹³ Meanwhile, the progress of scientific rationalism increasingly imparted materialism to medicine, subverting the traditional philosophical elevation of the spiritual over the physical. According to Professor Sir Clifford Allbutt it was such Renaissance revelations as Andreas Vesalius’ anatomical drawings and William Harvey’s discovery of the circulation of the blood that first ‘wrenched the two supreme functions [of medicine and religion] formally asunder’.¹⁴ By the early-twentieth century many analysts were commenting on the increasing philosophical opposition of science and religion. Some applauded it, but more regretted it. ‘[Religion] appeals to man’s heart and [science] to his head’, wrote one advocate of spiritual healing in 1916, for

¹¹ George Gordon Dawson, *Healing: Pagan and Christian* (London: Society for Promoting Christian Knowledge, 1935), p. 250.

¹² The Sacrament of Unction was removed from Church of England services altogether after the reign of Edward VI in the sixteenth century because of supposed abuses.

¹³ Weatherhead, *Psychology, Religion and Healing*, p. 35.

¹⁴ Sir Clifford Allbutt, ‘Reflections on Faith Healing’, *BMJ*, 18 June 1910, p. 1453

example, 'but each seems to forget that the really *living* man cannot be deprived either of his heart or his head with impunity'.¹⁵

The formalised separation of religion and medicine did little to extinguish completely the mystical element in healing. Spiritual and supernatural beliefs lingered on in many of the unorthodox populist cures that remained prevalent throughout the centuries following the Renaissance and even into the twentieth century, despite the growing power and supremacy of the organised medical profession. Faith in the efficacy of the Royal Touch, for example, a divine power to cure the skin disease scrofula attributed to British monarchs after Edward the Confessor, persisted into the eighteenth century, having reached the height of its popularity in the 1600s.¹⁶ The endurance of the popularity of supernatural healing can also be seen in the miraculous powers attributed to various modern religious shrines, of which Lourdes is perhaps the most renowned. On 11 February 1858 the Virgin Mary allegedly appeared at Lourdes to the later-canonised fourteen-year-old Bernadette Soubirous, a peasant girl, and said: 'I am the Immaculate Virgin. I desire a chapel here.' A shrine was built in the grotto where this vision was seen and soon afterwards people began to report being cured by the spring discovered there by Soubirous. Despite the tiny number of officially approved Lourdes 'miracles' by the 1920s an estimated half a million people a year were visiting the site,¹⁷ demonstrating the enduring willingness of

¹⁵ T. Troward, 'The Spirit of Science and the Spirit of Worship', *The Rally: Being the Official Organ of the New Thought Extension Work* (London), No. 23 (September 1916), p. 4.

¹⁶ Charles II was said by Lord Macaulay to have touched over 92,000 people during his twenty-five year reign, an average of almost four thousand a year. Quoted by Dawson, *Healing*, p. 269. In a spirit of scientific enlightenment, or perhaps merely more fearful of failure, the Hanoverian monarchs abolished the custom in the eighteenth century.

¹⁷ The *Bureau des Constatations Médicales* established at Lourdes in 1885 to verify the medical cures had very strict criteria for accepting a cure as miraculous. Functional disease did not qualify, and the patient needed to be medically examined both before and after the cure and again after twelve months to ensure that there had been no relapse. According to psychiatrist Dr Louis Rose, during the period 1858-1962 only forty-nine Lourdes miracle cures were sanctioned by

people to believe in a divine or supernatural aspect to healing even when doctors and scientists remained unconvinced and the evidence was somewhat less than conclusive. The 'vital tenacity' of spiritual healing was noted by more than one twentieth-century commentator,¹⁸ Sir Clifford Allbutt remarking in 1910 for example that spiritual healing 'ha[d] been notoriously independent of particular religious societies'. '[I]ts wonders have been wrought, and are wrought under, and consistently with, any set of opinions - orthodox, pagan, or bizarre.'¹⁹ In short, as the eminent nineteenth-century surgeon and pathologist Sir James Paget realised, people 'love[d] ... to be cured with a wonder'.²⁰

Before exploring these themes in any more depth however, it is perhaps pertinent to first define spiritual healing and consider the parameters of this thesis. The renowned post-War British healer Harry Edwards described three gradations of spiritual healing in his 1945 explanatory manual *The Science of Spirit Healing*. 'Magnetic healing' was the first and most basic type he defined, a simple transfer of energy between healer and sufferer that he believed could be effected by most people in 'robust health'.²¹ The second, 'spiritual healing', Edwards described as the passing of external healing 'cosmic rays' through the spirit guide to the medium and through the medium to the patient, usually by means of direct physical contact.²² The final and most mystifying form of

both the *Bureau* and the papacy. M. R. Newbolt, *Healing* (London: Society for Promoting Christian Knowledge, 1924), p. 83; Rose, *Faith Healing*, pp. 95-96; Weatherhead, *Psychology, Religion and Healing*, pp. 148-149. For analysis of the historical perspective of the Lourdes healings see Ruth Harris, *Lourdes: Body and Spirit in the Secular Age* (London: Allen Lane, 1999).

¹⁸ W. F. Cobb, *Spiritual Healing* (London: Bell, 1914), pp. 1 & 221. Medical commentators

¹⁹ Sir Clifford Allbutt, 'Reflections on Faith Healing', *BMJ*, 18 June 1910, p. 1453.

²⁰ Quoted from Sir James Paget's *Clinical Lectures and Essays* by H.T. Butlin, FRCS, 'Remarks on Spiritual Healing', *BMJ*, 18 June 1910, p. 1469.

²¹ Harry Edwards, *The Science of Spirit Healing* (London: Rider: 1945), p. 38.

²² *ibid*, p. 41.

healing delineated by Edwards was 'absent healing', where the cosmic rays were directed to the patient, irrespective of distance, by thought, and were applied directly by the spirit guide 'through the patient's spirit and etheric body to the physical body'.²³ These three elemental forms provide a useful model of spiritual healing, for most of the myriad therapies propounded could be thus reduced at their most basic, although healers usually practised only one or two of the forms and explanations differed widely from Edwards' markedly Spiritualist perspective. Other healers might interpret their work in terms of God, of right thought, of animal magnetism, of colour, or of suggestion, something that will be examined in more detail in the first chapter. Christian-Spiritualist healer Margaret Frayling, for example, writing at almost the same time as Edwards, conceptualised virtually the same healing techniques instead firstly as 'the law of anointing', secondly as the 'use of a physical channel as a means of administering Divine healing power', and thirdly as 'prayer with faith' or the 'lifting of the consciousness to higher levels of thought'.²⁴

Spiritual healing is actually quite a complex term to unlock, principally because as spiritual healers were not a unified group so there was no unified meaning behind their terminology. Harold Anson, the chairman of the Anglican spiritual healing organisation the Guild of Health, thus wrote of it in 1923 as 'a phrase which has many meanings'.²⁵ What were essentially fundamentally similar spiritual techniques were attributed widely conflicting philosophies by various spiritual healing groups and individuals, leading to considerable terminological confusion throughout the period under consideration. Spiritual

²³ *ibid*, p. 53.

²⁴ Margaret Frayling, *The Quest for Spiritual Healing* (London: Rider, 1951), p.15.

²⁵ Harold Anson, *Spiritual Healing: A Discussion of the Religious Element in Physical Health* (London: University of London Press, 1923), p. v.

healers utilised a wide range of almost synonymous terms in addition to spiritual healing, including most commonly 'faith healing', 'divine healing', and 'Christian healing'. The meanings of these four terms did vary slightly in that while 'spiritual healing' perhaps implied a more overtly supernatural element, 'faith healing' implied a more suggestive one, 'divine healing' strongly indicated a reference to God, and 'Christian healing' to organised orthodox religion as well. However, there were clear significant areas of overlap between the four, and indeed throughout the nineteenth and twentieth centuries they were used almost interchangeably alike by patients, critics, investigators and healers themselves. For example, while the *BMJ*'s flurry of articles on the subject in 1910 were indexed under 'spiritual healing' the articles themselves more commonly employed the term 'faith healing'.²⁶ Analysing the 'considerable confusion' surrounding terminology in 1911 the British Medical Association's [BMA] *Report on the Subject of "Spiritual Healing"* ultimately concluded that there was no practical 'difference in kind' between the many expressions in current employ.²⁷

To some extent all these concepts, Christian, Spiritualist, medical and more individualistically 'alternative', will be considered during the course of this thesis, but at all points the blanket term 'spiritual healing' will be used. It should be taken to mean generally unorthodox healing performed without recourse to any clear physical agency such as drugs or surgery, and usually with some kind of integral supernatural element or explanation. This is as incorporative an approach as it is feasible to take and includes a wider range of spiritual healers

²⁶ See *BMJ*, June 1910.

²⁷ 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *Supplement to the BMJ*, 15 July 1911, pp. 125-126.

and healing philosophies than have ever been analysed collectively before.²⁸ Nonetheless it should be pointed out that it is possible to interpret the term spiritual healing even more widely than has been done here. The report of the 1920 Lambeth Conference committee appointed to consider spiritual healing for example, defined it as any form of medicine - material, psychic or devotional - undertaken 'in reliance upon God'.²⁹ Spiritual healing could also perhaps be conceptualised in terms of the more nebulous psychological benefit of religion and religious practises emphasised by some early-twentieth-century religious groups, such as the famous Oxford Group Movement,³⁰ but although this will be touched upon in chapter four in the main this thesis will necessarily interpret spiritual healing more narrowly as a therapeutic technique at least in part aimed at the inducement of bodily healing. Particular attention will be paid to the importance of touch, both as an actual therapeutic technique, the laying-on of hands being the most common form of spiritual healing, and as a philosophical concept and explanation of the way in which spiritual power was harnessed.

Dr Louis Rose, a clinical psychiatrist interested in spiritual healing in the 1960s, believed that spiritual healers could be placed into three distinct, although

²⁸ In the few instances in which spiritual healing has been explored by historians it has always been within a rather limited scope of inquiry. Thus Logie Barrow has researched anti-establishment Spiritualist healing in the late nineteenth century, Stuart Mews has done some work on the Anglican healing ministry of the 1920s and Graham Richards has analysed the impact of twentieth-century psychology on the orthodox Christian churches. See Logie Barrow, 'Anti-Establishment Healing: Spiritualism in Britain' in W.J. Sheils, *The Church and Healing: Papers Read at the Twentieth Summer Meeting and the Twenty-First Winter Meeting of the Ecclesiastical History Society* (Oxford: Blackwell, 1982), pp. 225-247; Stuart Mews, 'The Revival of Spiritual Healing in the Church of England, 1920-26' in W. J. Sheils (ed.), *The Church and Healing: Papers Read at the Twentieth Summer Meeting and the Twenty-First Winter Meeting of the Ecclesiastical History Society* (Oxford: Basil Blackwell, 1982), pp. 299-331 and Graham Richards, 'Psychology and the Churches in Britain 1919-39: Symptoms of Conversion', *History of the Human Sciences*, Vol. 13, No. 2 (2000), pp. 57-84.

²⁹ *The Ministry of Healing: Report of the Committee Appointed in Accordance with Resolution 63 of the Lambeth Conference, 1920* (London: Society for Promoting Christian Knowledge, 1924), p. 10.

³⁰ See Alison Falby, 'The Modern Confessional: Anglo-American Religious Groups and the Emergence of Lay Psychotherapy', *Journal of the History of the Behavioural Sciences*, Vol. 39, No. 3 (2003), pp. 251-267.

somewhat artificial, groups - those who operated within orthodox religion, those who operated within Spiritualist churches (within which he included most unorthodox Christian religion, such as Christian Science), and individual healers.³¹ This thesis will include within its remit members of all of these groups. It is significant that spiritual healing was so religiously interdenominational in scope, and its utilisation by such a wide variety of Christian and spiritual belief systems provides an important insight into the religious interplay of the late-nineteenth and early- to mid-twentieth centuries. For the purposes of clarity it might be useful here to list a brief description of the main organisations and protagonists involved in spiritual healing during the period under consideration.

i. Orthodox Christian Religion:

- The Anglican Guild of Health was set up in Britain in September 1904 by Percy Dearmer and Conrad Noel, Anglican clergymen of Anglo-Catholic persuasion. The Guild's dedicated and influential chairmen included Harold Anson in the 1920s and Jim Wilson in the 1940s. In 1915 the Anglo-Catholic element, feeling that Catholic values were not being fully represented, separated to form the more exclusive Guild of St. Raphael, and in 1918 the original Guild became ecumenical.³² The Guild of Health was essentially moderate in its outlook and wanted to revitalise Christianity through ministering to the whole person, body, spirit and personality. It still exists today.³³

³¹ Rose, *Faith Healing*, 73.

³² Geoffrey C. Harding, *The First Seventy-Five Years of the Guild of Health: Pamphlet No. 42* (2004), kindly provided in an unpublished state by the Guild of Health.

³³ See Harold Anson, *Looking Forward* (London: The Religious Book Club, c.1938); Anson, *Spiritual Healing*; Percy Dearmer, *Body and Soul: An Enquiry into the Effects of Religion Upon*

- The **Emmanuel Movement** began in Boston, Massachusetts in 1905 when the Reverend Dr Elwood Worcester, rector of the Emmanuel Episcopal Church in the city invited tuberculosis victims from the Boston slums to a weekly class where medical advice was given by a medical doctor and spiritual counselling by Worcester himself. It proved such a resounding success that Worcester, supported by the Reverend Dr Samuel McComb, began under strict medical supervision to treat patients suffering from 'moral problems and psychical disorders'. At their first consultation in November 1906 an astonishing 198 patients materialised, from whom two psychiatrists selected those deemed suitable for religious treatment.³⁴ The Movement spread quickly throughout America and internationally to Ireland, Australia, South Africa, Japan, and Britain where it was known as the Church and Medical Union.
- The **Society of Emmanuel** was set up in 1905 by the charismatic Christian healer James Moore Hickson. Through the Society Hickson aimed 'to develop the Divine gifts left to His Church by the Master' and himself practised the laying-on of hands. The Society remained in existence until 1921 by which time Hickson considered that 'its objects had been obtained', namely that spiritual healing had been brought successfully

Health, with a Description of Christian Works of Healing from the New Testament to the Present Day (London: Sir Isaac Pitman & Sons, 1909) and Jim Wilson, *Healing Through the Power of Christ* (London: James Clarke, 1946).

³⁴ Raymond J. Cunningham, 'The Emmanuel Movement: A Variety of American Religious Experience', *American Quarterly*, Vol. 14, No. 1 (1962), pp. 52-53. For the full story of the inauguration of the Emmanuel Movement see Cunningham's article and Elwood Worcester's autobiography *Life's Adventure: The Story of a Varied Career* (New York: Charles Scribner's Sons, 1932). Worcester and McComb also published various books and articles in support of their methods including Samuel McComb, 'Spiritual Healing and the Church', *The Contemporary Review*, No. 665 (1921), pp. 670-676; Elwood Worcester & Samuel McComb, *The Christian Religion as a Healing Power: A Defense and Exposition of the Emmanuel Movement* (New York: Moffat, Yard & Co., 1909) and Elwood Worcester, Samuel McComb & Isador H. Coriat, *Religion and Medicine: The Moral Control of Nervous Disorders* (New York: Moffat, Yard & Co., 1908).

to the notice and patronage of the Anglican Church.³⁵ By this time Hickson was engaged on a world spiritual healing tour, which lasted from 1919 until 1924 and saw him visit India, China, Japan, the Philippines, Egypt, Palestine, Italy, Ireland, South Africa, Australia and New Zealand in addition to England. Hickson consistently declared that his only aim was to restore spiritual healing to the Anglican Church, and he thus saw himself as a devout Christian. The Church, however, was rather more ambiguous in its attitude towards him, and deliberately excluded his work from the remit of the 1920 Lambeth Conference committee, fearing that there was more than an element of hysteria in his wild claims and mass healing services.³⁶ After Hickson died in 1933 his work was largely taken over by the Reverend John Maillard, who founded the Divine Healing Fellowship and opened a healing sanctuary at Milton Abbey in 1937.³⁷

- Spiritual healing was also utilised and promoted within many of the Christian Free Churches in the twentieth century. The Quaker Friends' Spiritual Healing Fellowship was fronted by Dr Howard Collier and Sydney A. Hurren in the 1930s,³⁸ the Methodist Society for Medical and Pastoral Practice was founded in 1946 by the very influential Methodist

³⁵ James Moore Hickson, *Heal the Sick* (London: Methuen, 1924), pp. 8-9.

³⁶ *The Ministry of Healing*, pp. 17-18; Mews, 'Revival of Spiritual Healing', pp. 312-313 & 326-7.

³⁷ See John Maillard, *The Sacrament of Healing, etc.* (London: Morgan & Scott, 1925). Hickson wrote the introduction to this book. Maillard was, like Hickson, towards the extreme of most orthodox Christian healers in his claims, writing, for example, 'If we have sufficient faith to be healed by the activity of forces on the spiritual plane, then there is no need to resort to forces on the material plane. *ibid*, p. 54.

³⁸ See Howard E. Collier & Sydney A. Hurren, *The Place of Spiritual Healing in the Society of Friends: The Substance of Lectures Given at Jordans, September 1938* (London: Friends Book Centre, 1938).

minister Leslie Weatherhead and Dr Percy Backus,³⁹ and although there is no evidence of a comparable Baptist healing organisation the subject was certainly a topic of discussion within the Baptist Church in the mid-twentieth century.⁴⁰

- In 1944 the centralised interdenominational **Churches' Council of Healing** was set up by the sympathetic Archbishop William Temple. The Council aimed primarily to provide 'a common basis' for orthodox Christian spiritual healing movements and to promote the co-operation of doctors and clergymen in matters of health. By the 1950s all denominations except Roman Catholicism were represented on the Council and there was also a permanent Medical Advisory Committee attached composed of prominent members of the medical profession.⁴¹

ii. Unorthodox Religion:

- Spiritual healing was closely associated with the **Spiritualist movement** throughout the period under consideration. Modern Spiritualism was inaugurated in America in 1848 when two young sisters, Katherine and Margaret Fox, began to communicate with a spirit in their house through the medium of rapping. Spiritualist ideas and phenomena were swiftly conveyed to Britain, and the movement quickly proliferated throughout the 1850s and 1860s, reaching the height of its popularity in the 1870s and

³⁹ See John Crowlesmith (ed.), *Religion and Medicine: Essays by Members of the Methodist Society for Medical and Pastoral Psychology* (London: The Epworth Press, 1962) and Weatherhead, *Psychology, Religion and Healing*.

⁴⁰ See, for example, Arthur Dakin, *Spiritual Healing: An Address Delivered at the Annual Meeting of the Baptist Ministers' Fellowship at Bloomsbury Chapel on Wednesday 20th April 1952* (London: Carey Kingsgate Press, 1952).

⁴¹ For more information see Weatherhead, *Psychology, Religion and Healing*, pp. 232-234.

1880s, and again in the post-War atmosphere of the 1930s.⁴² Spiritualist healers included mediums for whom healing was a relatively minor part of their mediumistic repertoire such as Gladys Osbourne Leonard and Estelle Roberts, and more specialist Spiritualist healers such as Charles Adams Simpson in the 1920s, William Henry Lilley and Edward Fricker in the 1940s, and the illustrious Harry Edwards in the 1950s.⁴³ The first inclusive Spiritualist healing organisation, the National Federation of Spiritual Healers, was set up in 1954 by Edwards and Gordon Turner and still exists today.⁴⁴

- **Christian Science** was founded in 1866 in America by Mary Baker Eddy after she was spontaneously cured of injuries sustained during a fall by reading the Gospel and discovering the 'healing Truth'. In 1875 she published *Science and Health*, the handbook of Christian Science. Christian Scientists held that all matter, and consequently all physical disease and pain, was illusory and that the maintenance of health required only an acceptance of the wholly spiritual nature of man, thus denying the whole basis of physical science and medicine.⁴⁵ Numbers of Christian Science followers ballooned in America from the 1890s onwards, and the

⁴² Alex Owen, *The Darkened Room: Women, Power and Spiritualism in Late Victorian England* (London: Virago, 1989), p. 2; Jenny Hazelgrove, *Spiritualism and British Society Between the Wars* (Manchester: Manchester University Press, 2000), p. 14.

⁴³ See Rosa M. Barrett (ed.), *Beyond: A Continuation of "The Seekers", Further Talks by "Dr Lascelles"*, 3rd edition (London: Daniel Co., 1934, first published 1929); Arthur Keith Desmond, *The Gift of Healing: The Story of Lilley the Healer* (London: Psychic Press, 1943); Harry Edwards, *The Evidence for Spiritual Healing* (London: Spiritualist Press, 1953); Edwards, *The Science of Spirit Healing*; Edward G. Fricker, *God is My Witness: The Story of the World-Famous Healer* (London: Arthur Baker, 1977); Eileen J. Garrett, *Life is the Healer* (Philadelphia: Dorrance & Company, 1957) and Gladys Osbourne Leonard, *My Life in Two Worlds* (London: Cassell, 1931). Chapter five of Owen's, *The Darkened Room* reviews female Spiritualist healers in the late nineteenth century.

⁴⁴ For more information of the national Federation of Spiritual Healers see Harry Edwards, *Thirty Years a Spiritual Healer* (Surrey: Spiritual Healer Publishing, 1968), p. 152.

⁴⁵ Mary Baker Eddy, *Science and Health With Key to the Scriptures* (Boston: Christian Science Publishing Society, c.1934, 1st published 1875), especially pp. 112-113.

movement began to increase in popularity in Britain from the end of the nineteenth century.⁴⁶

iii. Individual Healers:

- There were many individual spiritual healers in Britain during the period 1870 to 1955, representing a wide range of spiritual beliefs. Amongst the diverse individuals considered in this thesis are included Chandos Leigh Hunt, Dorothy Kerin, Edward G. H. Montagu, the Earl of Sandwich, and doctor Christopher Woodard. Hunt was an 'organic magnetist'⁴⁷ practising in the late-nineteenth century who together with her husband Joseph Wallace composed a complete holistic system of health known as 'Physianthropy', a 'home cure' free from drugs and other medical interventionist treatments.⁴⁸ Kerin was 'miraculously' and spontaneously healed in 1912 'after many years of helpless invalidism' and went on to become a Christian healer of some repute.⁴⁹ Montagu claimed to be directed by spirits and was largely inspired in his personal healing mission

⁴⁶ Christian Science advocate Charles Herman Lea estimated in 1915 that there were around three million Christian Scientists. Charles Herman Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science and a Challenge to its Critics*, 2nd edition (London: Dent, 1915, 1st published 1913). For more information on Mary Baker Eddy and Christian Science see additionally Willa Cather & Georgine Milmine, *The Life of Mary Baker G. Eddy and the History of Christian Science* (Lincoln: University of Nebraska Press, 1993, 1st published 1909); Raymond J. Cunningham, 'The Impact of Christian Science on the American Churches, 1880-1910', *The American Historical Review*, Vol. 72, No. 3 (April 1967), pp. 885-905 and Rennie B. Schoepflin, *Christian Science on Trial: Religious Healing in America* (Baltimore: John Hopkins University Press, 2003).

⁴⁷ Chandos Leigh Hunt, *A Treatise on All the Known Uses of Organic Magnetism, Phenomenal and Curative* (London: J. Burns, 1876).

⁴⁸ Hunt laid this system of health out in her book, Chandos Leigh Hunt, *Physianthropy or The Home Cure and Eradication of Disease*, 8th edition (London: Philanthropic Reform Publishing Office, 1901, 1st published 1883). See pp. 120-122 for the 'General Home Rules for the Maintenance of Health and Eradication of Disease'.

⁴⁹ Dorothy Kerin, *The Living Touch* (London: G. Bell & Sons, 1914), p. vii.

by James Moore Hickson.⁵⁰ Woodard was a devout Christian and a qualified doctor who practised spiritual healing in the 1940s and 1950s, inspired by his young son's miraculous cure from cerebral-spinal meningitis.⁵¹

As an addendum to this outline it should be noted that there are many further groups who perhaps deserve to have been incorporated within any historical study of spiritual healing, and have here been mainly excluded. Constraints of time and space have made it necessary to limit the realm of this thesis to primarily to those organisations and groups delineated above lest the scope become too unmanageably wide, but the scope for further research in this area is significant. Other groups and movements whose role within and use of spiritual healing is deserving of further consideration include pentecostals, cunning folk, theosophy, new paganism and the esoteric healing movements of Gurdjieff and Ouspensky among others.⁵²

Several things are worth noting in respect to the outline delineated above. Firstly, the clear international element to spiritual healing and the medical-religious dialogue it provoked. In many ways the vogue for spiritual healing had its roots in America, where Spiritualism, Christian Science, and even the active participation of the Christian Church (in terms of the very influential Emmanuel

⁵⁰ See Edward H. Montagu, *My Experiences in Spiritual Healing* (London: Arthur L. Humphreys, 1915).

⁵¹ See Christopher Woodard, *A Doctor Heals by Faith* (London: Max Parrish, 1953) and Christopher Woodard, *A Doctor's Faith Holds Fast* (London: Max Parrish, 1955).

⁵² For an overview of many of these movements see Stephen Hunt, *Alternative Religions: A Sociological Introduction* (Aldershot: Ashgate, 2003), and also Ann Taves, *Fits, Trances, and Visions : Experiencing Religion and Explaining Experience from Wesley to James* (Princeton: Princeton University Press, 1999). On the individual areas more specifically see Owen Davies, *Cunning Folk: Popular Magic in English History* (London: Hambledon & London, 2003); Joy Dixon, *Divine Feminine: Theosophy and Femininity in England* (Baltimore: John Hopkins University Press, 2001); P. D. Ouspensky, *In Search of the Miraculous: Fragments of an Unknown Teaching* (London: Routledge, 1950).

Movement) were all born. This did not go unnoticed by contemporary observers,⁵³ and is perhaps not overly surprising given the well-documented greater propensity of American society towards religious pluralism and extremism.⁵⁴ This thesis will concentrate primarily on spiritual healing in Britain, but will take into account the American precedent and the continuing transatlantic healing networks. It should also be noted that similar spiritual healing movements and philosophies also had a comparable impact in other European countries and dominions during this period.

The second thing worthy of note here is the decidedly fragmented nature of spiritual healing. As will become clear in chapters one and two the many different organisations and individuals grouped together in this thesis utilised often markedly similar healing techniques and even had broad overlapping spiritual philosophies, but they were nonetheless generally more prone to regard each other as sworn enemies than as allies. Christian Scientists, for example, openly rejected most of the orthodox religious spiritual healing organisations. 'Jesus did not operate in conjunction with physicians', wrote one Christian Scientist derisively in 1908, and nor did He 'limit his healing work to "functional nervous disorders"'.⁵⁵ For their part orthodox Christian healers often regarded Christian Science as little more than blasphemy. Furthermore, as historian Stuart

⁵³ Many critics feared the potency of the American example. Eminent physician William Osler, who had taught and practised in America for many years, for example, saw it as a country saturated by mental weakness and social deterioration. He wrote in 1910, mainly in regard to Christian Science: 'No wonder the American Spirit, unquiet in a drug-soaked body, rose with joy at a new Evangel. In every country there were dyspeptics and neurasthenics in sufficient numbers to demonstrate the efficacy of the new gospel!' William Osler, 'The Faith That Heals', *BMJ*, 21 June 1910, p. 1472.

⁵⁴ See Steve Bruce, *Religion in the Modern World From Cathedrals to Cults* (Oxford: Oxford University Press, 1996), p. 61 and chapter six, pp. 129-168. Bruce argues that the greater religious pluralism of American society is due mainly to the ethnic and immigrant nature of its population, the federal nature of its state, and the fact that religious freedom was from the country's very beginning enshrined as a constitutional right.

⁵⁵ V. O. Strickler in the *New York Evening Journal* 1908. Quoted by Cunningham, 'The Emmanuel Movement', p. 59.

Mews has commented, even within the Anglican Church itself there was little unity as to how spiritual healing should be practised, or even whether it should be practised at all.⁵⁶ Harold Anson good-humouredly summarised some of these divisions in the preface to his 1923 book *Spiritual Healing: A Discussion of the Religious Element in Physical Health* when he wrote:

I fear that my medical friends may be annoyed in that I suggest that they sometimes kill their patients by not making allowance for the spiritual factor in disease; my Christian Science friends will be annoyed because I will not allow that Mrs Eddy is infallible; my orthodox friends will be shocked because I see great good in Christian Scientists and think we can learn much from them; my friends among the simple faith healers will be grieved that I see much to learn in mental analysis and in suggestion ... the analysts, if they ever see this book, will think that I aim at healing people without delving sufficiently into infantile errors of thought and emotion, and that we must therefore certainly fail.⁵⁷

It was undoubtedly in part this wide diffusion of competing interests which prevented spiritual healing from gaining any more than a sporadic and rather fractured influence on medical thought during the twentieth century. Some healers realised this and, like Anson, appealed for some measure of unity. As was delineated above the mid-twentieth century did see some moves towards convergence, but only really in terms of orthodox Christian healing organisations and, separately, Spiritualist healers.

As the above organisational outline suggests it was in the early twentieth century, specifically during the period 1908 to 1925, that spiritual healing was at the height of its public prominence and influence. It was during this time that it

⁵⁶ Mews, 'Revival of Spiritual Healing', pp. 311 & 314. Mews argues that Harold Anson carried out 'what amounted to a personal vendetta' against James Moore Hickson for over thirty years, and it is certainly true that both the Guild of Health and the Guild of St. Raphael were vehemently opposed to what they saw as the sensationalism of Hickson's Society of Emmanuel. Anson, *Looking Forward*, p. 207. The attitudes of the Christian churches towards spiritual healing will be examined in more detail in chapter four of this thesis.

⁵⁷ Anson, *Spiritual Healing*, pp. vi-vii.

first became a matter of serious concern both as part of the revived 'social gospel' of the Christian churches⁵⁸ and within a medical establishment reeling from the impact of the revolutionary mind-body theories of new psychology. The extended time-frame of this thesis allows the significance of this period to be reviewed in context. In the late-nineteenth century spiritual healing was very much marginalised as little more than a relatively minor part of Spiritualism, and was a subject largely ignored or ridiculed as quackery by scientific medicine. The dramatic alteration in perception and awareness of the early-twentieth century was then followed by a period of retrocession as the interest of the churches waned and medical theory acclimatised to the teachings of new psychology. Significantly the 1940s and 1950s saw a revival of spiritual healing both within the Christian churches and popularly with the advance of famed personality healers such as William Lilley, Edward Fricker, Harry Edwards and Christopher Woodard.⁵⁹ Ending in 1955 allows this thesis to consider the implications of this revival and medical reactions to it, as well as to touch upon the increased centralised organisation of spiritual healers in the mid-twentieth century through the interdenominational Churches' Council of Healing and the Spiritualist National Federation of Spiritual Healers.

A brief note on sources is necessary here. The peaks of interest in spiritual healing delineated above (1908-1925 and 1940-1955) are largely a reflection of the attention paid to the subject by erudite journals and newspapers such as the *British Medical Journal*, the *Lancet* and *The Times* and by the dates of the material published by spiritual healers themselves. The fluctuating interest

⁵⁸ Kenneth Hylson-Smith, *The Churches in England From Elizabeth I to Elizabeth II, Volume III: 1833-1998* (London: SCM Press, 1998), p. 34.

⁵⁹ This can be seen as part of a wider temporary religious revival 1945-1958, a period often neglected by traditional religious history. Callum Brown, *The Death of Christian Britain: Understanding Secularisation 1800-2000* (London: Routledge, 2001), p. 170.

of the medical and religious establishments is, however, much more straightforward to chart with conviction than popular interest. The involvement in the debate of both the medical profession and serious newspapers such as *The Times* in the main carefully paralleled the ebbing and flowing of the interest of Anglican Church authorities, as demarcated by the relative consideration the subject received at the Lambeth Conferences of 1908, 1920, 1930 and 1958 respectively.⁶⁰ Historian Stuart Mews argues that the successive Lambeth Conference resolutions can be seen as the Anglican Church's 'response to waves of interest ... throughout [the] century',⁶¹ but it could be argued that establishment interest in spiritual healing should not necessarily be assumed as providing an accurate indicator of popular enthusiasm. There is a wealth of evidence to suggest that popular sympathy for spirituality far outlasted the increasing scientific rationality of the twentieth century. Historian Peter Bowler, for example, points to the voluble negative press reaction to a lecture given by Dr Arthur Keith in 1927 in which he denied that the brain was 'a compound of substance and spirit' as evidence that 'the general public were by no means as willing [as biologists] to accept the complete elimination of the soul'.⁶²

It is here, however, that the historian finds himself hampered by a lack of evidence. Certainly there was a proliferation in the number of popular spiritual healing publications printed after 1908 and again after 1940, which perhaps provides a slightly more reliable indicator of popular interest than erudite

⁶⁰ Spiritual healing was first considered by the Anglican Church authorities at the 1908 Lambeth Conference, and then was discussed again in depth at the 1920 Lambeth Conference. The 1930 Lambeth Conference merely approved the findings of the 1920 Lambeth Conference committee, and it was not until 1958 that the subject again came in for detailed discussion.

⁶¹ Mews, 'Revival of Spiritual Healing', p. 300.

⁶² Peter J. Bowler, *Reconciling Science and Religion: The Debate in Early Twentieth-Century Britain* (Chicago: University of Chicago Press, 2001), p. 187.

newspapers and medical journals,⁶³ but ultimately published material can only ever tell half the story. It is highly probable that there were far more spiritual healers than merely those who published on the subject, as is suggested and somewhat mitigated by the various specialist spiritual healing journals.⁶⁴ However, the essentially informal and unbureaucratic nature of spiritual healing meant that most spiritual healing organisations and individual healers did not keep systematic records, or at least not ones that have survived until the present day. Exact numbers and details of healers and patients thus inevitably remain principally matters of conjecture, although there is scope here for further more in-depth research to be conducted. Furthermore, the better-documented involvement of the Anglican Church in spiritual healing may have seriously distorted the wider chronology. For instance, while intellectual interest in spiritual healing does not at all tally with the historical ascendancy of the Spiritualist movement,⁶⁵ the weak correlation that this seems to imply between Spiritualism and spiritual healing may not be entirely just. In all probability much casual healing did take place within informal domestic Spiritualist circles but went largely unrecorded and unpublished.⁶⁶ These weaknesses of evidence and the regrettable necessity of the emphasis on published material must be taken

⁶³ It could of course be equally argued that many of these publications were themselves a reaction to the interest of the medical and religious establishments.

⁶⁴ Amongst those considered here are *The Christian Science Practitioner*, James Moore Hickson's *The Healer*, Harry Edwards' *The Spiritual Healer* and Spiritualist publications such as *Psychic News* and *Two Worlds*.

⁶⁵ As was noted above, the high points of interest in spiritual healing seem to have been 1908-1925 and 1940-1955, quite the opposite of the so-called 'golden age' of Spiritualism in the 1870s and 1880s and its 'great revival' between the world wars. Significantly the period after the Second World War when there was a definite revival of interest in spiritual healing, is believed to be the very period in which the Spiritualist movement as a whole was in decline due to a dearth of talented mediums, the feminist rejection of the separate spheres ideology largely upheld by mediumship and the increasing impersonality of death. Nelson, *Spiritualism and Society*, pp. 242-243; Owen, *The Darkened Room*; Hazelgrove, *Spiritualism and British Society*, pp. 271-277.

⁶⁶ Historian Logie Barrow, who has done some work on Spiritualist healing in the late-nineteenth century goes so far as to call Spiritualism a 'religion of healing'. His work is also largely restricted to published sources. Barrow, 'Anti-Establishment Healing', p. 233.

carefully into account, but nonetheless, considering the published dates of most popular spiritual healing texts, it does seem likely that at least in part the chronology provided by the involvement of the medical and religious establishments was paralleled by analogous public interest in spiritual forms of healing.

This chronology was influenced by various important factors, public sympathy being only one. Intellectual attitudes towards spiritual healing were undoubtedly profoundly effected by the broader fluctuating relationship between science and religion. It is noteworthy that spiritual healing's periods of ascendancy during the twentieth century fit within Peter Bowler's wider model of religious-scientific rapport. He argues that in the early-twentieth century the stringent scientific materialism of the late-nineteenth century was eroded and describes both the 1920s and the years immediately following the Second World War as 'major episodes ... when interest in the possibility of constructing a reconciliation between science and religion ... flared'.⁶⁷ The sporadic twentieth-century medical-religious co-operation in regard to spiritual healing appears to back up this thesis, although it also serves to illustrate the definite limitations of such co-operation. As the second half of this thesis will examine in detail factors such as the rise of new psychology, the threat of extremist healing sects such as Christian Science, and the influence of wartime experience on society also had their part to play in this chronology. The two world wars in particular, although often perceived as disasters in terms of orthodox Christianity,⁶⁸ certainly seem to

⁶⁷ See Bowler, *Reconciling Science and Religion*, pp. 3-6.

⁶⁸ In the traditional secularisation thesis war was constructed as seriously undermining the traditional values which upheld orthodox religion. Recent revisionist historians have modified this argument to suggest that what historian Graham Richards calls 'collective post-traumatic distress' spurred popular involvement in spirituality and superstition although not necessarily in

have been responsible for stimulating interest in spiritual healing. Professor of Divinity at Cambridge University Canon C. E. Raven, for example, in 1955 described the revival of spiritual healing as 'one of the most remarkable features of the present day', for which he believed 'the sufferings arising out of two world wars ha[d] been [the] occasion and ... opportunity'.⁶⁹

Through its consideration of a wide range of attitudes of and towards orthodox religion, orthodox medicine, popular spirituality and 'alternative' healing this thesis contributes importantly to historical understandings of the rise of medical science, the secularisation of twentieth-century Britain, and the shifting philosophical correlation of the physical and the spiritual.⁷⁰ As many modern historians have pointed out the twentieth century has been a period comparatively neglected within ecclesiastical history, although this is now changing.⁷¹ Traditional analysts such as Hugh McLeod and Steve Bruce construct secularisation as a gradual degenerative process with its roots in the urban industrialisation of the Industrial Revolution or the scientific materialism of the late-nineteenth century,⁷² but modern revisionists such as Callum Brown and Peter Bowler have increasingly disputed this. Brown casts doubt on the strength of the statistics commonly used to prove the gradual secularisation thesis

orthodox Christianity. Bowler, *Reconciling Science and Religion*, p. 202; Hylson-Smith, *The Churches in England*, p. 157; Richards, 'Psychology and the Churches', p. 63.

⁶⁹ Canon C. E. Raven, foreword to David Caradog Jones, *Spiritual Healing: An Objective Study of a Perennial Grace* (London: Longmans, 1955), p. vii.

⁷⁰ See in particular Morris Berman, *Coming to Our Senses: Body and Spirit in the Hidden History of the West* (New York: Simon & Schuster, 1989) and Harris, *Lourdes*.

⁷¹ Peter Bowler describes the enduring historical belief in substantive linear religious decline after 1900 'an artefact of historians' neglect'. Bowler, *Reconciling Science and Religion*, pp. 2 & 193-194. See also Peter Bowler, 'Evolution and the Eucharist: Bishop E. W. Barnes on Science and Religion in the 1920s and 1930s', *British Journal for the History of Science*, Vol. 31 (1998), pp. 453-467; Brown, *The Death of Christian Britain*; Adrian Hastings, *A History of English Christianity 1920-1990* (London: Collins, 1986) and Hylson-Smith, *The Churches in England*.

⁷² Bruce, *Religion in the Modern World*, p. 31; Hugh McLeod, *Religion and Society in England 1850-1914* (Basingstoke: Macmillan, 1996).

and instead brands the Britain of 1800-1963 'a highly religious nation'.⁷³ For him secularisation was a 'remarkably sudden and culturally violent event' brought about by the abrupt failing of discursive Christianity in the 1960s.⁷⁴ The considerable popular and intellectual interest in spiritual healing during the twentieth century indicates, as Brown, Bowler, Hylson-Smith and others have argued, an enduring involvement in spiritual matters quite apart from formal religious statistics.⁷⁵ The willingness of the medical profession to participate, if sporadically, in religious discussions about spiritual healing even into the 1950s furthermore suggests some measure of continuing respect on the part of scientific medicine for the concerns and claims of orthodox Christianity.

However, it could equally be argued that the debates within and surrounding spiritual healing in the late-nineteenth and twentieth centuries were also in some ways symptomatic of the decline of the orthodox Christianity. As has already been discussed, spiritual healing was in no way restricted to the Anglican Church or even to the orthodox Christian churches in general, suggesting a move away from orthodox religion towards a more personal spirituality. As will be seen in chapter four the churches' utilisation of spiritual healing was in many ways a reactionary measure against the threat posed by existing more radical healers who were frequently as critical of orthodox religion as they were of orthodox medicine. Despite believing Christian Science teaching to be 'as near to blasphemy as orthodox Christian utterance can go', for example, minister Leslie Weatherhead accepted that its wide popularity was indicative of something fundamentally lacking in orthodox religion. 'The Christian Scientist

⁷³ Brown, *The Death of Christian Britain*, pp. 9-10, 145 & 149.

⁷⁴ *ibid*, pp. 175-176 & 188-192.

⁷⁵ Bowler, *Reconciling Science and Religion*, pp. 6-7; Brown, *The Death of Christian Britain*, pp. 11 & 37; Hylson-Smith, *The Churches in England*, p. xi.

has a gospel for the body', he wrote. 'In most Christian churches this has been neglected.'⁷⁶ Even non-orthodox Christian healers who were not necessarily particularly antagonistic towards orthodox Christianity undermined its authority, in part through their very existence. Spiritualists, for example, celebrated Jesus more as a 'Master Psychic' than as the Son of God⁷⁷ and to many of them the Bible was 'just a history' instead of the divinely-revealed Word of God.⁷⁸ Throughout the Christian spiritual healing literature there is a sense of the churches always trying to catch up, with unorthodox religion and its utilisation of spiritual healing on the one hand and with medical psychology on the other. Moreover, of all spiritual healers, orthodox Christian healers were by far the most likely to subordinate themselves willingly to prescribed medical explanations and limitations. This position gained them some measure of medical legitimacy, but came at the expense of spirituality and wonder.

The history of spiritual healing in the late-nineteenth and early- to mid-twentieth centuries also has significant bearing upon understandings of medical history and specifically upon the historical relationship between orthodox and alternative medicine. The chronological association between spiritual healing and orthodox medicine will be examined in more detail in chapters five, six and seven, but as can be seen from the organisational outline above many spiritual healing organisations benefited from considerable medical involvement even into the 1950s. While the considerable hostility of some parts of the medical profession towards spiritual healing, and vice-versa, should not be underestimated, nor should the substantial involvement and co-operation

⁷⁶ Weatherhead, *Psychology, Religion and Healing*, pp. 184, 189 & 193.

⁷⁷ This is how the Spiritualist Federation, founded in 1928, conceived of Jesus. Quoted by Nelson, *Spiritualism and Society*, p. 149.

⁷⁸ Barrett, *Beyond*, p. 62. Barrett is quoting Dr Lascelles, the spirit guide of medium Charles Adam Simpson here.

between individual doctors and healers and between the medical and religious establishments be overlooked. The theories of new psychology demonstrated that in practice orthodox medicine and spiritual healing were not nearly as polarised as they themselves might once have contended, and for a significant period of time psychotherapeutic theories and techniques intersected both spiritual healing and orthodox medicine. As the above quotation from Harold Anson indicates, for example,⁷⁹ in the early twentieth century psychotherapy was often perceived by spiritual healers to be an integral branch of spiritual healing. Historians such as Roger Cooter and Logie Barrow have argued that in the nineteenth century conceptions of orthodoxy and unorthodoxy in medicine overlapped significantly,⁸⁰ and this thesis will argue that to a considerable extent this remained true even into the twentieth century. Historian Alison Falby writes of secularisation as a 'process of increasing intersection between religious and scientific ideas and language', thus importantly allowing a voice for religion and spirituality within twentieth-century psychology.⁸¹

The enduring existence of spiritual healing and of medical involvement within it demonstrates the imprudence of ascribing too distinct boundaries between conceptions of orthodox and unorthodox medicine. As will be demonstrated in chapters one and seven most spiritual healers did not desire medical legitimacy, and nor did they ever really obtain it, but nonetheless spiritual healing did impact upon orthodox medical theory, mainly through its

⁷⁹ See p. 19 of this thesis.

⁸⁰ See Cooter's introduction and Barrow's article 'An Imponderable Liberator: J. J. Garth Wilkinson' in Roger Cooter (ed.), *Studies in the History of Alternative Medicine* (London: Macmillan, 1998), pp. xi & 91. Also see Barrow, 'Anti-Establishment Healing', p. 247.

⁸¹ In this Falby is somewhat at odds with Callum Brown's conception of an 'abrupt change' towards secularisation in the 1960s. Falby, 'The Modern Confessional', pp. 251, 252 & 265. As this thesis only covers the period up until 1955 it cannot comment in detail upon these differing viewpoints, but certainly much in the spiritual healing literature seems to back up Falby's conception of a generally mutually inclusive dialogue between science and religion in regard to twentieth-century psychology.

affect upon the medical reception of new psychology and psychotherapy. What psychology emphasised was the importance of faith to all medical treatment, orthodox and alternative. As the fundamental tenets of medicine changed over the centuries, so that faith altered, and by the twentieth century the commanding figure of the scientific doctor had all but replaced the gods, the priests and the spiritually-gifted in whom the sick used to place their trust. But nonetheless the basic faith that makes a modern patient seek aid from their doctor - faith that the doctor will understand his trouble and be able to cure it with advice, drugs or surgery - is the same as that which has always operated between the sick and those that heal them. Significantly most twentieth-century spiritual healers constructed all medicine as inherently spiritual and therefore as inherently cohesive. Margaret Frayling, for example, wrote that 'all healing [was] Divine in origin':

The mind of man has been inspired to make discoveries which react in the physical and mental regions, as spiritual healing operates in the deeper realms of the soul.⁸²

While doctors would have been predominately unlikely to have endorsed Frayling's wording here, their persistent efforts to explain spiritual healing (usually in terms of mental suggestion) nevertheless demonstrates acceptance of its fundamental philosophical importance within scientific medicine.

This thesis will provide a comprehensive analysis of spiritual healing in England in its various different guises during the late-nineteenth and early-twentieth centuries. It will consider the interplay between the various spiritual healing groups themselves and between their practises and orthodox medical

⁸² Frayling, *The Quest for Spiritual Healing*, p. 17. As will be seen in chapter one of this thesis this sentiment was echoed in the majority of spiritual healing philosophies, excluding Christian Science.

theory more generally. As the discussions surrounding spiritual healing during this period impacted upon and intersected a wide variety of important social issues - including the philosophy and status of orthodox Christianity, the rise of new psychology, changes within orthodox medical theory, the place of alternative medical and religious worldviews, and the endurance of popular spirituality - this thesis provides an important contribution to the fields of religious, medical and social history. It is broadly divided into two halves. The first half will examine the internal conceptualisations of spiritual healing, and consider what the approaches and philosophies of spiritual healers demonstrate in terms of contemporary popular thought. Chapter one analyses who spiritual healers were, what they believed and how they defined illness and healing. It also considers how healers conceptualised orthodox medicine and its practitioners. Chapter two delineates the specific therapeutic techniques used by healers, and considers how scientific thought impacted upon their explanations. Chapter three explores the ways in which morality was a factor in contemporary discussions surrounding spiritual healing and compares this to the decidedly more negative moral connotations attached to massage in the late-nineteenth and early-twentieth centuries, despite the close therapeutic connection between the two.

The second half of the thesis will then go on to examine external perceptions of spiritual healing. Faith is often constructed as being something that has no place within the objectivity of medical thought, but as will become clear spiritual healing challenged such assumptions and provided a discussion base for the medical and religious establishments of the time. It was a dialogue somewhat forced upon them by external circumstances, and one which had as

many opponents in both camps as it had sympathisers. Chapter four considers the reaction of the orthodox Christian churches to spiritual healing and their fractured and inherently conservative attempts to utilise it as a means of revitalising orthodox Christianity. Chapters five, six and seven chart the chronological relationship between spiritual healing and orthodox medicine during three specific periods. The period 1870 to 1900 was characterised primarily by medical ridicule of spiritual healing and open hostility between practitioners. The period 1900 to 1925 was characterised by medical-psychological interest and involvement in spiritual healing, and by increasing medical attempts to explain its effects using new secular psychological theory. The period 1925 to 1955 was characterised first by a waning of medical interest in spiritual healing and then by a revival of individual co-operation between healers and doctors, and ultimately by eventual bureaucratic medical frustration with the perpetual dogmatism and unempirical methodological approaches of healers. Naturally this thesis does not attempt to cast judgement either on the authenticity of the cures produced by spiritual healing or on the validity of the various theories to which they were ascribed, but rather to investigate how and why they were so conceptualised and how and why they were so judged by their contemporaries.⁸³

⁸³ Many historians have pointed out the difficulty in writing an objective history of either science or religion. Personal sympathy for either the religious or the scientific worldview inevitably biases judgements of the past. For this reason the present writer would like to state that she has never had any personal experience of spiritual healing and is not a member of any particular church, although she is certainly not a natural materialist. She therefore does not write from any fanatical viewpoint and has attempted to remain as objective from the debates as possible. See Bowler, *Reconciling Science and Religion*, pp. 6 & 8-9 and Richards, 'Psychology and the Churches', pp. 60-61.

Chapter One

‘Cur[ing] with a Wonder’¹: Conceptualising Spiritual Healing

Whatever their spiritual background the spiritual healers in the late-nineteenth and early- to mid-twentieth centuries considered by this thesis all conceptualised their healing in fundamentally similar ways.² Christian Science healers who completely denied the reality of all matter and physicality were very much to one end of this spectrum, but even their extreme philosophy can be seen as merely the apex of most other spiritual healers, nearly all of whom prioritised spiritual health above physical health and believed that the one very much impacted upon the other. As will become clear in this chapter most healers considered here conceptualised both illness and healing in a very simple and holistic way. ‘[T]o suffer, to be ill’, wrote mediumistic healer Eileen Garrett for example, ‘is simply to be less than whole’.³ Partly of course such convictions were a critique of the perceived materialism of orthodox medicine, an appraisal some sections of the medical profession were willing to take on board by the early twentieth century. This chapter will analyse in detail the ways in which various aspects of spirituality and healing were conceptualised within spiritual healing and the extent to which these philosophies observed or subverted traditional models and orthodox thought. It will also examine the attitudes of spiritual healers towards orthodox medicine and consider the implications of healers’ general primacy of the spiritual over the physical. Relations between the diverse spiritual healing

¹ Quoted from the eminent nineteenth-century surgeon and pathologist Sir Stephen Paget’s *Clinical Lectures and Essays* by H.T. Butlin, FRCS, ‘Remarks on Spiritual Healing’, *BMJ*, 18 June 1910, p. 1469.

² See p. 17 of this thesis for discussion of the limitations of this thesis, suggestions for further research, and references to wider reading.

³ Eileen J. Garrett, *Life is the Healer* (Philadelphia: Dorrance & Company, 1957), p. 24. Note that although Garrett’s book was published in America Garrett herself was British.

factions and chronological mutation will be delineated where appropriate, although it should be noted that the latter in particular is not as fundamental to the first half of this thesis as it is to the second. Spiritual healing philosophies were characterised primarily by stasis and evocation of religious antiquity rather than by any linear change or progressive development.

Before proceeding, however, it is perhaps necessary first to give a brief apologia for the individual healers whose work is utilised as exemplary throughout this thesis. As was discussed in the introduction such individuals include Anglican priests such as Percy Dearmer, Harold Anson and Jim Wilson, lay Christians such as James Moore Hickson, Dorothy Kerin and Christopher Woodward, members of the Christian Free Churches such as the Quaker Dr Howard Collier and Methodist Leslie Weatherhead, leading Spiritualist healers such as Charles Adam Simpson, William Lilley and Harry Edwards, and various other individuals including magnetist Chandos Leigh Hunt, theosophist Eliza Ada Gardener, and Christian Scientist Charles Herman Lea. The individuals thus considered were chosen generally because they consistently appeared as the most visible and vocal on the subject of spiritual healing within their church or movement. Many set up organisations dedicated to the promotion of spiritual healing and / or published widely within their field. This makes their personal philosophies and histories relatively easy for the historian to track with confidence, but of course risks that those who might not be quite so historically visible but who may have been contemporarily equally important are neglected. The author freely admits this limitation, but with such a wide scope and range of individuals available for study within the framework of this thesis believes it to be a necessary one. The scope for further research in this area is extensive.

Conceptualising Gender

Spiritual healing provides a unique point of intersection between the established masculine bias of medicine and healing and the strong traditional correlation between femininity and spirituality. Conceptualisations of gender and of the role of healer and patient within spiritual healing are therefore worthy of note. In medicine the gender norms of the late-nineteenth century generally feminised the passive, unstable role of the patient and masculinised the rational, controlling role of the healer. 'The man who does not know sick women does not know women', wrote the distinguished American neurologist Dr Weir Mitchell in the 1880s, summarising contemporary views of the femininity of illness.⁴ Women's role in medicine, besides that of patient, was formally confined to the subsidiary, subservient profession of nursing, aptly described by the *BMJ* in 1895 as 'merely the handmaiden of medicine'.⁵ Any suggestion that women healers work even partly under their own authority in the late-nineteenth and early-twentieth centuries generated often fierce opposition from a medical profession jealous of its monopoly and suspicious of female subversion. In the case of both midwifery and massage female practitioners had to strictly subordinate themselves to doctors in order to achieve even a measure of medical legitimacy.⁶ Although women gradually began to enter the medical profession as doctors in their own right after the 1870s, their numbers and the opportunities

⁴ Quoted by Barbara Ehrenreich & Deirdre English, *Complaints and Disorders: The Sexual Politics of Sickness* (London: Compendium, 1974), p. 25. Additionally see Barbara Ehrenreich & Deirdre English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (London: Pluto Press, 1988) and Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London: Virago, 1988).

⁵ 'Registration and Pensions for Nurses', *BMJ*, 14 September 1895, p. 694.

⁶ See chapter three of this thesis for some discussion of the professionalisation of massage. See also Jean Barclay, *In Good Hands: The History of the Chartered Society of Physiotherapy 1894-1994* (Oxford: Butterworth-Heinemann, 1994) on massage and Jean Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth*, 2nd ed. (London: Historical Publications Ltd., 1988) on midwifery.

open to them remained limited until well after the First World War.⁷ By 1939 women still comprised only fifteen per cent of the total number of doctors in England and Wales.⁸

Spiritual healing in general seems to have adhered to this conventional male-as-healer, female-as-patient model. As was noted in the introduction exact statistical data for spiritual healing is almost impossible to ascertain, but even a cursory glance at the organisational outline delineated above⁹ reveals a strong masculine bias amongst healers. This may be partly cosmetic in that male healers may simply have been more likely to set up organisations and publish accounts of their work, but nonetheless even the few statistics that can be gleaned indicate a similar pattern. Table 1 below, for example, presents the gender distribution of the forty-nine spiritual healing case studies collected by David Caradog Jones in his 1955 attempt to prove the objective healing efficacy of prayer.¹⁰ In only three (six per cent) of the cases he considered was a female healer involved and one of these was a joint healing undertaken by both a male and a female healer. In contrast in twenty-seven (fifty-five per cent) cases

⁷ For more information on the entry of women into the medical profession see particularly Wendy Alexander, *First Ladies of Medicine: The Origins, Education and Destination of Early Women Medical Graduates of Glasgow University* (Glasgow: University of Glasgow, 1987); Catriona Blake, *The Charge of the Parasols: Women's Entry to the Medical Profession* (London: The Women's Press Ltd., 1990) and Brian Harrison, 'Women's Health and the Women's Movement in Britain: 1840-1940' in Charles Webster (ed.), *Biology, Medicine and Society 1840-1940* (Cambridge: Cambridge University Press, 1981), pp. 15-71.

⁸ In 1911 there were 495 women doctors working in England and Wales, which amounted to less than two per cent of the total number of doctors. By 1921 this proportion had risen to over five per cent, and by 1939 to fifteen per cent, but progress was slow until well after the Second World War. Rosemary Pringle, *Sex and Medicine: Gender, Power and Authority in the Medical Profession*, (Cambridge: Cambridge University Press, 1998), pp. 28-29.

⁹ See pp. 11-17 of this thesis.

¹⁰ David Caradog Jones, *Spiritual Healing: An Objective Study of a Perennial Grace* (London: Longmans, 1955). Caradog Jones was not himself a healer, and his book records a wide range of healing reported to him by various healers. He used mainly orthodox Christian healers, but incorporated the evidence of at least one Spiritualist healer (probably Harry Edwards although Caradog Jones does not name his sources), arguing that although he termed his 'source of inspiration' as 'the Infinite Spirit' rather than God his healing techniques and approach to sickness were fundamentally the same as others considered in the study.

the healer was male, although in nineteen of the forty-nine case studies (thirty-nine per cent) either there was no specific healer or the healer’s gender is not apparent in Caradog Jones’ recounting.

Variable	Number	Percentage
Female healer	2	4
Male healer	27	55
Both male and female healer	1	2
No specific healer	19	39
Total	49	100
Female patient	23	47
Male patient	16	33
Child patient	10	20
Total	49	100

Table 1: Gender Distribution of Healers and Patients in the Case Studies Examined by David Caradog Jones, *Spiritual Healing: An Objective Study of a Perennial Grace* (London: Longmans, 1955)¹¹

The Caradog Jones statistics also present women as the most likely recipients of spiritual healing, with fifty-nine per cent of adult patients being female. On their own these statistics are of course not comprehensive enough to be anything like conclusive, but the trends they indicate do seem to be corroborated by most less quantifiable spiritual healing literature of the period under consideration. In Spiritualist William Lilley’s healing enterprise, for example, all the healers were apparently men, but of the testimonial letters quoted by Lilley’s biographer Arthur Desmond eight out of twelve (sixty-six per cent) refer to the healing of women.¹²

The predominately female patient base suggested by such accounts fits within both traditional healer-patient models and traditional models of spirituality. Women were the principal consumers of both orthodox and unorthodox religion throughout the late-nineteenth and early- to mid- twentieth

¹¹ These statistics were collated from throughout the book by the present writer.
¹² Arthur Keith Desmond, *The Gift of Healing: The Story of Lilley the Healer* (London: Psychic Press, 1943), pp. 27 & 72-77.

centuries. Historian Callum Brown has noted the significant prevalence of women amongst church memberships and churchgoers from the seventeenth century onwards¹³ and Alex Owen and Jenny Hazelgrove have done likewise with Spiritualism.¹⁴ A census of religious bodies taken in 1906 moreover revealed a massive seventy-five per cent of Christian Scientists to be women.¹⁵ That women should be the principal consumers of spiritual healing is therefore not particularly surprising. However, the apparent preponderance of male healers in spiritual healing is very significant here because although it fits within the dominant male-as-healer model, in many ways it also appears to subvert the traditional feminisation of spiritual gifts. Spirituality was intensely feminised throughout the period under discussion. The 'discursive power of religion' as outlined by historian Callum Brown constructed piety and spirituality as integral to conceptions of femininity right up until the 1960s. From the 1800s until the mid-twentieth century the innate piety of women was commonly juxtaposed beside the innate sinfulness of men.¹⁶ Brown has argued that even the piety of clergymen was commonly constructed as more vulnerable than that of women in general.¹⁷

¹³ The *Daily News* census of churchgoing in London in 1902-1903, described by Brown as 'the most accurate and full [religious] census ever undertaken in Britain', found that women made up 60.8% of adult churchgoers within all denominations. Callum Brown, *The Death of Christian Britain: Understanding Secularisation 1800-2000* (London: Routledge, 2001), pp. 148 & 156.

¹⁴ Jenny Hazelgrove, *Spiritualism and British Society Between the Wars* (Manchester: Manchester University Press), p. 80. See also Alex Owen, *The Darkened Room: Women, Power and Spiritualism in Late Victorian England* (London: Virago, 1989), pp. 8-10.

¹⁵ 'Medical News', *BMJ*, 11 September 1909, p. 712. The *BMJ* do not give the source of this statistic, nor do they say whether it refers to Christian Scientists in America or in Britain.

¹⁶ An example of the dominance of this type of evangelical narrative even within a secular setting can be seen in the moral furore provoked by the 1894 'massage scandal', described in detail in chapter three of this thesis. Brown, *The Death of Christian Britain*, pp. 9, 72, 106 & 128. See also Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (London: Virago, 1992).

¹⁷ Callum Brown argues that throughout the period 1800 to 1950 clergymen in contemporary biographies, journals and literature were commonly depicted as suffering from extreme 'spiritual turmoil'. Even the piety of the most famous religious men was represented as problematic and vulnerable. Brown, *The Death of Christian Britain*, p. 101.

Both religious and medical narratives of the time constructed women as generally more receptive to spiritual gifts than men. Psychologist Dr Claye Shaw in 1910, for example, argued that their less rational, more emotional natures made women more 'sensitive to sensational impressions' normally imperceptible to men.¹⁸ Of course such declarations were something of a double-edged sword, for the very characteristics that were thought to make women more responsive to the spiritual world also left them less able than men to function in the physical world. The adage that women relied on feeling (imagination) and men on sight (reason) was an old one that merely served to uphold the 'separate spheres' ideology of the late-nineteenth century. Early-twentieth-century medical thought often constructed women's greater receptivity to spiritual and psychological treatments as being connected to their perceived greater susceptibility to mental illness. One physician who wrote to the *BMJ* in 1909 to advocate the efficacy of what he called 'psychic force'¹⁹ - in fact an early type of mental suggestion - in functional disease wrote for example that 'in most, but by no means all cases [the patient] is a woman'.²⁰ Even Dr Claye Shaw, who saw the latent potential in women's sensational sensitivity acknowledged that with it inevitably came emotional instability and a tendency towards the neurotic.²¹ The feminisation of spirituality was thus far from being

¹⁸ T. Clay Shaw, 'Considerations on the Occult', *BMJ*, 18 June 1910, p.1473.

¹⁹ Psychic force is a term which has meant many different things to many different people. Unlike the physician whose views delineated here, most spiritual healers would probably have understood psychic force in more mesmeric terms, as an existent physical energy or fluid. See pp. 138-141 of this thesis for more information.

²⁰ Robertson's use of 'psychic force' was actually little more than mental suggestion, which he used primarily to treat functional disorder. His technique involved his 'sitting down opposite the patient ... [and] require[ing] her to look steadily into [his] eyes' while he commanded her to 'stop' her seizures. 'Ministries of Healing', letter from Dr Alexander Robertson of the Glasgow Royal Infirmary, *BMJ*, 2 January 1909, p. 63. For more information on the perceived femininity of madness see Showalter, *The Female Malady*.

²¹ *ibid*, p. 1473. For a detailed discussion of the duality of power and weakness inherent in mediumship see Owen, *The Darkened Room*, chapters one and eight. For medical interpretations

unproblematic for women and the same was to prove true for male spiritual, and in particular Spiritualist, healers.

The preponderance of male healers within spiritual healing is perhaps most significant in regard to Spiritualism. Orthodox Christian healers were more often than not also clergymen and thus healing within the Christian churches was constructed principally as a part of the active provider role that had always been traditionally masculine.²² Spiritualism, however, was an essentially female religion characterised primarily by local informality and socially-acceptable domesticity.

Spiritualist literature was full of references to its women as gentle maidens or loving wives and mothers, women who mutely radiated grace, charm, and beauty, whilst embodying the highest moral and domestic virtues.²³

Mediumship was a predominately female preserve. Although the domestic emphasis of Spiritualism began to shift somewhat after the First World War with the increasing prominence of scientific investigation and the search for rational proof of spiritual phenomena, in fact throughout the late-nineteenth and early- to mid-twentieth centuries mediumship remained markedly feminine while men by and large devoted their energies to psychical research.²⁴ Jenny Hazelgrove has demonstrated that in the 1930s Spiritualist mediums were still being described in virtually identical terms to the late-nineteenth century.²⁵ Significantly, male mediums were often considered effeminate and sexually suspect. On attending a

of mediumship and its connections to insanity see *ibid*, chapter six and Hazelgrove, *Spiritualism and British Society*, chapter four.

²² Callum Brown among others has pointed out that, despite the feminisation of religiosity, formal roles for women within the Christian churches were slow in forming. By 1900 women were accepted as missionaries and Christian nurses, but preaching and organisational roles were still largely dominated by men. Brown, *The Death of Christian Britain*, p. 68.

²³ Owen, *The Darkened Room*, p. 8.

²⁴ See Hazelgrove, *Spiritualism and British Society*, chapter seven and Janet Oppenheim, *The Other World: Spiritualism and Psychical Research in England, 1850-1914* (Cambridge: Cambridge University Press, 1985).

²⁵ Hazelgrove, *Spiritualism and British Society*, pp. 86-87.

séance given by a male medium in 1937, for example, a Mass-Observer suspected 'uranianism' and recorded the medium as being of 'a cissyish type'.²⁶ Both Owen and Hazelgrove emphasise the considerable duality inherent in conceptions of female mediumship, for while it was a position of some power it was also a fundamentally passive role and was granted essentially at the expense of the medium's rationality.²⁷

Considering the strong innate correlation between femininity and mediumship within Spiritualism it is striking that Spiritualist healers, and in particular those who practised healing exclusively, seem to have been predominately men. Spiritualist women who practised healing were much more likely to have been general mediums for whom healing was merely a subsidiary, and often unexpected, part of their gift. Estelle Roberts, for example, was astonished to find she had the ability to heal when after she had been practising successfully for some years as a medium a mother brought a child 'suffering pitifully from asthma' to one of her Spiritualist meetings at Hampton Hill. She agreed to lay her hands on the child 'more in response to the mother's faith in [her] than any [she] had in [her]self' and was 'dumbfounded' when the child quickly began to breathe 'easily and normally' again.²⁸ She continued to practise healing sporadically for the next twenty years, but the subject forms only a very short chapter in her autobiography suggesting that she herself did not consider it to be among the most significant of her gifts. Doubtless much informal healing also took place within women's domestic Spiritualist circles that went unrecorded and so is all but invisible to the historian.

²⁶ Uranianism was taken to indicate homosexuality. Cited by *ibid*, p. 6. See also Owen, *The Darkened Room*, p. 10.

²⁷ Owen, *The Darkened Room*, p. 10; Hazelgrove, *Spiritualism and British Society*, p. 53.

²⁸ Estelle Roberts, *Forty Years a Medium* (London: Herbert Jenkins, 1959), p. 38. The child remained well until she lost touch with him some twenty years later.

Nonetheless it is very significant that almost all the professional Spiritualist healers considered in this thesis are men. It suggests that increasingly into the twentieth century spiritual healing began to subvert the traditional private domain of Spiritualism as male healers began to force their way into public attention. Healer Harry Edwards, for example, wrote eight books on spiritual healing in the 1950s and 1960s, made television appearances, set up the National Federation of Spiritual Healers, and in short generated so much public interest in himself that it became impossible for the medical establishment to either ignore or dismiss him as they had so often done in the past with other healers.²⁹ The proliferation of male spiritual healers in the twentieth century can perhaps be taken to indicate a decreasing adherence to the female-as-spiritual, male-as-sinful model,³⁰ but the specialisation and professionalisation of male Spiritualist healers undoubtedly also owed much to traditional male-public, female-private ideologies. As within most orthodox Christian churches men had always been the principal administrators of the Spiritualist movement despite the fact that Spiritualist gifts themselves were commonly feminised. Ever since the late-nineteenth century the financing, training and publicising of female mediums had generally been undertaken by male benefactors who, according to historian Alex Owen, 'offered patronage in return for control'.³¹ The male Spiritualist healers discussed here commonly acted as their own administrators very much within the public sphere, and very likely they needed to have been men to have done so. In this way spiritual healing uniquely intersected contemporary

²⁹ Harry Edwards, *Thirty Years a Spiritual Healer* (Surrey: Spiritual Healer Publishing, 1968).

³⁰ Callum Brown argues that between 1920 and 1950 the 'moral campaigns of evangelicalism' that had so emphasised the correlation between femininity and piety 'finally ground to a halt'. The conceptualisation of women as a moralising force within society thus lost ground, although for Brown the discourse of female piety did not really lose its potency until the 1960s. Brown, *The Death of Christian Britain*, pp. 83-87.

³¹ Owen, *The Darkened Room*, p. 50.

conceptions of both spiritual femininity and medical and public masculinity. The dominance of the model of rational masculinity within medicine perhaps goes some way to explaining why healing was so often constructed as a more acceptable male facet of Spiritualism than mediumship in general. Before the famous healer William Henry Lilley was born his Spiritualist parents had been hoping for a girl in order that she be able to continue the mediumistic talent latent in their family. When Lilley turned out to be a boy, his grandfather stemmed the family's disappointment. 'Never mind', he said revealingly, 'he'll be a grand healer!'³²

Nevertheless, male Spiritualist healers were not entirely spared the taint of feminisation common to male mediumship. Despite recounting the story of Lilley's healing destiny his biographer Arthur Desmond also went on to describe Lilley's life as 'the story of a boy who should have been a girl', suggesting some measure of the sexual inversion intrinsic within male mediumship.³³ Male healers often found themselves partially feminised in this way, by others if not by themselves. Dr Lascelles, for example, the medical spirit guide of Charles Adams Simpson, a well-known Spiritualist healer of the 1920s, often referred to Simpson in his 'talks' as 'the sensitive'.³⁴ When he first arrived in England from New Zealand before he became a healer Simpson described himself as being haunted by Dr Lascelles asking: 'When is this sensitive going to heal the sick?'³⁵ Moreover in Rosa Barrett's introduction to the collected 'talks' of Dr Lascelles, she was careful to construct Simpson as both self-sacrificing and unworldly, very

³² Desmond, *The Gift of Healing*, p. 50.

³³ *ibid*, p. 60.

³⁴ See Rosa M. Barrett (ed.), *Beyond: A Continuation of "The Seekers", Further Talks by "Dr Lascelles"*, 3rd edition (London: Daniel Co., 1934, first published 1929).

³⁵ Text of an address given by Charles Adams Simpson at the London Society of Apothecaries in April 1929. *ibid*, p. 17.

much the attributes of pious femininity. For instance, she recounted a time at the beginning of Simpson's healing career when a patient offered to pay ten shillings for his treatment:

[T]he whole household was wildly excited and the patient found that there was no food in the house and no money with which to buy any!³⁶

It is worth noting here and is perhaps rather ironic that before his discovery of his healing gift Simpson had been a scientist and in his own words 'not a bit spiritual'.³⁷

The reason for these latent undertones of feminisation was that at its core Spiritualist healing, and in indeed in some ways most spiritual healing, was a form of mediumship. In mediumship it was generally acknowledged that the spirits worked through rather than with the medium, reducing the medium to little more than the unconscious passive instrument of an external force, a very feminised image. Mediumistic healer Eileen Garret for example described her healing gifts as 'unsought' and wrote that she felt they had 'more or less "used" [her]' and that she had often found it difficult to 'prevent them from flooding [her] own life, as [she] wanted to live it'.³⁸ Interestingly most spiritual healers of all spiritual persuasions conceptualised their role in healing as principally the passive instrument of the healing spirit.³⁹ For orthodox Christian healers the healing force that flowed through them was from God or Jesus rather from the spirits of dead men, but identically with Spiritualist healers it used them rather than being used by them. Methodist Leslie Weatherhead thus described spiritual

³⁶ *ibid*, p. 10.

³⁷ Text of an address given by Charles Adams Simpson at the London Society of Apothecaries in April 1929. *ibid*, pp. 15-16.

³⁸ Garrett, *Life is the Healer*, pp. 14-15.

³⁹ It is interesting to note that the word 'instrument' was often used by the healers themselves. See for example Desmond, *The Gift of Healing*, p. 21; Margaret Frayling, *The Quest for Spiritual Healing* (London: Rider, 1951), p. 25 and Reginald M. Lester, *Towards the Hereafter: with a Special Enquiry into Spiritual Healing* (London: Harrap, 1956), p. 30.

healers as the ‘fingers of the whole body of Christ’.⁴⁰ James Moore Hickson similarly wrote:

I do not claim to possess this power of myself – only that I am a channel through which the life-giving energy flows, which I receive by faith [from God], and pass on to those who need it by the laying on of hands.⁴¹

In this way spiritual healing was often conceptualised as more a spiritual gift or instinct than a rational learned skill. Christian-Spiritualist healer Margaret Frayling even went as far as to suggest that ‘too much brain-knowledge’ on the part of the healer might obstruct the healing channel.⁴²

In many ways this conceptualisation of healers as merely mediums of the spiritual healing force was less problematic for orthodox Christian healers than it was for Spiritualists. Christian healers were able to construct it as a part of Christian philosophical teaching which required ‘the glad submission of the self as a whole ... to the Will of God’.⁴³ This may still have been a feminised image but it was far less subversive than the highly visible, almost violent nature of Spiritualist possession. William Lilley’s ‘inspirers on the Other Side’ for example were said to be able to ‘control him at any time and under any circumstances’. His biographer recounted an incident at Lilley’s London treatment centre in the 1940s when his colleague Arthur Richards had ‘turned to make some bantering remark’ only to hear ‘the doctor’s voice [Dr Letari, Lilley’s spirit guide] unexpectedly cut in behind him’. ‘In short while his attention had been distracted, the medium had been “taken away”’. Lilley could remain in a

⁴⁰ Leslie Weatherhead’s *Psychology, Religion and Healing*, 2nd edition (London: Hodder & Stoughton, 1952, 1st published 1951), p. 40.

⁴¹ James Moore Hickson, *Healing by the “Laying on of Hands”* (London: privately printed, c.1907), pp. 3-4.

⁴² Frayling, *The Quest for Spiritual Healing*, p. 25.

⁴³ Howard E. Collier & Sydney A. Hurren, *The Place of Spiritual Healing in the Society of Friends: The Substance of Lectures Given at Jordans, September 1938* (London: Friends Book Centre, 1938), p. 6.

state of trance for up to twenty-four hours, 'completely oblivious to what [was] going on' in his absence and with no memory of what he had said and done when he awoke.⁴⁴ Lilley's susceptibility to spirit control was thus a somewhat dubious privilege, for it suggested that his mediumship was completely outside his influence and was brought almost entirely the expense of his rational consciousness and self-control. His healing mediumship was therefore not substantively different from the passive feminised mediumship of Spiritualism in general,⁴⁵ demonstrating the inherent difficulty in fusing rational masculinity and mediumship even when the purpose of that mediumship was masculinised.

Evidently aware of the implications of this masculine-mediumship duality some Spiritualist healers overtly attempted to emphasise their masculinity and claim some measure of personal involvement within the healing process. Unlike Lilley, for example, Spiritualist healer Harry Edwards professed to be able to exert some control over not only when and where he was possessed by the spirits but also to what degree. 'The trance condition may vary from five to ninety-nine per cent', he wrote, although he also described the process of entering the trance condition as 'an act of surrender' when 'a blind was drawn over [his] normal alert mind'.⁴⁶ Edwards claimed even when completely possessed to be conscious of the 'intelligent movement with a directive purpose behind it' that guided his healing hands. Moreover, he referred to his healing power as a part of his 'spirit mind' rather than as some entity wholly divorced from him, thus attempting to construct himself as a factor within his spiritual healing.⁴⁷ Significantly, even

⁴⁴ Desmond, *The Gift of Healing*, pp. 11 & 57.

⁴⁵ Again see Owen, *The Darkened Room* and Hazelgrove, *Spiritualism and British Society* for analysis of female Spiritualist mediumship and its wider implications for conceptualisations of femininity in the late-nineteenth and early- to mid-twentieth centuries.

⁴⁶ Harry Edwards, *The Science of Spirit Healing* (London: Rider, 1945), p. 24.

⁴⁷ *ibid*, p. 24.

Lilley felt it necessary to point out that his healing sanctuaries did not only employ spiritual methods, arguing that when physical treatments such as ‘osteopathy, homeopathy, biochemistry, and chromotherapy’ were deemed more efficient they were used in preference, without the need necessarily for them to be conducted under trance.⁴⁸ Male Spiritualist healers were not alone in claiming some measure of personal involvement in their gifts, although they were far more likely to explicitly do so than female Spiritualist mediums. Medium Gladys Osbourne Leonard, for example, did not heal under full trance and even claimed to be able to continue a normal conversation while healing although she felt that it was unprofessional to do so. However, despite apparently endorsing conscious healing she nevertheless still felt herself to be no more than a channel through which ‘the Divine power’ flowed.⁴⁹

Male Spiritualist healers also attempted to emphasise their masculinity through their open participation the public sphere, by publishing justifications of their work, engaging in scientific debate⁵⁰ and forming self-administrated healing organisations. Simpson, Lilley and Edwards all set up professional healing sanctuaries, which were in effect spirit hospitals wherein they functioned as doctors, or at least as the vehicle for spirit doctors. The professionalism of these enterprises was commonly emphasised alongside their innate self-sacrificing altruism.⁵¹ Lilley, for example, wore a uniform very much akin to that of a doctor of ‘a knee-length white or cream double-breasted coat ... bearing the three

⁴⁸ Desmond, *The Gift of Healing*, p. 42.

⁴⁹ Gladys Osbourne Leonard, *My Life in Two Worlds* (London: Cassell, 1931), pp. 280 & 285.

⁵⁰ See chapter two and chapter seven of this thesis for explorations of the way in which spiritual healers attempted to engage in scientific justification and medical debate.

⁵¹ See chapter three of this thesis for healers’ conceptualisations of morality.

crosses of Divinity on the breast pocket'.⁵² Lilley also set up what his biographer Arthur Desmond called a 'medical college controlled from another plane', where the medical spirit 'masters' would daily possess one of the mediums and through him instruct the others in 'the whole gamut of medical knowledge':

Anatomy. Physiology. Pathology. Homoeopathy. Biochemistry. Therapeutics. ... It was the plan ... that this should go hand in hand with [the] spiritual healing to forge ... the perfect and invincible spiritual combination. These studies helped [Lilley] not only to understand the diagnoses given to him, but the better to treat and arrest disease as he encountered it.⁵³

Why Lilley should need such knowledge, when his 'sole contribution [to the healing process was] his body' is never made very clear, but it can perhaps be read as an attempt to align himself more with the masculine role of the doctor than the feminine role of the medium.⁵⁴ If so it was not entirely successful for the school set-up very much placed the mediums in a child-like role, constructing them as in need of teaching, guidance, and at times chastisement. 'Lilley without his guide was like a child bereft of his parent', wrote Desmond, further reinforcing this conception.⁵⁵ These examples illustrate well both the problematic passivity of male mediumistic healing and the conscious efforts often made by male healers to challenge this and reclaim some measure of personal involvement in the healing process. Healing was then a spiritual gift apparently more acceptable than others for men to wield, but even so without the

⁵² Desmond, *The Gift of Healing*, p. 53. By 1942 Lilley had opened four sanctuaries, one in Hunslet, one in Hull, one in Cheltenham and one in London. Lilley's organisation was called the House of Divinity, hence the insignia.

⁵³ *ibid*, pp. 12, 25 & 140-142.

⁵⁴ *ibid*, pp. 24 & 42. As will be examined in more detail in chapter two of this thesis Lilley's sanctuaries also employed physical treatments such as osteopathy and homeopathy which were not necessarily conducted under trance. In this way Lilley attempted to combine his feminised spiritual ability with masculinised medical learning.

⁵⁵ *ibid*, pp. 134 & 144.

basis of learned rational knowledge or religious orthodoxy it was still very susceptible to problematic spiritualistic feminisation.

Conceptualising Spiritual Healing

Before going any further it is important here to first consider how spiritual healers themselves conceptualised spiritual healing and health. These conceptualisations impacted upon both the therapeutic techniques utilised by healers and their attitudes towards orthodox medicine, which will be examined subsequently in this chapter and in the next. The varying personal philosophies of healers are also significant in considering the wider interplay between orthodox and alternative medicine and between science and faith more generally during the late-nineteenth and early- to mid-twentieth centuries. Overall they implied a powerful enduring link to traditional religious thought and a generalised opposition to materialistic science and orthodox medicine. However, the unificatory echoes of new psychology are also implicit within much spiritual healing literature and language of this period suggesting that religious-scientific opposition in the late-nineteenth and early-twentieth centuries was not as polarised as has sometimes been assumed.⁵⁶ As will become clear in chapter six there was, increasingly into the mid-twentieth century, substantial tension and theoretical disparity between medicalised new psychology and spiritual healing, but in spite of this there was also much overlap of both philosophy and

⁵⁶ For details of scientific-religious interaction in the late-nineteenth and early- to mid-twentieth centuries see in particular Peter Bowler, *Reconciling Science and Religion: The Debate in Early-Twentieth Century Britain* (Chicago: Chicago University Press, 2001); John Hedley Brooke, *Science and Religion: Some Historical Perspectives* (Cambridge: Cambridge University Press, 1991); Oppenheim, *The Other World* and Robert M. Young, *Darwin's Metaphor: Nature's Place in Victorian Culture* (Cambridge: Cambridge University Press, 1985). Religious-scientific interaction within spiritual healing and its chronological variation will be examined in more detail in chapters two, five, six and seven.

therapeutics. In some ways spiritual healing can be seen as a comparatively extreme and non-medicalised form of new psychology, just as Christian Science can be seen as a comparatively extreme form of spiritual healing itself.⁵⁷ This section will outline briefly some of the basic internal theoretical foundations of spiritual healing in order that their significance can then be subsequently explored. While the philosophies of the many different healers varied considerably in the details, on an elementary level they were principally united by the belief that illness and disease were far more than the physical entities and symptoms delineated by the medical profession. Unsurprisingly for most spiritual healers the spiritual was of paramount importance both in terms of illness and cure, thus subverting physical medicine's traditional primacy of the body, while at around the same time new psychology was beginning to do the same thing in terms of mind.

Within spiritual healing philosophies of all spiritual persuasions man was generally conceived of as being made up of various layers of which the physical body was only one, and usually the least important one. Mediumistic healer Eileen Garrett described 'the bodily constitution of man' as 'a kind of trinity':

There is the dense chemical apparatus we commonly call the body, the etheric or protective body of which we are speaking, and the vital force which connects them all.⁵⁸

Interestingly this concept of a bodily trinity was common within many spiritual healing philosophies, the religiously orthodox and the religiously unorthodox. It reflects both the prime importance of the Holy Trinity within Christianity and age-old conceptions of man as being made up of body, spirit (or in medical

⁵⁷ Alison Falby argues that historians have too often neglected the importance of forms of lay psychology in their emphasis upon professionals and institutions. Alison Falby, 'The Modern Confessional: Anglo-American Religious Groups and the Emergence of Lay Psychotherapy', *Journal of the History of the Behavioural Sciences*, Vol. 39, No. 3 (2003), p. 251.

⁵⁸ Garrett, *Life is the Healer*, p. 123.

terms, mind) and soul.⁵⁹ The emblem of William Lilley's House of Divinity for example was three golden crosses, representing among other things 'the three minds of man - alert, sub-conscious, and super-sub-conscious [and] the three bodies of man - physical, astral and etheric'.⁶⁰ For Harry Edwards there were three bodily layers in addition to the physical body. The spirit body was an 'exact replica of the physical' which belonged 'essentially to nature', the etheric body formed 'the reservoir of energies for the physical body - its storehouse', and the 'life spirit' which '[was] not contained in form and [was] quite free'.⁶¹ This principle of a 'life spirit', a spiritual energy crucial to the maintenance of health, was also important within most spiritual healing philosophies, although it went by many names. Eileen Garrett's 'vital force',⁶² Christian-Spiritualist healer Margaret Frayling's 'life-force',⁶³ theosophist Eliza Adelaide Gardner's 'vital energy',⁶⁴ and Christian Scientist Charles Herman Lea's 'ever-operative principle of good',⁶⁵ thus in practical terms amounted to virtually the same thing.

Spiritual healing was commonly based on the premise that the spiritual and physical layers of man delineated above interacted with each other extensively. Health was thus conceptualised as primarily a matter of balance

⁵⁹ Triune models of personality date back as far as Greek philosophers such as Plato, who viewed the human body as being formed of triangles and conceptualised man in terms of spirit, body and soul. Echoes of this triune concept can be found within much modern psychology, as can be seen in Freud's theory of the unconscious, which split the human psyche into the ego, the id, and super ego. See Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: Fontana Press, 1999) and Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997).

⁶⁰ Desmond, *The Gift of Healing*, p. 97. The crosses were also said to represent 'the three states of evolution of the spirit after "death"' and 'also wisdom, knowledge and power'. Lilley's entire healing philosophy was thus based on the symbol of the trinity.

⁶¹ Edwards, *The Science of Spirit Healing*, p. 12.

⁶² Garrett, *Life is the Healer*, p. 123.

⁶³ Frayling, *The Quest for Spiritual Healing*, p. 33.

⁶⁴ Eliza Adelaide Gardner, *Healing Methods Old and New*, 2nd edition (London: Theosophical Publishing House Ltd., 1924, 1st published 1921), p. 22.

⁶⁵ Charles Herman Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science and a Challenge to its Critics*, 2nd edition (London: Dent, 1915, 1st published 1913), p. xv.

between these different bodily layers. 'Any chronic disease or maladjustment in [the psychic body] is bound to reflect itself into the physical body since all are closely interlinked by structure', wrote Eliza Gardner in 1924 for example.⁶⁶ Moreover in most such philosophies the physical body was commonly conceptualised as being less important in terms of health than its spiritual or etheric counterpart. For Gardner the correct balance between the physical and spiritual thus involved the 'subordination' of the physical to 'the Spiritual Nature of man, the Higher Self'.⁶⁷ Harry Edwards likewise described the spirit body as 'the engineer in charge' of the physical body:

The physical body, including the brain, is but a mass of organised tissue. The directing power for the functioning and motivation of the physical body is not a property of the tissue, but of something far more "alive", more vital, more directive - namely that of the spirit body.

It has direct control over the physical by mental direction.⁶⁸

In this way the physical body was conceptualised more as a mirror of spiritual health than as an entity in its own right. 'All disease originates in the spirit', claimed the Christian doctor-healer Christopher Woodard in 1953.⁶⁹ Christian Science went even further than this and denied the reality of both the physical body and disease entirely. As will be seen subsequently in this chapter such philosophies were in many ways a criticism of orthodox medicine, and indeed were often intended as such. Harold Anson, an essentially moderate Anglican clergyman, wrote explicitly in 1923 for example that he believed 'a vast number'

⁶⁶ Gardner, *Healing Methods Old and New*, p. 33.

⁶⁷ *ibid*, p. 33.

⁶⁸ Edwards, *The Science of Spirit Healing*, p. 13.

⁶⁹ Christopher Woodard, *A Doctor Heals by Faith* (London; Max Parrish, 1953), p. 54.

of sick people had died because of doctors' exclusive primacy of the body and failure 'to investigate their patient's relation to their spiritual environment'.⁷⁰

This emphasis on the importance of the spiritual within spiritual healing philosophies was strongly connected to traditional religious reverence for the perfection of the soul and distrust of the sinful physical body. Dr Lascelles, the spirit guide of medium Charles Adam Simpson, explained that while 'the etheric [body] want[ed] to draw the [physical] body towards its perfection ... the [physical] body want[ed] to draw the etheric towards its disease'.⁷¹ The flesh desired corruption and the spirit perfection, and for spiritual healers the maintenance of health thus principally involved the strengthening of the spirit to ensure that the right balance between the two was sustained. The body, wrote Harold Anson in more psychological terms, should be confined by such healing as the 'ready and obedient servant' of the mind.⁷² Terms such as spirit, soul and mind were utilised concurrently throughout spiritual healing literature in this way without particularly disparate meanings, incorporative of both religion and new psychology. As will be seen in chapter four however, it was often orthodox Christian healers such as Anson who associated themselves most closely with the language and theory of medicalised psychology.

The majority of spiritual healing literature maintained to some extent the ancient religious connection between illness and sin, although often this was conceptualised in terms of the psychological importance of right thought to physical and mental health. Clergyman W. F. Cobb, for example, believed that most disease could be blamed on 'the five disturbing passions of Fear, Anger,

⁷⁰ Harold Anson, *Spiritual Healing: A Discussion of the Religious Element in Physical Health* (London: University of London Press, 1923), pp. 10-11.

⁷¹ Barrett, *Beyond*, p. 100.

⁷² Anson, *Spiritual Healing*, p. 90.

Lust, Envy and Jealousy'.⁷³ Christian-Spiritualist healer Margaret Frayling likewise claimed that 'false attitudes of mind ... actually cause[d] disease'. She believed that unworthy thoughts and actions created discord within a person's spiritual being that commonly 'express[ed] itself in the physical body through disease or mental instability'. Thus a 'lack of sympathy or intolerance [might] eventually produce rheumatism or arthritis'.⁷⁴ For her, it was the job of the healer to 'lift the burden of sin' and 'administer the cleansing ray which represent[ed] tolerance or kindness in the spirit-world'.⁷⁵ Healing spirit Dr Lascelles similarly described the energy which passed from healer to sufferer during spiritual healing as 'virtue',⁷⁶ suggesting that the healing process served to replenish in patients some form of goodness or morality that they were fundamentally lacking. Harold Anson, in common with many modernist Anglicans in the early-twentieth century, considered the overt correlation of illness and sin unhelpful, but nevertheless even he emphasised the importance of 'right thinking, right understanding, right acting' to the maintenance of physical health.⁷⁷

Explaining illness in terms of sinfulness made patients at least partially responsible for their own physical suffering, and constructed illness in terms of divinely-ordained lesson-learning. As will be seen subsequently in this chapter such philosophy placed the onus of cure at least as much on patients themselves as on healers.⁷⁸ Theosophist Eliza Gardner, for example, conceptualised physical

⁷³ Cobb was the rector of St. Ethelburga's in London in the early-twentieth century. W. F. Cobb, *Spiritual Healing* (London: Bell, 1914), p. 233.

⁷⁴ Frayling, *The Quest for Spiritual Healing*, pp. 25-26 & 45.

⁷⁵ *ibid*, pp. 17 & 45.

⁷⁶ Barrett, *Beyond*, p. 65.

⁷⁷ Harold Anson, *Looking Forward* (London: The Religious Book Club, c.1938), p. 178; Anson, *Spiritual Healing*, p. 90.

⁷⁸ See pp. 71-74 of this thesis.

illness as a method used by the 'Lords of Karma' to 'bring home knowledge of natural law ... to wilful and ignorant human consciousness'. It was 'a lesson to the soul', an indicator that something was psychically or spiritually wrong and in need of restitution.⁷⁹ More worldly healers also blamed the psychic stresses of modern existence for disease. Spiritualist Eileen Garrett writing in the 1950s, for example, spoke about the dangers of a 'technological society' and of living in 'an age of fear':

[T]here are increasing indications that man is becoming the servant of his own technology.

The predominant fatal diseases are not those of age or infection. They are the maladies of inner strain, tension and anxiety as they assault the wholeness of man's physical being.⁸⁰

However, she returned ultimately to the subject of sin, declaring that it was a lack of loyalty 'to the divine man within' and a concentration of energy upon 'lesser ... things' such as 'money, fame, jealousy, lust and approbation' that accounted for much spiritual imbalance and sickness.⁸¹ In addition to the personal responsibility of the individual towards his own spiritual well-being there is underlying such conjectures the suggestion that, in an increasingly secular age, man was in danger of losing his connection to his spiritual being. It is perhaps because of these enduring connections between materialism, sin and sickness that the Christian churches increasingly began to turn to spiritual healing as a means of revitalising orthodox religion in the early-twentieth century.

⁷⁹ Theosophy, perhaps more than any other religion, saw divine meaning behind all events, however trivial. Every individual life was thus a minute unfolding of 'the Great Plan'. Gardner, for example, wrote: 'A man who slips on an orange peel may pick himself up unhurt, may break his ankle, or merely bruise an arm. The result will depend on whether there is any lesson of patience, understanding, etc., which he is fit to learn, which could be taught him in this way.' Gardner, *Healing Methods Old and New*, pp. 16-17, 28 & 71-72.

⁸⁰ Garrett, *Life is the Healer*, p. 19. It should be noted that she was writing in the 1950s for a primarily American audience, and thus was acutely aware of the tense dangers posed by the Cold War and nuclear weapons.

⁸¹ *ibid*, p. 35.

Spiritual healing then was not simply about physical cure. In fact as will become clear, for many practitioners and in particular for more orthodox Christian healers, it was not really about physical cure at all. The 1924 Anglican Lambeth Conference committee, for example, described the aim of spiritual healing as ‘the restoration of the whole man’ of which physical healing ‘[was] only a fraction of the work aimed at and ... not ... the exclusive preoccupation of the healer’. True spiritual healing for the Lambeth committee thus consisted of ‘raising [a] man’s whole nature to a higher plane’.⁸² For Christian commentator George Gordon Dawson the primacy of ‘ethical and spiritual perfection’ and salvation over bodily cure was what separated truly Christian healing from its pagan counterparts.⁸³ Indeed, given the predominately spiritual conceptualisation of illness within spiritual healing, spiritual restitution was often constructed as the most important aspect of that healing. ‘When spiritual healing is effective’, wrote the sympathetic psychiatrist J. Burnett Rae in his postscript to Caradog Jones’ book, ‘a new situation has been created, for the patient is in a real sense a different man; he is less anxious or afraid, his tensions have gone’.⁸⁴ Christian healer-doctor Christopher Woodard’s case-books are likewise full of references to how his healing improved the lives of both his patients and their families on a broad spiritual level.⁸⁵ In this way spiritual healing was commonly

⁸² *The Ministry of Healing: Report of the Committee Appointed in Accordance with Resolution 63 of the Lambeth Conference, 1920* (London: Society for Promoting Christian Knowledge, 1924), p. 15.

⁸³ George Gordon Dawson, *Healing: Pagan and Christian* (London: Society for Promoting Christian Knowledge, 1935), p. 272.

⁸⁴ J. Burnett Rae, ‘A Doctor’s Comment’ in Caradog Jones, *Spiritual Healing*, p. 137.

⁸⁵ Woodard describes how his healing of a child with infantile paralysis brought about by childhood polio restored ‘harmony’ and religious belief to the entire family. The family of a patient who died were similarly ‘inspired by the thought of the peace to which their beloved had gone’: ‘They are now experiencing in their family life a spirit and a happiness which they never had before.’ Woodard, *A Doctor Heals by Faith*, pp. 72, 80 & chapter six generally. See chapter three of this thesis for discussion of how spiritual healing was furthermore commonly constructed as being beneficial to the morality of patients.

conceptualised by healers as widely comprehensive whole-person medicine benefiting not only body, mind and spirit but also the everyday non-medical lives of patients.

Partly, as will be seen in chapter four, such conceptualisations were a conscious attempt by orthodox Christian healers not to impinge upon the healing monopolies of orthodox medicine. J. Armitage Robinson, the Dean of Westminster, thus assured the 1909 BMA sub-committee that “‘spiritual’ healing ... [stood] in contrast to “‘bodily’ healing’ and referred strictly to the aiding of ‘spiritual welfare’ rather than to any kind of ‘healing by spiritual means’”.⁸⁶ Robinson’s demarcation of spiritual healing was to the conservative extreme even of most orthodox Christian healers, but nonetheless whatever their spiritual persuasion most spiritual healers emphasised the prime importance of spiritual solace to their philosophy. The spirit doctor Dr Letari, for example, speaking through William Lilley at a military tribunal set up to decide if Lilley should be exempted from military service in the 1940s, declared:

We cannot always heal the body or the mind in this material life, but if we do not, we at least have the satisfaction that comes of giving them an understanding of spiritual existence.⁸⁷

‘The soul can always be healed’, wrote Lilley’s biographer Arthur Desmond.⁸⁸

As will be explored in more detail subsequently the spiritual basis of spiritual healing’s conceptualisations of healing and cure allowed both for a wide, almost limitless scope of efficacy and for straightforward explanations of failure. Moreover where the concept of spiritual solace was exchanged for mental readjustment spiritual healing once again overtly intersected the theoretical

⁸⁶ The 1909 BMA sub-committee was set up to consider spiritual healing and reported in 1911. Quoted by ‘Report on the Subject of “Spiritual Healing”, Submitted by the Council’, *Supplement to the BMJ*, 15 July 1911, p. 127.

⁸⁷ Desmond, *The Gift of Healing*, p. 34.

⁸⁸ *ibid*, p. 110.

constructs and language of both new psychology and traditional religious thought. Dr E. Collier of the Society of Friends, for example, described his method of spiritual healing in the 1930s as ‘personality healing’ which effected harmony and health ‘through a reorientation of the soul’.⁸⁹

In the language of the twentieth century spiritual healing, despite its spiritual and often supernatural basis, was rarely conceived of in terms of the miraculous. Even from within faith and the spiritual world were increasingly subject to attempted rationalist explanation. This tendency is evident both within the growth and influence of Christian modernism and within Spiritualistic emphasis on the importance of scientific psychical research during the first three decades of the twentieth century.⁹⁰ Just as psychical research attempted to reconcile Spiritualism and science, Christian modernism within the orthodox churches sought to reconcile Christianity with science and thus disavowed the literal truth of much biblical teaching. Theologically, modernists viewed God as immanent within nature rather than as entirely independent and separate from the physical world.⁹¹ The connection between modernist thought and the attitude of the Christian churches towards spiritual healing and its implications for orthodox religion will be examined in more detail in chapter four, but the religiously modernist position of reconceptualising apparent ‘miracles’ was manifest within much spiritual healing literature of unorthodox as well as orthodox religious

⁸⁹ Collier & Hurren, *The Place of Spiritual Healing in the Society of Friends*, pp. 6, 7 & 9.

⁹⁰ See Bowler, *Reconciling Science and Religion*; Hazelgrove, *Spiritualism and British Society* and Oppenheim, *The Other World*. See chapter two of this thesis for further exploration of the way scientific conceptualisations became important in spiritual healing during the twentieth century. Chapters five, six and seven will consider conversely external scientific and medical attempts to explain spiritual healing.

⁹¹ For more information on modernism within the orthodox churches see Bowler, *Reconciling Science and Religion*, chapters six to nine. See also Peter Bowler, ‘Evolution and the Eucharist: Bishop E. W. Barnes on Science and Religion in the 1920s and 1930s’, *British Journal for the History of Science*, Vol. 31 (1998), pp. 453-467 and Kenneth Hylson-Smith, *The Churches in England From Elizabeth I to Elizabeth II, Volume III: 1833-1998* (London: SCM Press, 1998), chapter five.

persuasions right up into the 1950s. That is not to deny that there were those who continued to speak in terms of miracles, but most spiritual healers by the twentieth century conceptualised their healing rather in terms of spiritual law. Instantaneous cure and organic change had traditionally been conceived of as indicators of miracle healing, and indeed they still were at the shrine of Lourdes, for instance, during the period under consideration.⁹² Dr Boissarie, the chief of the Lourdes *Bureau des Constatations Médicales*⁹³ firmly believed the Lourdes healings to be due to the divine intervention of God. Miracles, he explained, unlike simple faith healing, explicitly defied the laws of nature, ‘surpass[ing] the possibilities of art and science and ... actually turn[ing] the laws of Nature topsy-turvy’.⁹⁴

Many spiritual healing cures appeared decidedly miraculous. Medium Estelle Roberts, for example, only needed to treat a small boy dying of meningitis for a few hours before he was completely and permanently cured.⁹⁵ Spiritualist Harry Edwards’ cures of complaints such as curvature of the spine and paralysis were renowned for being visibly and shockingly immediate. They

⁹² The regulations for pronouncing a cure miraculous at Lourdes were stringent and required among other things evidence of organic change, pre- and post-treatment medical examination by multiple doctors and a further re-examination after twelve months. A typical Lourdes miracle, of which there were very few, was for example that of a French farm labourer named Pierre de Rudder who had for eight years suffered from an ‘ununited compound fracture’ of the leg. ‘[O]n the third round [of the shrine] he was seized with deep emotion; all at once he dropped his crutches, walked by himself, and went to kneel before our Lady’s statue. The wounds had cicatrised and the fractured bones had suddenly united. After his death the bones were medically examined, and it was found that the broken bones, after uniting by callus, had assumed the same contour as those of the healthy leg.’ Quoted by M. R. Newbolt, *Healing* (London: Society for Promoting Christian Knowledge), pp. 84-85. For more examples see Weatherhead, *Psychology, Religion and Healing*, pp. 147-159. For historical work on Lourdes see Ruth Harris, *Lourdes: Body and Spirit in the Secular Age* (London: Allen Lane, 1999).

⁹³ The *Bureau des Constatations Médicales* was a medical board established at Lourdes in 1885 in order to verify cures.

⁹⁴ Dr Boissarie’s views were summarised by surgeon Sir Henry Morris in ‘“Suggestion” in the Treatment of Disease’, *BMJ*, 18 June 1910, p. 1458.

⁹⁵ Roberts, *Forty Years a Medium*, p. 39.

often took place at his famous mass public healing services.⁹⁶ Edwards himself recounted that sometimes when dealing with curvature of the spine he did not even get around to 'commenc[ing] the straightening movement', a gentle stroking of the back, before the spine perceptibly straightened itself.⁹⁷ Cautious of medical disapproval and scientific ridicule, Christian healers, as will be seen in chapter four, were generally far less likely than others to claim to be able to invoke such instantaneous physical cure. James Moore Hickson did so, however. He first discovered his healing gift aged thirteen when he was 'led by some intuitive feeling' to touch the face of his cousin who was suffering from neuralgia. 'Immediately relief followed.'⁹⁸ Although most non-orthodox Christian spiritual healers claimed some experience of instantaneous cure, most nevertheless did not construct it as an inevitable or even as a particularly desirable result. Many of Edwards' other cures took months, and Spiritualist Reginald Lester wrote in 1956 that an expectation of instantaneous cure on the part of the patient was 'obviously unreasonable and illogical'. He advised that, generally speaking, between six and twelve months of treatment was required, with healing taking place on a monthly basis at least.⁹⁹

However, even those healers who did claim to be able to invoke instantaneous organic cure generally denied its miraculousness. Harry Edwards, for example, believed that all spiritual healing resulted from solely 'law-governed forces':

⁹⁶ These services were widely reported in both local and national newspapers. Edwards claimed to have filled the Royal Albert Hall and the Royal Festival Hall. His largest ever crowd was an estimated 7,000 people at the King's Hall in Manchester. For his description of these services see Edwards, *Thirty Years a Spiritual Healer*, pp. 118-122.

⁹⁷ Harry Edwards, *The Evidence for Spiritual Healing* (London: Spiritualist Press, 1953), p. 123.

⁹⁸ Hickson, *Healing by the "Laying on of Hands"*, p. 3.

⁹⁹ Lester, *Towards the Hereafter*, p. 36.

Every material or spiritual change that takes place within the universe results from the law-governed forces applied to the subject. This is true, whether it applies to the stars in their formation and movements, the germination and decay of life, the construction of an atom or anything else. Nothing takes place by chance. As, therefore, law-governed forces control the universe, and ourselves within it, so must they also apply to spirit healing.¹⁰⁰

‘There is no such thing as a miracle’, he wrote categorically.¹⁰¹ In common with many healers who spoke in terms of spiritual law, however, Edwards did not really attempt to define or quantify it in any way. Christian commentator George Gordon Dawson argued that even official Lourdes miracles were entirely ‘explicable on the hypothesis of the action of the laws of a higher nature which ha[d] an effect on the lower and material level’, although like Edwards he did not feel the need to elucidate upon either what these laws predicated or how they functioned.¹⁰² What is significant here is the fact that although spiritual healers commonly spoke in terms of law-governed processes, this did not necessarily imply submission to the scientific viewpoint. Spiritual laws were not the physical laws of science, although the line between the two seemed fluid for

¹⁰⁰ Edwards, *The Evidence for Spirit Healing*, p. 12.

¹⁰¹ Edwards, *The Science of Spirit Healing*, pp. 10 & 92. Where Edwards diverged from most other spiritual healers was that for him the existence of these nebulous spiritual laws all but disproved the influence of God in spiritual healing. The healings at Lourdes and the healings evoked by the medium were one and the same thing he argued, although the Catholic Church cited the first as ‘the result of God’s intervention’ and the second as ‘the tool of a very cunning Satan who perform[ed] these good deeds as a camouflage to ensnare humanity’. As he found ‘the same law-governed processes [to be] at work in each case’ Edwards concluded that ‘man’s sectarian beliefs ha[d] little or nothing to do with the healing laws’. Edwards’ almost secularist attitude was, however, very far from being an accepted facet of Spiritualism. As historian Geoffrey Nelson has argued, and as the present writer has also found, most Spiritualists and Spiritualist healers considered themselves unproblematically to be Christian at least to some extent. William Lilley’s Ancient Egyptian spirit guide Ramesôye dedicated Lilley’s first healing sanctuary to God in January 1939, for example, and Dr Lascelles, the spirit guide of medium Charles Adam Simpson was critical of modern Christianity but nevertheless thought it vital to revitalise the orthodox churches. Barrett, *Beyond*, p. 64; Desmond, *The Gift of Healing*, p. 28 and Geoffrey K. Nelson, *Spiritualism and Society* (London: Routledge & Kegan Paul, 1969), chapter twelve.

¹⁰² Dawson, *Healing*, p. 258.

much of the early-twentieth century.¹⁰³ The erudite minister Leslie Weatherhead, for example, thought that the spiritual world and its influence on the physical world was undoubtedly subject to the reign of law, but significantly he noted that it might well be 'law of a different order'. For Weatherhead miracles were thus 'law-abiding event[s]', but law-abiding events which were subject to God's laws rather than man's imperfect understanding of them.

In miracles God may act in a way surprising to us, for we know so little of the possibilities open to Him. He will not break the dependability of the universe, or make it impossible for us to learn its laws, but He may surprise us by revelations of the richness and complexity of law.¹⁰⁴

Looking at these statements it could be argued that the conceptualisation of seemingly miraculous events as being subject to mysterious and nebulous spiritual laws did not differ greatly from traditional conceptualisations of miracles as propounded above by Dr Boissarie, save in rhetoric.¹⁰⁵ It was perhaps the appearance of scientific rationalisation that was important.

The question of whether spiritual healing was guided by miracle or natural law was tied in to deeper understandings of spiritual gifts. Healers who believed themselves to be working through law-governed forces, very much the majority, were much more likely to view healing as a universal ability which everyone had the capacity to cultivate. Harry Edwards, for example, wrote that the power to heal was a 'natural asset' which, 'in a greater or lesser degree, is common to all'. He believed that many people were unconscious healers and

¹⁰³ Historians Peter Bowler and Janet Oppenheim among others have both demonstrated that the physics of the late-nineteenth century when ether theories predominated and of the early-twentieth century with Einstein's theory of relativity was not incompatible with belief in a spiritual world. Bowler, *Reconciling Science and Religion*, chapter three and Oppenheim, *The Other World*, chapter eight.

¹⁰⁴ Weatherhead, *Psychology, Religion and Healing*, pp. 40, 41-42 & 45.

¹⁰⁵ See p. 57 of this thesis.

even went so far as to suggest that doctors might unconsciously be invoking the same spiritual healing laws in their work as healers themselves.¹⁰⁶ Christian Scientists similarly believed that as Christian Science was based on individuals recognising for themselves the true spiritual nature of the universe it was 'here and now available for all mankind'.¹⁰⁷ For those few healers who conceptualised their work in terms of miracles, spiritual healing was exceptional rather than natural and so the healers themselves were too. William Lilley's biography, for example, was tellingly entitled *The Gift of Healing*. Lilley's powers were described as 'the gifts of God' which at the age of fifteen he had been selected to receive.¹⁰⁸ However, Lilley's case is not straightforward. His biographer Arthur Desmond was a journalist and although he frequently used the term 'miracle' in regard to Lilley's cures, there is evidence to suggest that Lilley himself conceptualised them more naturally in terms of Spiritualistic ectoplasm.¹⁰⁹

Historian Jenny Hazelgrove has argued that in the twentieth century Spiritualist ability was conceived of as 'a rare and precious gift'. Mediums were treated as special and were trained more professionally and more rigorously than they had been in the late-nineteenth century.¹¹⁰ However, once again here Spiritualist healing seems to have been distinctly atypical of Spiritualism in general. Healers of all spiritual persuasions throughout the period 1870 to 1955 tended more towards supposed nineteenth-century perceptions of the universality

¹⁰⁶ Edwards, *The Science of Spirit Healing*, pp. 21-22.

¹⁰⁷ Lea, *A Plea of the Thorough and Unbiased Investigation of Christian Science*, p. xv.

¹⁰⁸ Desmond, *The Gift of Healing*, p. 52.

¹⁰⁹ *ibid*, pp. 70-71 & 86-87. Lilley himself wrote that instantaneous cures, although possible were 'highly improbable'. 'Creation and degeneration are laws which cannot be broken. If they could, they would cease to be laws, because laws cannot be broken.' Desmond's constant cries of 'miracle' could thus be taken to be mostly journalistic sensationalism.

¹¹⁰ Hazelgrove, *Spiritualism and British Society*, p. 95.

of spiritual gifts.¹¹¹ As the spirit doctor Dr Lascelles explained in the 1920s, even if one believed in the divine origin of spiritual healing as he did then it did not make healing a 'special gift', for the power was God's and man was required to act merely as the 'condenser'. Everyone was capable of utilising the power that God 'pour[ed] down'.¹¹² Thus conceptualisations of spiritual healing as inherently mediumistic and not requiring any particular rational knowledge on the part of the healer sat quite comfortably alongside the idea that it was open to common use. The practice of spiritual healing, like its conceptualisations of illness and healing, was essentially populist rather than elitist. As will be seen, this was undoubtedly part of its enduring popular appeal.

Conceptualising Illness

Conceptualisations of illness and disease within spiritual healing, like conceptualisations of the healing itself, were generally all-inclusive and rather simplistic in nature. Healers often attributed all illness to the same causal origin, whether it be sin, lack of spiritual balance, reduced vibration of the spiritual body, or even for nineteenth-century holistic healer Chandos Leigh Hunt, too many white corpuscles in the blood.¹¹³ 'There are not a large number of

¹¹¹ Such perceptions were strong at Spiritualism's inception in the late-nineteenth century. It was then a part of its popular appeal. For example, John Jones, a non-professional medium advised those interested in Spiritualism to form their own family circles: 'Let the members of the family sit round a good-sized table, in a calm but cheerful spirit and in a child-like manner ask the privilege of witnessing the phenomena - to sit at a certain hour three times a week for a month or two and I am sure that in ninety-five cases out of 100 the result would be the occurrence of spirit action in their own families.' From *The Spiritual Magazine* of February 1862, quoted by Nelson, *Spiritualism and Society*, p. 95.

¹¹² Barrett, *Beyond*, p. 113.

¹¹³ Hunt argued that all blood contained red and white corpuscles and that while a healthy person had more red than white a sick person would be found to have an increasing number of white. For her, 'yeast or ferment, pus matter, and disease, and white corpuscles [were] one and the same thing', and thus she was vehemently opposed to vaccination, all medical drugs, and all types of fermented foods and alcohol. Chandos Leigh Hunt, *Physianthropy or The Home Cure and Eradication of Disease*, 8th edition (London: Philanthropic Reform Publishing Office, 1901, 1st

diseases', wrote one contributor to a twentieth-century New Thought journal for example, 'but one only - want of ease, from *dis*, without, and *ease*'.¹¹⁴ This incorporative approach was not new to disease theory, rather alternative medicine had always had a propensity to rely on one-dimensional explanations that could be readily explained and understood by patients.¹¹⁵ Franz Anton Mesmer, one of the forerunners to both modern spiritual healing and new psychology, had similarly believed that 'there was only one disease, which manifested itself in a myriad of symptoms'.

This single disease was caused by obstruction of the flow of animal magnetism inside the human body which resulted in its improper distribution. Likewise, there was only one remedy, the application of animal magnetism to bring about a normal and harmonious distribution and flow.¹¹⁶

Simple incorporative conceptualisations of illness thus effected simple incorporative treatments. The idea of spiritual healing as a 'law-governed force' implied, for example, that if someone was spiritually out of balance then that balance could be fairly simply restored by a transfer of energy from the spirit world to the sufferer.¹¹⁷

In this way spiritual healing philosophies can be seen in part as a reaction not only to the materialism of orthodox medicine, but also to its increasing complexity. As medicine became more scientific its technical jargon and reliance on intricate anatomical knowledge became increasingly difficult for the

published 1883), pp. 7-8 & 120. Some of the other spiritual conceptualisations of illness are explored in more detail in the previous section, see pp. 51-53 of this thesis.

¹¹⁴ Alex McInnes, 'Paths to Health', *The Rally: Being the Official Organ of the New Thought Extension Work*, No. 14 (November 1915), p. 4.

¹¹⁵ See David J. Hufford, 'Contemporary Folk Medicine' in Norman Gevitz (ed.), *Other Healers: Unorthodox Medicine in America* (Baltimore: John Hopkins University Press, 1990), pp. 228-264 and Brian Inglis, *Natural Medicine* (London: Collins, 1979).

¹¹⁶ Frank A. Pattie, *Mesmer and Animal Magnetism: A Chapter in the History of Medicine* (New York: Edmonston Publishing, 1994), p. 2.

¹¹⁷ Edwards, *The Science of Spiritual Healing*, p. 10.

non-expert to penetrate.¹¹⁸ Even doctors accepted this. The eminent nineteenth-century alienist Henry Maudsley, for example, while vehemently opposed to what he saw as primitive superstitious theories of disease, acknowledged medicine to be 'the most difficult and complex study in the world', made so, he thought, by the almost infinite complexity of the human body.¹¹⁹ The complexity of orthodox medicine lent it erudition and approbation, but it also threatened to alienate patients from their own medicalised bodies.¹²⁰ The outspoken holistic healer Chandos Leigh Hunt, writing at virtually the same time as Maudsley, expressed a layman's bemused perception of orthodox medicine when she wrote of it as 'masses of supposed facts irregularly strung together' from which medical men had 'drawn short-lived conclusions, and innumerable, ever-changing and contradictory theories and surmises'.¹²¹ The tenets of spiritual healing in contrast tended to be simple, straightforward and essentially immutable. As will become clear subsequently in this chapter Hunt was far more outspoken than most spiritual healers - she went on to describe the 'mentality' of doctors as 'decidedly weak, cramped, and limited'¹²² - but her blunt views nevertheless encapsulate a frustration with the fluid intricacy of

¹¹⁸ See Porter, *The Greatest Benefit to Mankind*, chapter eleven onwards.

¹¹⁹ Henry Maudsley, *Natural Causes and Supernatural Seemings* (London: Kegan Paul, 1886), pp. 44-45.

¹²⁰ Foucault has argued that by the beginning of the nineteenth century the 'clinical gaze' had largely replaced the importance of the patient's narrative within medical diagnosis. Modern historians have argued that twentieth-century technological advances devalued it even further. The next chapter of this thesis will consider to what extent the patient's narrative was actually important within spiritual healing, but there can be little doubt that by treating the patient as a whole person, body, mind and soul, spiritual healers offered a more accessible and responsive approach. See Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (Routledge: London, 1997), especially chapter seven and Stanley J. Reiser, 'Technology and the Use of the Senses in Twentieth-Century Medicine' in W. F. Bynum & Roy Porter (eds.), *Medicine and the Five Senses* (Cambridge: Cambridge University Press, 1993), pp. 262-273.

¹²¹ Chandos Leigh Hunt, *A Treatise on All the Known Uses of Organic Magnetism, Phenomenal and Curative* (London: J. Burns, 1876), p. 3.

¹²² *ibid*, p. 3.

orthodox medical theory that was implicit within much spiritual healing literature even into the mid-twentieth century.

In practical terms healers’ all-inclusive conceptualisations of illness allowed them to treat most medical problems, psychological, organic and surgical, with little alteration in either their theories or their techniques. Harry Edwards’ book, *The Evidence for Spiritual Healing*, for example, has chapters on ailments so diverse as tuberculosis, cancer, spinal diseases, paralysis, arthritis, skin diseases, heart disease and mental illness.¹²³ Nor was this unusual. James Moore Hickson claimed to have cured among many other things rheumatism, sciatica, morphia addiction, epilepsy, breast cancer, hay fever, tetanus, asthma, inebriety and Bright’s Disease.¹²⁴ The spirit doctor, Dr Lascelles, believed that ‘given time, perhaps to change the character of the patient’ he was able to ‘cure any disease’.¹²⁵ Once again quantifiable statistics are difficult to acquire, but Table 2 below presents the illness distribution of the forty-nine spiritual healing case studies collected by David Caradog Jones in 1955.¹²⁶

Type of Illness	Number	Percentage
Nervous / mental illness	8	16
Physical injury	15	31
Organic disease	16	33
Congenital abnormality	4	8
Skin disease	2	4
Other	4	8
<i>Total</i>	<i>49</i>	<i>100</i>

Table 2: Distribution of Types of Illnesses in the Case Studies Examined by David Caradog Jones, *Spiritual Healing: An Objective Study of a Perennial Grace* (London: Longmans, 1955)¹²⁷

¹²³ Edwards, *The Evidence for Spiritual Healing*.
¹²⁴ Hickson, *Healing by the “Laying on of Hands”*, pp. 7-8.
¹²⁵ Barrett, *Beyond*, p. 117.
¹²⁶ Caradog Jones, *Spiritual Healing*.
¹²⁷ These statistics were collated from throughout the book by the present writer.

These statistics seem to suggest that the treatment of physical disorder and organic disease greatly predominated over functional disorder (seventy-six per cent against sixteen per cent). However, in the case of the Caradog Jones statistics this is probably principally because his book aimed to prove the objective healing efficacy of prayer and the cure of functional disorder was widely rejected as being anything like objective.¹²⁸ Because of the lack of other quantifiable sources it is difficult to know for sure how accurate an indicator the Caradog Jones statistics are, but certainly it seems that in spite of the efforts of the medical profession to restrain the scope of spiritual healing to functional disorder healers, and particularly religiously unorthodox healers, continued very commonly to treat what they perceived to be organic illness.

In fact many spiritual healers claimed a virtually limitless scope for their healing abilities, in spite of the fact that most also rejected the idea of the miraculous. Both the spiritual source of spiritual healing and its incorporative approach were widely thought to confer power superior to that of orthodox medicine. 'It is because spiritual healing does not concern itself primarily with parts and obstacles that it can often succeed where all else has failed', wrote the Quaker healer Dr E. Collier in 1938.¹²⁹ Healers often vehemently denied the idea of incurable illness. 'The word "incurable" [is] impossible to a Christian', wrote Australian vicar Samuel Bickersteth in *The Times* in 1923, provoking a subsequent heated debate in the correspondence pages of the newspaper with medical sceptic Professor George M. Robertson. For Bickersteth 'man's extremity' was 'God's opportunity': '[The spiritual healer] asks to be allowed to

¹²⁸ See chapters six and seven of this thesis for discussion of the perceived importance of physical change and organic cure in proving spiritual healing. Doctors of course may well not have agreed with Caradog Jones' pronouncements on what was a functional cure and what was an organic cure. These remained very fluid and contested terms during the twentieth century.

¹²⁹ Collier & Hurren, *The Place of Spiritual Healing in the Society of Friends*, p. 9.

carry on, even when doctors themselves can do no more'.¹³⁰ Even in 1953 the Christian healer-doctor Christopher Woodard was still professing that there was 'no such thing as incurable disease' and 'no such thing as false hope of healing in [God's] Name'.¹³¹ The medically incurable undoubtedly formed a substantial portion of spiritual healing's patient base, particularly in the case of religiously unorthodox healers who tended to be more radical in their claims and suppositions. Spiritualist Harry Edwards, for example, maintained that most of the requests for help he received came from those classified as medically incurable. He was scathingly critical of a medical profession who left such people without hope 'to suffer to their dying day'.¹³² 'I don't want the cases doctors can heal, that proves nothing', wrote the spirit guide of medium Charles Adam Simpson in the 1920s, 'I want the cases they cannot cure'.¹³³

Thus to many spiritual healers almost nothing was impossible. The founder of Christian Science Mary Baker Eddy professed among many other things to have been able to elongate shortened limbs, 'restore what is called the lost substance of lungs' and 'heal a cancer that had so eaten the flesh of the neck as to expose the jugular vein so that it stood out like a chord'.¹³⁴ Of course, given their belief that all matter was illusory, effecting such radical organic change was entirely within the realm of possibility for Christian Scientists. But even amongst other healers similar extraordinary cures were reported, although they were generally not quite as extraordinary nor as frequent as those recorded

¹³⁰ Letter from Samuel Bickersteth, *The Times*, 1 September 1923, p. 9, column f; letter from Samuel Bickersteth, *The Times*, 11 September 1923, p. 11, column f.

¹³¹ Woodard, *A Doctor Heals by Faith*, pp. 22-23.

¹³² Edwards, *The Evidence for Spirit Healing*, pp. 10 & 19.

¹³³ Barrett, *Beyond*, p. 114.

¹³⁴ Quoted by Stephen Paget in 'Christian Science and Spiritual Healing', *BMJ*, 23 October 1909, p. 1241. The *BMJ*'s response to these claims was one of utter disbelief, mixed with ridicule at some of her quasi-medical terms, such as her claim to have cured 'malignant tubercular diphtheria' of which, they wrote, there was no such thing.

by Mary Baker Eddy. Many Spiritualist healers recorded performing non-invasive spiritual surgery. Medium Estelle Roberts, for example, removed 'a splinter of bone' from the back of a young nurse who suffered from persistent back pain simply by massaging her back while under trance. When she had finished there was no scar or puncture wound evident, but the piece of bone was visible in the hand of the healer.¹³⁵ Christian healer Christopher Woodard even claimed to have raised one patient from the dead.¹³⁶ It should be noted here however that Woodard was far to the immoderate extreme of most orthodox Christian spiritual healers. As will be explored in more detail in chapter four, Christian, and in particular Anglican, healers were far more likely than most others to both explain spiritual healing strictly in terms of psychological suggestion and to accept a sphere of influence limited primarily to functional disorder.

The impressive examples of extraordinary cure delineated above are important in demonstrating the logical extreme of many spiritual healing philosophies. Spiritual healing and new psychology may have shared much of the same ancestry and some common language and theoretical constructs during the early- to mid-twentieth century, but ultimately spiritual power was much less subject to restrictive scientific quantification and was therefore often constructed as much more limitlessly powerful than mind. As Surgeon H. T. Butlin, president of both the BMA and the English Royal College of Surgeons in 1910, realised, the simple all-encompassing philosophies of spiritual healing had decided advantages over medical meticulousness. While doctors generally

¹³⁵ Roberts, *Forty Years a Medium*, p. 40. See also William A. Nolen, *Healing: A Doctor in Search of a Miracle – The Startling World of Faith Healing and Psychic Surgery* (New York: Random House, 1974).

¹³⁶ Woodard, *A Doctor Heals by Faith*, p. 97. He did not describe the incident in any detail, feeling that as he was alone when it happened he was unlikely to be believed.

assumed that all spiritual cures were scientifically explicable but were often at a loss to explain them, the spiritual healer was not nearly so circumscribed:

He not only accepts the fact, but has a ready explanation of it - that it is an evidence of the existence of a superior being, and is a manifestation of power and wisdom infinitely superior to our own. The stranger and more improbable the cure, so much the greater glory to God.¹³⁷

The simple, accessible, and often illimitable conceptualisations of spiritual healing held considerable popular appeal. As the medical profession were to find out, they also made spiritual healing both frustratingly difficult to refute and almost impossible to prove.

Conceptualising Failure

Despite the general refusal of spiritual healers to accept any strict limitations as to what was possible and impossible in terms of cure, most nonetheless accepted that they were not able to cure all of their patients all of the time. Harry Edwards, for example, estimated that eighty per cent of the responses he received after performing spiritual healing reported 'easement and benefit in one way or another', although of those only a third were 'made well'.¹³⁸ Despite his common treatment of medical incurables Edwards, unlike some of those healers whose extraordinary healings were portrayed above, did accept that his powers were to some extent limited. Spiritual healing, he believed, 'ha[d] to work within the framework of the physical and metaphysical laws that govern us all'. It therefore could not replace an amputated limb, regrow bones, or 'restore ... advanced conditions', although beyond this very basic

¹³⁷ Butlin, 'Remarks on Spiritual Healing', p. 1469. See chapters five to seven of this thesis for further discussion of medical reactions to spiritual healing.

¹³⁸ Edwards, *The Evidence for Spirit Healing*, p. 10.

disclaimer he did continue to treat and cure most conditions including advanced cases of cancer and tuberculosis and serious congenital disability.¹³⁹ Even the virulently anti-medical Chandos Leigh Hunt recognised that ‘advanced organic ... diseases’ could often only be relieved rather than cured by her ‘organic magnetism’.¹⁴⁰ Limitless possibilities of cure, except in a relatively few cases, thus tended to be confined principally to the realm of the theoretical rather than the everyday tangible. Margaret Frayling was confident that the ‘Life-Force’, as ‘the omnipresent, irresistible Power’, would ‘in its time heal the whole world of sickness and sorrow’.¹⁴¹ In individual cases, however, success was not always so easily assured. Harry Edwards was not the only healer to wonder why, when he had effected ‘a number of rapid and complete healings ... [of] patients suffering from tuberculosis in both early and advanced stages’, he was unable ‘despite all efforts’ to cure a near relative.¹⁴² Given Edwards’ constant affirmation that spiritual healing was subject to strict ‘law-governed processes’, the reader also is left to wonder at the seeming inconsistency of these laws in practice.¹⁴³

The ways in which spiritual healers conceptualised failure are significant. There were two principal internal schools of thought. Some healers did not really accept the idea of failure at all, and argued either that in some cases suffering had to be accepted as the instructive will of God or that their healing conferred some more important benefit to their patients than mere physical cure. Again such conceptualisations were both simple and powerful. ‘To come closer to God is not to fail surely?’ wrote the Spiritualist healer William Lilley’s biographer, for example, claiming that this was the experience of ‘most under

¹³⁹ *ibid.*, p. 21.

¹⁴⁰ Hunt, *A Treatise on All the Known Uses of Organic Magnetism*, p. 21.

¹⁴¹ Frayling, *The Quest for Spiritual Healing*, p. 37.

¹⁴² Edwards, *The Science of Spirit Healing*, p. 30.

¹⁴³ *ibid.*, p. 32.

spiritual healing' even when physical cure was not effected.¹⁴⁴ Spiritual conceptualisations of failure did not necessarily match medical conceptualisations of failure. Healer Christopher Woodard recounted the illustrative case study of Margaret, an unhappy, un-baptised girl who at the age of nineteen in February 1950 began to suffer from 'galloping consumption'. Despite the hostility both of her family and of Margaret herself Woodard visited her and had her baptised by the Reverend William Wood of the London Healing Mission. For a time she seemed to improve, but she subsequently died on Christmas Day. Woodard however absolutely did not believe his treatment to have failed.

I knew when Margaret died that everything was complete. Never have I seen such peace, contentment, understanding and love, as was on her face. She was ready to go into Paradise, for that was the only place where such things are met together as one.¹⁴⁵

For spiritual healers then even death did not necessarily represent failure. As was demonstrated above, in most spiritual healing philosophies the spiritual health of patients was given prominence over the physical, and many spiritual healers did not therefore consider themselves bound by physical indicators of efficacy. It is significant that in the case of Margaret Woodard went on to claim that her death inspired and united her family with 'a spirit and a happiness which they never had before'.¹⁴⁶

Those spiritual healers who did accept failure to effect physical cure at least to some extent as failure more commonly laid the blame for it at the feet of the patient as opposed to themselves. The patient thus became a crucial factor in

¹⁴⁴ Desmond recorded that fifty-five per cent of the absent healing undertaken by Lilley was not successful on a physical level, but he did not consider this failure as such, writing that 'the soul can always be healed'. Desmond, *The Gift of Healing*, pp. 70 & 110.

¹⁴⁵ Woodard, *A Doctor Heals by Faith*, pp. 78-80.

¹⁴⁶ *ibid*, p. 80.

the success of his own treatment within many spiritual healing philosophies, a liberating viewpoint perhaps when compared to the patient (or even body part) as object approach of professional medicine, but one that had potentially serious ramifications in psychological terms.¹⁴⁷ Mediumistic healer Eileen Garrett, for example, wrote that where spiritual healing was concerned 'the adage "Physician, heal thyself" might be extended to read "Man, heal thyself"'. For her success was at least as dependent upon 'the intense desire of the patient to be made whole' as it was upon the skill of the healer.¹⁴⁸ Most healers pointed to the patient's receptivity to spiritual influence as an important factor in the effectiveness of their treatment. 'Every disease is curable - yes; but by no means every patient!', wrote Margaret Frayling, who found that unspiritual people tended to have contracted discoloured auras that made them difficult for her to properly treat. She furthermore overtly connected a lack of spirituality to personal failure on the part of the patient and to the sinfulness of supposed selfish or materialistic tendencies. 'Darkness of their own creating shuts [these people] in', she noted, meaning it both metaphorically and literally where their aura was concerned.¹⁴⁹ Harry Edwards likewise found non-receptive patients to be 'lifeless or block-like', suggesting that such people were either unwilling or unable to open themselves up to spiritual influence.¹⁵⁰ Sometimes this apportioning of blame was implicit rather than openly critical of those patients

¹⁴⁷ As will be explored in more detail in chapter six of this thesis, one of the common criticisms of spiritual healing made by doctors was that its failure could potentially be psychologically very damaging. For example, the 1954 BMA special committee appointed to consider and report on spiritual healing to the Archbishop of Canterbury's Commission on Divine Healing argued that when spiritual healing failed to effect physical cure patients often 'felt that God had failed them or that there was no God' and noted that 'it was very difficult to restore their faith or give them a more balanced point of view'. *Divine Healing and Co-operation Between Doctors and Clergy: Memorandum of Evidence Submitted by a Special Committee of the Council of the BMA to the Archbishop's Commission on Divine Healing* (London: BMA, 1956), p. 22.

¹⁴⁸ Garrett, *Life is the Healer*, pp. 15 & 50.

¹⁴⁹ Frayling, *The Quest for Spiritual Healing*, p. 26.

¹⁵⁰ Edwards, *The Science of Spirit Healing*, p. 44.

who were not cured, although it still largely removed the healer from any real culpability. Spirit doctor Dr Lascelles, for example, wrote that healing was most difficult to effect when the auras of patient and healer were out of balance with each other, something that he did not believe could always be helped.¹⁵¹

However, more often than not healers' conceptualisations of failure were actually intended as candid criticisms of their patients. The inference was often that the patient simply did not believe wholeheartedly in the treatment, or did not want enough to be cured. This can perhaps be connected to the conviction evident within many, particularly unorthodox, religions that individual adherents were principally responsible for their own spiritual development.¹⁵² Some healers, although not all, connected receptivity to the patient's belief, both in the treatment itself and often also in the over-arching philosophy they espoused. For Christian-Spiritualist healer Margaret Frayling this was of paramount importance, the implication being that God would only heal the faithful: "Ask and ye shall receive," she wrote quoting the Bible, 'shall, not may. There are no "ifs" in the master's teaching.'¹⁵³ Alan House, a Spiritualist healer who had been inspired by Harry Edwards in the 1940s, similarly warned 'that "what God

¹⁵¹ Barrett, *Beyond*, p. 115.

¹⁵² Both Spiritualists and Christian Scientists for example emphasised the importance of personal responsibility within religious development. For Christian Scientists the spiritual nature of the universe was a fact that had to be accepted without qualification if health and happiness were to result. Most Spiritualists were not this dogmatic, but still it was primarily a decentralised, individualistic religion. Emma Hardinge Britten, a leading Spiritualist of the late-nineteenth century for example, wrote that 'every guilty soul must arise and become its own Saviour' and that, rather than an objective heaven or hell, 'happiness or misery [was] dependent on the good or evil within the soul itself'. The Spiritualists' National Union later based its Seven Principles on Britten's summary. Quoted by Nelson, *Spiritualism and Society*, pp. 209-210

¹⁵³ Frayling, *The Quest for Spiritual Healing*, p. 65. Not all spiritual healers would have agreed with Frayling here. Chapter two of this thesis will examine cases of healing where the patient did not know they were being healed. Chapter four will examine in more detail the use of spiritual healing as a conversion tool. The Reverend M. R. Newbolt, for example, wrote that it was 'a Christian duty and a privilege to do works of mercy for all men - the heathen as well as the household of faith'. He thus believed that healing should be used as a weapon to induce faith, as it had been in the time of Jesus, as well as being a reward of the faithful. Newbolt, *Healing*, p. 66.

giveth, God may take away” if the heart turns from faith in the Great Provider’, thus rationalising medical relapses also in terms of patient culpability.¹⁵⁴ Other healers merely found it more difficult to cure the sceptical. Medium Estelle Roberts, for example, warned that it generally took longer to cure those who turned to spiritual healing more as a last resort than because of any true faith.¹⁵⁵ But whereas spiritual receptivity was almost always considered crucial in spiritual healing philosophies, belief was not necessarily so, proving that the two did not automatically go hand-in-hand. People could apparently be open to spiritual influence without their being aware of it, as was aptly demonstrated by the many cases of absent healing which took place without the knowledge of the patient.¹⁵⁶ What healers’ conceptualisations of failure principally demonstrate once again is the lack of personal control healers’ conceptualised themselves as having over the healing process. As channels for the healing power they could not themselves be blamed for its failure to act in the way that they thought it might or should. Ultimately, as will be explored in chapter seven, explaining and understanding the efficacy and limitations of spiritual healing was far less important to most spiritual healers than it was to scientific medicine.

Conceptualising Orthodox Medicine

As has been indicated throughout this chapter, the very existence of spiritual healing was, at least on some level, a critique of orthodox medicine. Both healers and doctors recognised this. Although some advocates of spiritual healing made their criticisms more explicit than others, virtually all saw it as providing something that was fundamentally absent from orthodox medicine, if

¹⁵⁴ Alan H. House, *Sixty Years a Spiritualist* (London: Hermes, 1995), p. 71.

¹⁵⁵ Roberts, *Forty Years a Medium*, p. 45.

¹⁵⁶ See chapter two of this thesis for more details.

not more radically as its dichotomous opposite. As has been discussed above spiritual healing was principally constructed by healers as a whole-person medicine, incorporating the health of mind, body, spirit and soul within its philosophy. Most healers believed that illness was caused by some form of imbalance between these various aspects of man, making it a matter more of individual disharmony than organic corruption. Inherent within these tenets were criticisms of an orthodox medicine that was correspondingly constructed as unnecessarily complicated, materialistic, and neglectful of both the mind and the spirit in its ultimate desire to understand and regiment the physical body. Echoing a common theme, for example, the clerical faith-healer Samuel McComb in the 1920s unequivocally warned that its 'materialistic dogmas' and complete disregard for the influence of the soul in health were creating a 'growing distrust of academic medicine' throughout society.¹⁵⁷ Interestingly, within spiritual healing this perception did not substantially change throughout the period under consideration, despite orthodox medicine's increasing acceptance of the power that the mind was able to wield over the body.¹⁵⁸ For most spiritual healers the spiritual and the mental were not at all the same thing, one of the fundamental points on which healers and doctors were to repeatedly come in to conflict.

¹⁵⁷ Samuel McComb, 'Spiritual Healing and the Church', *The Contemporary Review*, No. 665 (1921), p. 673. McComb was the co-administrator of the American Emmanuel Movement.

¹⁵⁸ As will be seen in chapter seven of this thesis some historians have constructed spiritual healing's influence on orthodox medical thought as very short-lived. In the American context of the Emmanuel Movement, for example, historian Raymond Cunningham has argued that 'within five years of its founding [in 1906] the Movement's principles had been largely assimilated into medical thought and 'rendered ... almost commonplace'. It is therefore significant to note that in the wider context spiritual healers' criticisms and opposition to orthodox medicine continued virtually unabated throughout the first half of the twentieth century. Raymond J. Cunningham, 'The Emmanuel Movement: A Variety of American Religious Experience', *American Quarterly*, Vol. 14, No. 1 (1962), p. 62.

This section will give an overview of the attitudes of spiritual healers both towards doctors and orthodox medicine and also towards medical orthodoxy more generally. The position of the Christian churches is considered more closely in chapter four. The corresponding attitudes of the medical profession towards spiritual healing and faith, and the ways in which their discussions on the subject were intersected by new psychology are considered in depth in the second half of this thesis. This section contextualises those wider debates through the perspectives of the healers themselves. It is particularly significant that although spiritual healers, and in particular religiously unorthodox healers, were widely critical of orthodox medicine and generally content with their unorthodoxy, very few except for Christian Scientists actually took a wholly anti-medical stance. As will become clear they were more likely rather to conceptualise orthodox medicine as a fundamental part, if a relatively junior or flawed part, of God's ordained healing process. Spiritual and medical philosophies of healing were thus not generally considered by spiritual healers to be mutually exclusive, which fits within wider religious attempts to reconcile the scientific and religious worldviews in the early-twentieth century.¹⁵⁹ However, crucially in terms of medical reactions to spiritual healing, healers' conceptualisations ultimately often subordinated and devalued orthodox medicine.

Spiritual healers commonly conceptualised both scientific medicine and psychology as being essentially incomplete and inferior without spirituality. If theirs was whole-person medicine that emphasised the prime importance of the

¹⁵⁹ See Bowler, *Reconciling Science and Religion*; Brooke, *Science and Religion* and Falby, 'The Modern Confessional'. Bowler argues that these reconciliatory attempts largely faded into the 1930s, but even mid-twentieth century spiritual healers still commonly accepted the efficacy (although not the medicinal monopoly) of orthodox medicine.

spiritual within health then orthodox medicine was resultantly constructed as adversely limited to physical symptoms and body parts. Spiritualist Harry Edwards explained the 'world of difference' that often existed between the diagnoses of earth and spirit doctors by the fact that his spirit guides were more anxious to 'remove the cause of the disharmony than [as earthly doctors were] to allay the actual created disharmony'.¹⁶⁰ Doctors were thus commonly accused by spiritual healers of leaving the underlying causes of illness untreated in their singular focus upon physical symptoms. The nineteenth-century magnetic healer Chandos Leigh Hunt, for example, wrote: 'Nature's grand cure for the expulsion of disease, is to eliminate it OUTWARDS and DOWNWARDS.' She believed that by treating the rash or fever that might develop as a symptom of illness doctors were merely helping to seal the poison inside the body.¹⁶¹ For the Christian Science practitioner moreover

it [was] of the utmost importance that he should not dwell in thought on the body and its symptoms; on the contrary, he should dwell on and realise only the perfect, ie. the actuality of the spiritual reality.

Without this 'true knowledge and understanding of God' Christian Scientists did not believe that a patient could be 'permanently benefited, ie. really healed'.¹⁶² Most spiritual healers were not anywhere near as extreme or as dogmatic as Christian Scientists, but nevertheless even for the generally moderate Christian healers man was constructed as being very much more than merely a sum of his

¹⁶⁰ Edwards, *The Science of Spirit Healing*, p. 52. Edwards explained that while illness, injury, or disease may manifest itself symptomatically (for example, in a burn or a cough, etc.), the underlying spiritual cause may be quite different (for example, stress or internal disharmony, etc.). The doctor, he believed, treated only the former, the spiritual healer, the latter.

¹⁶¹ Hunt, *Physianthropy*, p. 11. The capitals are hers.

¹⁶² Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science*, pp. 67-68.

physical parts.¹⁶³ Science might be able to ‘marvellously prolong and embellish life’, wrote Harold Anson in 1923 for example, but only spirituality could make that life ‘worth living’. Materialistic medicine he believed thus sadly neglected individual wholeness and health.¹⁶⁴

It is perhaps worth pointing out at this juncture that doctors for their part often accused spiritual healers of effecting the same relief of symptoms at the expense of their intrinsic causes. The danger that spiritual healing might, through unguided mental suggestion, mask important medical symptoms was one of their principal concerns throughout the period under consideration. In 1910, for example, the *BMJ* highlighted the case of a deceased American woman who had been treated by the influential American spiritual healer John Alexander Dowie. The patient had, right up until her death, always refused all medical treatment, believed herself to be ‘in perfect health’ and never suffered any evident pain. At her post-mortem however it was discovered that she was in fact suffering from sclerosis of the liver, gall stones, sclerosis of the aortic valve, nephritis and uterine tumours amongst other complaints. The *BMJ* were in agreement with the doctor reporting the case who believed that it ‘clearly demonstrate[d] the power of the mind to suppress symptoms, but its utter inability to check organic disease’.¹⁶⁵ Almost fifty years later the profession were still issuing the same admonitions. The *Memorandum of [Medical] Evidence* prepared by a special committee of the BMA for Anglican Church authorities in 1956, for example, warned that:

¹⁶³ The complex attitude of the Christian churches and Christian healers towards medicine and psychology and its wider implications will be examined in much more detail in chapter four of this thesis.

¹⁶⁴ Anson, *Spiritual Healing*, p. 206.

¹⁶⁵ The doctor reporting the case was a Dr C.M. Hawkins. ‘Post-Mortem Evidence and Faith Healing’, *BMJ*, 8 January 1910, p.106. See chapter six of this thesis for further exploration of this point.

Symptoms like pain are an indication that there is an illness; but from the absence of symptoms we cannot argue that there is no illness. A toothache may be alleviated by plugging the socket with an analgesic, by Christian Science, by hypnotic suggestion, or even by diverting the attention - but the decay remains to pursue its course, and all the more disastrously because there is no pain to make the patient aware of the decay.¹⁶⁶

Even psychiatrist J. Burnett Rae, who was sympathetic to the claims of spiritual healing, warned in 1955 that pain should never be removed by spiritual healing or by any other means until its root cause had been ascertained and medically 'put right'.¹⁶⁷ That doctors and spiritual healers could both accuse each other of this same neglect of the underlying causes of illness importantly demonstrates dichotomous understandings of what those underlying causes were - the one principally organic, the other spiritual. Nor were these interpretations the only two that existed. Distinct again were homoeopaths who did not believe that there were any underlying causes to illness at all; for them illness was nothing more than a discrete collection of individual symptoms.¹⁶⁸

As well as being critical of medical philosophy, spiritual healers were often also intensely critical of doctors themselves. Doctors and clergymen conducted a sporadic bureaucratic co-operation from the early-twentieth century onwards and there are some individual cases of doctors working with religiously unorthodox healers, especially in the mid-twentieth century,¹⁶⁹ but often healers did not have a high opinion either of doctors themselves or of the way they

¹⁶⁶ *Divine Healing and Co-operation Between Doctors and Clergy*, p. 11.

¹⁶⁷ Rae, 'A Doctor's Comment' p. 123.

¹⁶⁸ Samuel Hahnemann, the founder of homeopathy, dismissed the idea that illness wrought any kind of internal change as 'so many vain imaginings'. Quoted by Glynis Rankin 'Professional Organisation and the Development of Medical Knowledge: Two Interpretations of Homoeopathy' in Roger Cooter, *Studies in the History of Alternative Medicine* (London: Macmillan, 1988), p. 51. See also Phillip A. Nicholls, *Homeopathy and the Medical Profession* (London: Croom Helm, 1988).

¹⁶⁹ See chapters four and six of this thesis for exploration of this sporadic medical-religious co-operation. See chapter seven for details of the isolated cases of individual co-operation between healers and doctors in the mid-twentieth century.

treated their patients. Harry Edwards, for example, criticised what he viewed as the arrogant insularity of the medical profession:

Any attempt of ours to obtain a sight of an x-ray, or to obtain any information from a doctor or a hospital has failed. ... Many times we have asked [the patient], "What does your doctor say?" and received the answer, "He does not tell me anything."¹⁷⁰

Doctors were often depicted in such accounts as cold and even callous individuals, too apt to neglect their patients' feelings in their lofty scientific posturing. They could, Edwards wrote, be 'unkind and even brutal' in their observations, 'especially when they destroy all hope in a patient by telling him he is incurable, and is to die, or to suffer until he dies'.¹⁷¹ Edwards did not quite go to the extreme of the virulently anti-interventionist Chandos Leigh Hunt, who writing seventy years earlier in protest against vaccination had described doctors as 'helpless, good-for-nothing and God-forgotten' torturers that should not be tolerated within society 'any more than venomous reptiles',¹⁷² but the same protest against the lack of human compassion within the medical profession is manifest in both accounts. Spiritual healing was correspondingly conceptualised as both more holistic and more humane. Significantly, even the Anglican Bishop Hensley Henson, who was fiercely opposed to any revival of spiritual healing within the Christian Church, believed that professional medicine might gain from a study of the Christian faith. There was, he wrote, 'a gentleness, a patience, a tenderness of personal concern' in the approach of Christian nurses that he

¹⁷⁰ Edwards, *The Evidence for Spirit Healing*, p. 19.

¹⁷¹ *ibid*, p. 19.

¹⁷² Hunt's attitude towards the medical profession was nothing if not extreme. '[Doctors] have not yet been able to discover or show one single specific medicine or absolutely scientific mode of treatment for any single given case of disease, [thus] we think we are warranted in concluding that they are, without exception, the most stupid, unscientific, helpless, good-for-nothing, and God-forgotten set of men the world has ever groaned under. ... [W]e must look upon them as parasitical fungoid excrescences, and not to be tolerated any more than venomous reptiles.' Chandos Leigh Hunt, *Vaccination Brought Home to the People* (London: J. Burns, 1876), p. 32.

believed was perceptibly lacking in their secular counterparts.¹⁷³ The scientific objectivity so jealously guarded by doctors throughout the nineteenth and twentieth centuries was thus constructed by their critics rather as one of their principal failings.

Interestingly, in the early-twentieth century some doctors themselves began to acknowledge the truth of some of these criticisms, demonstrating both the growing medical apprehension at the popularity of spiritual healing¹⁷⁴ and the changes that the theories of new psychology were beginning to wreak on medical theory by this time. Surgeon H.T. Butlin, for example, admitted in 1910 that his profession 'was apt to be a little dictatorial at times', something that he thought did not help to endear orthodox medicine to popular thought.¹⁷⁵ In the same series of articles in the *BMJ* (on faith and spiritual healing) Sir Clifford Allbutt warned that the too thorough repression of spirituality by science would only lead to a 'blind rebellion' that he feared might 'sweep mankind beyond religion into superstition'.¹⁷⁶ As will be demonstrated in chapter six of this thesis it was very significant that such eminent members of the medical profession were by 1910 willing to accept some of the culpability for the popular resurgence of spiritual healing. Even as late as 1955, however, psychiatrist Dr J. Burnett Rae was still warning that most doctors were 'too apt to put their entire confidence in medicines and appliances which are only the tools of their trade' and so neglect the personal approach.¹⁷⁷ How far spiritual healers actually did utilise a more

¹⁷³ Herbert Hensley Henson (Lord Bishop of Durham), *Notes on Spiritual Healing* (London: Williams and Northgate, 1925), p. 183.

¹⁷⁴ Doctors were particularly worried about the threat posed by Christian Science, which forbade its adherents from utilising orthodox medicine at all. See chapter six of this thesis for detailed discussion on medical reactions to spiritual healing and Christian Science and how important this was in softening medical reactions to the theories of new psychology.

¹⁷⁵ H.T. Butlin, 'Remarks on Spiritual Healing', *BMJ*, 18 June 1910, p. 1469.

¹⁷⁶ Sir Clifford Allbutt, 'Reflections on Faith Healing', *BMJ*, 18 June 1910, p. 1453.

¹⁷⁷ Rae, 'A Doctor's Comment', p. 134.

personal approach than orthodox medicine will be examined in more detail in the next chapter.

It is not a coincidence that for many healers the first discovery of their healing ability was associated with some fundamental dissatisfaction with orthodox medicine, whether it was in terms of the treatment of a loved one or in terms of their own ill health. This very much highlights the idea that spiritual healing was in some ways both conceptualised and used as an alternative to what was often perceived as a seriously flawed orthodox medicine. Medium Charles Adam Simpson, for example, previously a scientist by trade and ‘not ... a bit spiritual’, found somewhat to his own surprise that he himself was better able than doctors to ease the pain of both his dying wife and later his dying mother. He was first convinced to take his healing abilities seriously by the doctor treating his mother, who told him that he was a ‘natural healer’ and asked him what he intended to do about it.¹⁷⁸ This was a very common conversion narrative, particularly amongst the more religiously unorthodox healers. Similarly, for example, although he had heard voices since childhood, Spiritualist Edward Fricker did not begin healing until he was in his thirties in 1941 when his cancer-stricken mother asked him to lay his hands upon her and cure her:

I did not understand what she meant ... But to comfort her I held both her hands in mine until at last she grew quieter and the pain seemed easier.

She subsequently died, but he was left feeling that he had been able to do more to help her than orthodox medicine.¹⁷⁹ Others, mainly female healers including Chandos Leigh Hunt, Dorothy Kerin, Eileen Garrett and Eliza Adelaide Gardner, had themselves been very ill and found more relief in spiritual healing than in

¹⁷⁸ Barrett, *Beyond*, pp. 15-17.

¹⁷⁹ Edward Fricker, *God is My Witness: The Story of the World-Famous Healer* (London: Arthur Baker, 1977), pp. 13 & 23.

orthodox medicine. Hunt, for example, wrote that she had in 1873 been medically advised to have all her teeth extracted, the left half of her lower jaw removed and her left leg amputated. She was introduced to spiritual healing by her future husband Joseph Wallace who offered to cure her without the need for 'any such horrible mutilation'.¹⁸⁰ Significantly, many healers, including Harold Anson and Leslie Weatherhead, reported suffering from more or less chronic ill-health, once again emphasising their tendency towards rather feminised attributes, in this case constitutional fragility.

Spiritual healers in many ways actively avoided medical orthodoxy throughout the period under consideration, marking spiritual healing as very much distinct from the deviance-to-medical-acceptance path followed by many once unorthodox medical theories.¹⁸¹ As has already been suggested and as will be examined in more detail in subsequent chapters spiritual healers clearly tended almost intractably towards both conceptual and therapeutic unorthodoxy, with their general primacy of spiritual health over physical health and their marked tendency towards anti-interventionism. The physical treatments that some healers provided as supplementary to their spiritual healing also tended to

¹⁸⁰ Hunt, *Physianthropy*, p. 53. However she gives no indication of either why such surgery was required or how Wallace went about healing her. She later became his pupil as well as his patient, and together they founded a holistic system of health called 'Physianthropy'. She published liberally, both in support of this scheme, and against what she saw as the wanton and criminal interventionism of orthodox medicine.

¹⁸¹ Massage, reviled as little more than a screen for immorality by the medical profession in the late-nineteenth century (see chapter three of this thesis), adapted to medical demands, professionalised, centralised, scientificised and was gradually transmuted into the medically-very-respectable profession of physiotherapy. Similar arguments can be about, among others, osteopathy, homeopathy, chiropractic, chiropody, midwifery, and psycho-analysis. Spiritual healing holds a strange place in the history of alternative medicine. As will become clear in subsequent chapters in many ways it was never really viewed by the medical profession as outright deviance, but nor did it ever particularly adapt itself or gain any real measure medical acceptance. See Barclay, *In Good Hands*; Donnison, *Midwives and Medical Men*; Norman Gevitz, 'Osteopathic Medicine: From Deviance to Difference' in Gevitz, *Unorthodox Healers*, pp. 124-156; Norman Gevitz, 'Three Perspectives on Unorthodox Medicine' in Gevitz, *Unorthodox Healers*, pp. 1-28; Rankin, 'Professional Organisation and the Development of Medical Knowledge', pp. 42-62 and Walter I. Wardwell, 'Chiropractors: Evolution to Acceptance' in Gevitz, *Unorthodox Healers*, pp. 157-191.

be strictly alternative, and ranged from homeopathy and herbal medicine to chromotherapy and magnetism.¹⁸² Significantly, there were few internal calls to license or professionalise spiritual healing in the late- nineteenth and early- to mid-twentieth centuries. The committee appointed by the 1920 Anglican Lambeth Conference to consider spiritual healing could find no evidence that any form of licensing was desired either by spiritual healers or by the religious and medical authorities,¹⁸³ and the British Medical Association report on the subject in 1911 likewise contained only one such direct request, from the Reverend F. W. Boyd, a Warden of the Anglican Guild of Health, who wanted to protect the public from ‘irresponsible “healers”’.¹⁸⁴ It was frequently argued that, as more of a spiritual gift than a learned ability, spiritual healing was not suited to any kind of physical regulation and nor were its practitioners accountable to earthly judgement. ‘How can finite understanding presume to understand the powers of the Infinite?’ aristocratic healer Edward Montagu, the Earl of Sandwich, challenged unbelievers in 1914.¹⁸⁵ This perhaps also goes part of the way to explaining the general lack of organisation and centralisation within spiritual healing as a whole, at least until the mid-twentieth century.¹⁸⁶ It is probably more accurate to say that in general spiritual healers desired medical acknowledgement rather than medical legitimacy. Indeed, a large part of spiritual healing’s appeal was as an alternative to orthodox medicine, and thus

¹⁸² See chapter two of this thesis.

¹⁸³ *The Ministry of Healing*, pp. 15-17.

¹⁸⁴ ‘Report on the Subject of “Spiritual Healing”, Submitted by the Council’, *Supplement to the BMJ*, 15 July 1911, p. 130.

¹⁸⁵ Letter from Edward G. H. Montagu, *The Times*, 28 February 1914, p. 5, column f.

¹⁸⁶ There was some sense of centralisation within the various spiritual healing sects before this, but it was not until 1944 that there was any formalised centralisation of spiritual healing within the orthodox Christian churches and not until a decade later within Spiritualism.

too much orthodox legitimacy would almost certainly not have been in the interests of its practitioners.

However, despite the various criticisms of orthodox medicine clearly evident, whether implicitly or explicitly, within many of the tenets of spiritual healing, a categorically anti-medical stance remained nevertheless relatively rare amongst spiritual healers. The obvious exception here is Christian Scientists, for whom the whole of the material world was nothing but a dangerous illusion. Health, they believed, could only be attained by rejecting false material attitudes of mind and realising the true spiritual nature of man. Orthodox medicine with its concentration on physical symptoms and the physical body in their view only served to propagate the illusion of materiality and was thus to be resolutely avoided.¹⁸⁷ Christian Scientists were not the only spiritual healers to conceptualise spiritual healing in terms of opposition to orthodox medicine. Many healers tended at least to some extent towards anti-interventionism, tenaciously in the case of Chandos Leigh Hunt who described vaccination as the 'Essence of Satan' and surgery as 'crim[inal] ... torture',¹⁸⁸ and more casually in the case of the spirit doctor Dr Lascelles who advised against the surgical removal of the appendix on the grounds that it was an important storage facility for 'the electrical energy of the body'.¹⁸⁹ On a theoretical level anti-interventionism fits very clearly within spiritual healing philosophies that were inclined to emphasise the primarily spiritual nature of illness and disease.

¹⁸⁷ See Mary Baker Eddy, *Science and Health With Key to the Scriptures* (Boston: Christian Science Publishing Society, c.1934, 1st published 1875). See also Willa Cather & Georgine Milmine, *The Life of Mary Baker G. Eddy and the History of Christian Science* (Lincoln: University of Nebraska Press, 1993, 1st published 1909) and Raymond J. Cunningham, 'The Impact of Christian Science on the American Churches, 1880-1910', *The American Historical Review*, Vol. 72, No. 3 (April 1967), pp. 885-905.

¹⁸⁸ Hunt, *Vaccination*, p. 35; Hunt, *A Treatise on All the Known Uses of Organic Magnetism*, pp. 19-20.

¹⁸⁹ Barrett, *Beyond*, p. 124.

It is therefore quite significant that with aforementioned notable exception of Christian Science, healers rarely went so far as to deny either the efficacy or the importance of orthodox medicine. That there was mutual animosity cannot be doubted, but nor should it be over-exaggerated. Historian Alex Owen is thus only considering one side of the coin when she describes the relationship between the medical profession and Spiritualist healers as a bitter battle of the 'unclean' (Spiritualists) against the 'poisoners' (doctors).¹⁹⁰ Rather than condemning orthodox medicine outright most spiritual healers merely tended to emphasise that it was not necessarily the best or the only way of treating illness and disease. The majority were quite willing to accept that there were times when the physical approach might be the most efficient and therefore the best way. For example, although theosophist Eliza Adelaide Gardner did not deny (as claimed by Christian Scientists) that spiritual healing was capable of healing a broken bone or a dislocated joint, she believed that to use it in this way was 'a waste of force' when the trouble might be much more efficiently rectified by simple physical treatment.¹⁹¹ Unlike Christian Scientists most other spiritual healers were not completely in opposition to materiality, and were therefore predominately able to allow a place for physical healing and orthodox medicine within their philosophy.

As will be examined in more detail in chapter four Christian healers tended to take the most integrated approach. The Reverend M. R. Newbolt, for example, was willing to go so far as to concede that spiritual healing was for 'the minority and for exceptional cases'. '[I]t can never be the senior partner in the

¹⁹⁰ Owen, *The Darkened Room*, p. 112. In fairness, it should be noted that Owen is only really talking about late Victorian society and about specifically Spiritualist healers here. As will be demonstrated in chapter five of this thesis the relationship between spiritual healing and orthodox medicine was conceptualised much more in terms of strict opposition in this early period.

¹⁹¹ Gardner, *Healing Methods Old and New*, pp. 19 & 59.

healing world', he wrote in 1924.¹⁹² Guild of Health chairman Harold Anson did not go quite this far, but was still willing to acknowledge that there were many occasions when 'the simplest way of recovery [was] by the use of purely physical means'. He suggested that where the physical way was the most efficient way then it must also be assumed that it was 'God's way'.¹⁹³ Anson did not conceptualise spiritual healing as a substitute for either orthodox medicine or psychology, he merely argued that its value should be acknowledged so that 'the best use of *all* factors of cure [could be used] in the proportion appropriate to each particular case'.¹⁹⁴ Typically of a mainstream Anglican organisation, the Guild of Health was careful to maintain a strictly conciliatory stance towards orthodox medicine.¹⁹⁵

It was, however, not only orthodox Christian healers who stopped far short of an outright repudiation of orthodox medicine. Spiritualist medium and healer Estelle Roberts summarised a common interdenominational attitude when she wrote:

I do not for one moment suggest that orthodox medicine should be superseded by spirit healing. As long as we have physical bodies, medical treatment will be necessary to repair them when they run down. But there are instances when medicine falls short of what is

¹⁹² Newbolt, *Healing*, p. 72.

¹⁹³ He suggests hunger, a diseased tooth and long fingernails as examples of maladies requiring purely physical remedies. Anson, *Spiritual Healing*, p. 4; letter from Harold Anson, *The Times*, 24 September 1923, p. 8, column d.

¹⁹⁴ Anson, *Spiritual Healing*, pp. 12-13. The italics are his.

¹⁹⁵ Thus in 1911 the Reverend F.W. Boyd, a Warden of the Guild, told a sub-committee of the British Medical Association that he could 'think of nothing more foolish than to create a conflict between one set of God's gifts and another'. The Reverend Samuel McComb summarised the conciliatory attitude of the Anglican Church towards orthodox medicine in 1921 when he declared that the Church could not 'commit itself to any practice that conflict[ed] with the established conclusions of medical knowledge'. Quoted in 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *BMJ Supplement*, 15 July 1911, p. 130; McComb, 'Spiritual Healing and the Church', p. 674. See chapter four of this thesis for more details.

required. It is then that spirit healing, with its much greater reserves to draw on, can sometimes play an astonishing part.¹⁹⁶

Spiritual healing was often described as being more potent or more efficient than physical medicine but very rarely as its replacement, perhaps because the medical profession proved swift to publicise cases where patients had died as a result of a dependence upon spiritual treatment.¹⁹⁷ To some extent the reluctance of spiritual healers to attack orthodox medicine appears to have become more marked over time. Mid-twentieth century healers, as will be demonstrated in chapter seven, were certainly not generally any more willing than their predecessors to subordinate themselves or their philosophies to orthodox medicine, but they were somewhat less likely than some late-nineteenth and even early-twentieth century healers to openly denounce it. This suggests that an anti-medical stance became increasingly more dangerous and difficult to sustain in an age of increasing scientific ascendancy.¹⁹⁸

The limitations of the antagonism of Spiritualist healers, and particularly mid-twentieth century Spiritualist healers, towards orthodox medicine are very plainly demonstrated by the fact that their spirit guides had often been doctors in their earthly lives. They thus did conceptualise themselves as utilising orthodox medical knowledge within their healing, even if they themselves did not wield it.¹⁹⁹ Ancient Egyptian priest-healers and Native American Indian healers also

¹⁹⁶ Estelle Roberts, *Forty Years a Medium* (London: Herbert Jenkins, 1959), p. 46.

¹⁹⁷ See pp. 78-79 of this thesis for the example of the 1910 case study published in the *BMJ*. Accounts such as these peppered medical publications throughout the period 1870 to 1955, and were commonly used by doctors to demonstrate the danger of a solely spiritual approach to medicine. Attacks on Christian Science with its outright repudiation of orthodox medicine were particularly vehement.

¹⁹⁸ Historian Peter Bowler argues that by the late 1930s the early-twentieth century spirit of reconciliation between science and religion was to a large extent a thing of the past and that after this time the scientific worldview largely dominated thought. Bowler, *Reconciling Science and Religion*, p. 190. See also Bowler, 'Evolution and the Eucharist'.

¹⁹⁹ Most Spiritualist healers merely claimed, like Estelle Roberts, that their guides had 'extraordinary knowledge of all medical matters' which contributed to their ability to diagnose

proliferated amongst these healing spirits, but Harry Edwards claimed in 1945 that in most cases European doctors always predominated.²⁰⁰ Dr Lascelles, the spirit guide of medium Charles Adam Simpson, believed that doctors made particularly good guides because they had often already learned in their earthly lives 'the meaning of sacrifice, service [and] love', and thus knew 'more about the Kingdom of Heaven ... than the average business man'.²⁰¹ Amongst those professed to be helping from 'the other side' were included famous names such as Dr John Hunter, Dr Anton Mesmer and surgeon Joseph Lister, as well as the more obscure. Healer William Lilley's principal guide, for example, was a British-qualified Indian doctor named Dr Letari who had only died in 1914, but he also had many other medical 'helpers', including Dr Cerise in charge of chromotherapy and Dr Moy in charge of pathology, both of whom had been dead for around 250 years, and Dr Turner in charge of obstetrics and gynaecology, who had apparently been practising in London in the late-nineteenth century.²⁰² Medium Estelle Roberts was even able to claim the support of the family of one of her healing spirit guides, the doctor Sir Morrell Mackenzie. While his grandson had at first been 'bubbling over with indignation' at Mackenzie's name being used by Roberts, she was able to convince him of her veracity and the two subsequently 'formed a friendship that persisted until his death'.²⁰³ It could

and heal. However, William Lilley and his fellow healers, significantly but somewhat unusually, did actually claim to wield orthodox medical knowledge themselves, and to this end were instructed by their spirit guides in the 'whole gamut of medical' knowledge. See pp. 45-46 of this thesis. Desmond, *The Gift of Healing*, p. 12; Roberts, *Forty Years a Medium*, p. 46.

²⁰⁰ Edwards, *The Science of Spirit Healing*, p. 27. This does not always seem to have been the case, but was particularly true of later, more professional, male healers such as William Lilley, Harry Edwards and Edward Fricker.

²⁰¹ Barrett, *Beyond*, p. 68.

²⁰² Desmond, *The Gift of Healing*, pp. 61 & 66. Significantly, most Spiritualist healers combined these medicalised spirit guides with others who more clearly recalled spiritual healing's deep-seated association with religious antiquity. Senior and 'most scholarly' of all William Lilley's guides, for example, was 'The Ramesôye', an Ancient Egyptian priest-healer born in 192 BC.

²⁰³ Roberts, *Forty Years a Medium*, p. 40.

therefore be argued that Spiritualist healers did in some ways subordinate themselves to orthodox medicine. It was just that the doctors whose instructions they so carefully observed were dead rather than alive, and the establishment approval they sought was from the spirit world.²⁰⁴ Certainly their almost perpetual use of medicalised spirit guides implies some measure of respect for orthodox medicine, or at least some awareness that medical authority, even if it were from the spiritual plane, conferred a sense of legitimacy and respect.

The gulf between spiritual healing and orthodox medicine within spiritual healing philosophies in the late nineteenth and early to mid-twentieth centuries was thus not so vast as might be assumed at first glance. Clearly apparent within most spiritual healing treatises was the idea that all medicine - orthodox, physical, psychological, alternative - was spiritual and therefore part of the same fundamental whole. This, at least in the early-twentieth century, can be linked with wider religious reconciliatory attempts which constructed science as a part of God's handiwork rather than as in opposition to it.²⁰⁵ William Lilley, for example, believed that any form of healing which helped to 'take away from man disease and suffering and despair, and place him on the earth whole' was by its very nature spiritual.²⁰⁶ In the same way that spiritual healers commonly conceptualised physical illness as being essentially spiritual in origin, so they were able to conceptualise physical treatments as also being inherently spiritual whether or not this was realised by those who practised them. The Reverend

²⁰⁴ Of course it could also be argued that Spiritualist healers use of doctors as spirit guides was a rather ironic answer by Spiritualists to the criticisms of professional medicine - as if in death these scientific men might finally have repented of their earthly censure. However, healers never particularly emphasised this point

²⁰⁵ Bowler, *Reconciling Science and Religion*, pp. 12-13.

²⁰⁶ Lilley thus refused to dismiss any physical therapy that he found efficacious. His range of therapeutic techniques will be examined in more detail in the next chapter of this thesis. Desmond, *The Gift of Healing*, p. 42.

M. R. Newbolt, for example, wrote in 1924 that orthodox medicine and spiritual healing were ultimately both 'methods of releasing the healing power of Christ'.²⁰⁷ He thus did not think that there was any particular opposition between them, rather that they were simply differing explanations of the same effect. Theosophist Eliza Gardner similarly argued that even within orthodox medicine 'it [was] nature that really heal[ed] and not serums or medicine, however much [doctors] may believe them to have helped in the process'.²⁰⁸ It was this conviction that caused the 1924 Anglican Lambeth Conference committee to define true spiritual healing as any form of healing which was performed or undertaken 'in reliance upon God',²⁰⁹ a nebulous statement whose broadness the *BMJ* did not find very helpful.²¹⁰ Even some medical men at this time accepted the idea of a *vis naturae medicatrix* which underlay all healing,²¹¹ although as will be seen in chapter six this idea was too inherently mystical for most medical men to be at all comfortable with it.

Within spiritual healing then, spiritual and orthodox medicine were not generally considered mutually exclusive, except by an extreme few. Spiritual conceptualisations of illness and healing may have been largely in opposition to orthodox medical conceptualisations, but they certainly did not necessarily discount their practical value. The spiritual solace and spiritual effect aimed at

²⁰⁷ Newbolt, *Healing*, pp. 72-73.

²⁰⁸ Gardner, *Healing Methods Old and New*, p. 13

²⁰⁹ *The Ministry of Healing*, p. 10. The Committee did acknowledge that the popular meaning of the term was often largely confined to devotional methods of healing, but they felt this to be 'inaccurate'.

²¹⁰ 'This definition of spiritual healing, however true it may be, is perhaps not at the moment very helpful, for the popular use of the term has become so firmly fixed in consequence of the activities of sundry "healers" that the attempt to alter its meaning in the midst of widespread discussion may cloud the issue.' 'Spiritual Healing in the English Church', *BMJ*, 19 January 1924, p. 120.

²¹¹ Psychologists J.A. Hadfield and Dr Leonard Browne, for example, believed that all healing worked through the 'liberat[ion] of certain curative forces, call them the *vis naturae medicatrix*, instinctive emotional forces, or spiritual forces, which are alone the agents of healing'. J. A. Hadfield & Leonard F. Browne, 'The Psychology of Spiritual Healing' in O. Hardman (ed.), *Psychology and the Church* (London: Macmillan, 1925), p. 255.

by healers did not of necessity impinge directly on the sphere of the medical doctor, which allowed for some measure of co-existence between the two, particularly in the early-twentieth century. Within the Anglican Church in particular this conciliatory attitude can be read at least in part as a plea for unity and medical acceptance. The American vicar Samuel McComb wrote in 1921 in the English *Contemporary Review*, for example:

[W]hat mighty results would accrue ... if only we could bring into hearty alliance medical skill, the magnetic power of personal sympathy and deep religious faith ... and unit[e] the two noblest of all professions.²¹²

Although an analogous attitude towards the spirituality of all medicine can also be found in the work of most non-Anglican healers, they were somewhat less likely to use it in such a placatory way. Spiritual philosophies which acknowledged the importance of orthodox medicine may appear essentially unificatory in nature, but they commonly subordinated the physical to the spiritual and this was to continue to make doctors roundly uneasy throughout the period under consideration. For instance, in 1910 healer James Moore Hickson called for 'co-operation between those ... attacking [illness] from the physical side and those who [were] attacking [it] on the spiritual side'. Religion and science, he exclaimed, 'should be united in their efforts to overcome and root out disease and infirmity from mankind'. But in the same breath he reminded doctors that 'the greatest factor in healing is the spiritual because it is a spiritual force alone which can touch the *cause* of any trouble or derangement of body or

²¹² McComb, 'Spiritual Healing and the Church', p. 676. By the phrase 'the two noblest of all professions' McComb of course meant medicine and the Church.

mind'.²¹³ The function of science, Hickson believed, was to help people 'see the things God had created' thus effectively subordinating it to religion.²¹⁴

Assertions of superiority abounded within internal conceptualisations of spiritual healing throughout the late-nineteenth and early-to mid-twentieth centuries. Sometimes these assertions were actively hostile to scientific medicine, but more often they were simply dismissive of its healthcare monopoly. Healers' conceptualisations thus generally allowed for co-existence with orthodox medicine but, Christian healers to some extent excepted, were very far from advocating or accepting any form of medical subordination. Most spiritual philosophies of healing at their core did not require either scientific legitimacy or the incorporation of orthodox medicine, although healers rarely rejected orthodox practice outright. Christopher Woodard, who was himself both a doctor and a spiritual healer in the 1940s and 1950s, summarised this attitude when he wrote:

[T]here are millions of human beings on this planet who require the surgeon's knife or the physician's pill, the psychologist's analysis or the specialist's diet, but once the spirit of the True Healing Christ has been revealed, all these things seem incomplete alongside it.²¹⁵

The simplicity and almost limitless power claimed by healers inevitably devalued orthodox medicine within spiritual philosophy. This helps to explain why doctors remained generally suspicious and even antagonistic towards spiritual healing in spite of their genuine interest in the subject during the first half of the twentieth century. As will be seen in the second half of this thesis, the

²¹³ James Moore Hickson, *The Revival of the Gifts of Healing - Some of the Practical Difficulties Which Hinder the Revival of Spiritual Healing: An Address Given by Mr J. M. Hickson at the Conference Held at Kensington Town Hall on 4 July 1910* (London: The Healer Press, 1910), p. 29. The italics are his.

²¹⁴ Report of a healing church service given by James Moore Hickson in Paddington in 1924. *The Times*, 17 October, 1924, p. 11, column d.

²¹⁵ Woodard, *A Doctor Heals by Faith*, pp. 72-73.

intersection of spiritual healing and new psychology in the early-twentieth century did invoke a partial reconciliation between scientific and spiritual conceptualisations of health and healing. However, ultimately the narratives surrounding spiritual healing only served to highlight the fundamental incompatibility of the religious and scientific worldviews.

Chapter Two

‘Allowing the Spirit Forces to Do The[ir] Work’¹: The Therapeutics of Spiritual Healing

There were two principal therapeutic techniques utilised by spiritual healers during the late-nineteenth and early- to mid-twentieth centuries - touch and prayer. Both were traditional religious methods of healing dating back to early Christianity and before, and they altered little during the chronological period under consideration here. These techniques were often conceptualised in different ways depending on healers' spiritual philosophies, Christian prayer was for Christian Scientists right thought and for Spiritualist healers absent healing for example, but the actual therapeutic techniques themselves were fundamentally almost analogous in each case. It should be noted that many of these spiritual techniques had their more immediate background in eighteenth and nineteenth century mesmeric healing, described by Alison Winter as 'pervasive in Victorian society'.² The creation of the eighteenth-century physician Franz Anton Mesmer,³ mesmerism by the nineteenth century incorporated many different techniques and was used in different ways by different people, but predominately involved the often theatrical demonstration of the mesmeric practitioner's power over another's mind or body. Modern historical scholarship on mesmerism makes clear its important impact on

¹ Harry Edwards, *The Science of Spirit Healing* (London: Rider, 1945), p. 81.

² Alison Winter, *Mesmerized: Powers of Mind in Victorian Britain* (Chicago: University of Chicago Press, 1998), p. 5.

³ Mesmer's theory of animal magnetism theorised that there was a magnetic fluid existing in and connecting all objects in the universe, and that its free flow through the body influenced health. Mesmer and his adherents used touch and mesmeric passes to redistribute this flow properly in the bodies of the sick. See Robert Danton's seminal work *Mesmerism and the End of the Enlightenment in France* (London: Harvard University Press, 1968) for analysis of Mesmer's theories.

contemporary medical psychology,⁴ and in many ways much twentieth-century spiritual healing can be seen as an extension and perhaps an echo of this nineteenth-century vogue.⁵

As with healers' conceptualisations of healing, delineated in the previous chapter, spiritual techniques were generally simple and gentle, and were constructed this way often in opposition to the perceived painful interventionist methods of orthodox medicine. 'No spiritual healing can ever be accomplished by the use of "force"', wrote Spiritualist healer Harry Edwards in 1953 for example, 'that is the crude method of medical practice'.⁶ This chapter will examine in detail the actual therapeutics of diagnosis and cure within spiritual healing and will consider how these methods were explained and understood by healers themselves. It will also analyse the use and prominence of scientific legitimacy in spiritual philosophies of healing. Often, as will become clear, physical touch was of paramount importance within spiritual healing therapeutics, both as a healing method itself and as a philosophical explanation of the way in which spiritual power was able to impact on the physical body. Even in prayer and absent healing the idea of touch was often important in conceptualising how healing was given and received, just as it was in wider religious thought as an explanation of the way the spiritual world (or God) was able to effect the physical world. This perhaps suggests some measure of religious acceptance of the increasing scientific primacy of the physical. Significantly, many spiritual healers attempted to claim some kind of scientific legitimacy during this period - Christian Science did so by its very title for

⁴ See in particular Adam Crabtree, *From Mesmer to Freud: Magnetic Sleep and the Roots of Psychological Healing* (London: Yale University Press, 1993) and Winter, *Mesmerized*.

⁵ See Alex Owen, *The Darkened Room: Women, Power and Spiritualism in Late Victorian England* (London: Virago, 1989).

⁶ Harry Edwards, *The Evidence for Spiritual Healing* (London: Spiritualist Press, 1953), p. 123.

instance - but usually this was done without any serious involvement with intellectual scientific thought. The claim of scientific legitimacy was apparently more important than the fact, demonstrating that while healers did not generally construct their healing philosophies explicitly in opposition to scientific knowledge they nevertheless remained predominately unwilling to subordinate themselves to scientific judgement and rationalisation.

Before going any further however, it is perhaps important first to consider briefly the way in which spiritual healing texts were constructed. Healers' published accounts form the major part of the source base for the first half of this thesis. Interestingly, these texts often followed an essentially similar pattern, in which descriptions of the actual therapeutic techniques used were neglected in favour of a defence of spiritual philosophies of healing and claims to religious and historical legitimacy. Explaining the way in which spiritual healing was conducted was apparently much less important to most healers than defending its efficacy and importance. Methodist minister Leslie Weatherhead's *Psychology, Religion and Healing* (1951)⁷ is perhaps the most well-known and the most erudite of all the spiritual healing texts discussed in this thesis. It is therefore significant that the book's structure so closely echoed both many of the texts that had preceded it and many of those that were to follow it. *Psychology, Religion and Healing* begins with some, relatively brief, discussion of the ancient correlation of religion and medicine and quickly moves on to analyse at length the importance of healing within the early Christian church and the healing miracles performed by Jesus. There is then some discussion of the history of mesmerism and hypnotism, after which Weatherhead outlines modern religious

⁷ Leslie Weatherhead, *Psychology, Religion and Healing*, 2nd edition (London: Hodder & Stoughton, 1952, 1st published 1951).

healing in its many various different guises including analysis of the Lourdes healing shrine, Christian Science, healing within the Christian churches, and Spiritualistic or psychic healing. The second half of the book is dedicated to a detailed discussion of new psychology and a justification of the importance of religion and spirituality within all psychological healing. There are brief sections in the first half of the book on the laying-on of hands and the practice of intercession (prayer), but these form only a very small part of the whole and consider more carefully the value of such methods than the way in which they worked.⁸ Weatherhead himself noted in his section on the laying-on of hands that his primary aim was to consider whether the practice should be commended or 'relegated to the dustbin of outworn magic and effete superstition'. He was far more interested in its scriptural authority than in the therapeutic process itself.⁹ *Psychology, Religion and Healing* is undoubtedly a far more comprehensive and scholarly work than most of the spiritual healing texts under discussion here, but the way in which the book was structured, particularly in the first half,¹⁰ was very commonly echoed. Similar configurations can be found in the work of, among many others, Harold Anson, W. F. Cobb, George Gordon Dawson, Percy Dearmer, Reginald Lester, Morris Maddocks, M. R. Newbolt and Charles Spencer.¹¹ Even those who did not organise their work quite so logically still generally emphasised principally the same self-justificatory subject matter as Weatherhead.

⁸ Weatherhead's book is 495 pages long without appendices. Nine pages are dedicated to the laying-on of hands and fifteen pages to the practice of intercession.

⁹ Weatherhead, *Psychology, Religion and Healing*, p. 137.

¹⁰ Most spiritual healers, even those working within the orthodox Christian churches, did not engage quite so thoroughly with the theories of new psychology as Weatherhead was able to. Weatherhead was awarded a PhD from the University of London for his work.

¹¹ Many of these healers pre-dated Weatherhead so this is not to argue that his work affected them on any level. See the bibliography for the titles and dates of the spiritual healing texts published by these healers.

This was in part a difference between religiously orthodox and religiously unorthodox healers. Of the above abbreviated list only Lester and Spencer were not writing from within the confines of orthodox Christianity - most of the others were Christian clergymen by profession. Spiritual healing within twentieth-century Christianity was, as will be demonstrated in detail in chapter four, often principally a matter more of philosophy than practicality. This distinction was not by any means universal, and there are many instances on record of Christian healers holding very public active healing services. However, Christian healers acting specifically with the support of their church authorities remained much more likely to emphasise merely the need for a consideration of spirituality within medicine than to claim phenomenal healing powers for themselves. For example, Harold Anson, the chairman of the Anglican Guild of Health, in 1938 expressly acknowledged that his Guild had 'laid no stress upon healing as a sacerdotal endowment'. It had aimed rather, he wrote, to encourage the 'co-operation of religion, medicine and psychology' in matters of health.¹² Anson himself claimed strictly to treat only 'the religious and mental side' of illness¹³ and conceptualised his healing mission more in terms of religious instruction than alternative medicine:

I felt it was well worth giving up a parish, and, in all probability, what is called preferment, to be able to talk to people all over the country about God, which was what I understood by the Guild of Health teaching; but when it came to talking about rheumatism and how to cure it, or discussing whether I had a "gift of healing" in my finger-tips, it bored me.¹⁴

¹² Harold Anson, *Looking Forward* (London: The Religious Book Club, c.1938), p. 207.

¹³ *The Times*, 8 May 1924, p. 9, column e. The newspaper was reporting on a spiritual healing clinic opened by Anson at St. Martin-in-the-Fields. If his patients had not been examined by a medical practitioner when they arrived at his clinic he immediately referred them to a lady doctor 'who was willing to pass them on for any special physical help they might need'.

¹⁴ Anson wrote this after he had retired from Guild of Health work in his autobiography. Anson, *Looking Forward*, p. 209.

Anson was careful to minimise sensationalism in every way and refused to openly publicise his services or claim any practical effect for his patients beyond simple 'spiritual help'.¹⁵ Like many orthodox Christian healers he was to a large extent content to leave the rationalisations of his work to medical science. Revealingly, the Anglican Church's ministry of healing in the early-twentieth century was in later years accused by its internal critics of having been conducted for too long at 'too academic a level'.¹⁶

Religiously less orthodox healers were generally much more willing both to claim specific and often dramatic physical effects for their healings and to offer some description of their therapeutics. Of necessity therefore, this chapter will concentrate rather more on how the therapeutics of spiritual healing were conceptualised by the religiously unorthodox and more radical Christian healers, although a comparative and incorporative approach will continue to be taken wherever possible.¹⁷ Significantly, however, even healers working outside the orthodox Christian churches often spent considerably more time justifying and defending their philosophies than they did in explicating their methods. A very common approach amongst these healers was to publish numerous brief case studies that often claimed dramatic effect, but provided few practical details. A typical such case study, for example, reads:

Boy with Bright's disease. Suffering over a period of six months. Had been ill practically since birth. Healing was given and he was cured in three weeks. Had been under the

¹⁵ *The Times*, 8 May 1924, p. 9, column e. The fact that his healing mission was reported in *The Times* demonstrates some measure of publicity, but Anson's recorded comments are decidedly conservative.

¹⁶ 'Priest-Doctor', *Christus Integritas: A Plea for Christian Healing* (London: Society for Promoting Christian Knowledge, 1947), p. 13.

¹⁷ The spiritual healing that took place strictly within the confines of the Christian churches and its theoretical and therapeutic connections to medicalised new psychology will be explored in detail in chapters four and six of this thesis.

attention of two specialists, who pronounced him incurable and had only a few weeks to live.

The boy is now perfectly well.¹⁸

Here the healer (in this case Spiritualist William Lilley) was apparently more anxious to demonstrate the superiority of spiritual healing to orthodox medicine than to clarify exactly what he had done and why. This approach was far more explicitly self-promotional than that of the moderate Christian clergymen-healers considered above, but still prioritised self-justification far above explanation. As a methodology it was common amongst both Spiritualist healers, including Harry Edwards, Edward Fricker, William Lilley and Edward Montagu, and more radical Christian healers such as James Moore Hickson and Christopher Woodard.¹⁹ The *Christian Science Journal* was also renowned for its frequent publication of extraordinary and dramatic unsubstantiated case studies, so much so that the *BMJ* in 1910 were moved to describe Christian Science as a faith ‘with the least possible amount of works and the largest possible amount of words’.²⁰

Self-promoting self-justification was, notes historian Norman Gevitz, a very common approach within many unorthodox medical therapies in the nineteenth and twentieth centuries. Gevitz believes that these approaches were borne primarily of defensiveness brought about by the general suspicion and hostility of orthodox medical thought towards most alternative medicines, which

¹⁸ Arthur Keith Desmond, *The Gift of Healing: The Story of Lilley the Healer* (London: Psychic Press, 1943), p. 70. In his book Desmond includes two chapters on the ‘testimony of the healed’, which contain numerous similar case studies.

¹⁹ See the bibliography for the titles and dates of the spiritual healing texts published by these healers.

²⁰ ‘Mental Healing’, *BMJ*, 18 June 1910, p. 1494. Christian Scientists were slightly different to most other spiritual healers because they believed that there was no explanation for their cures beyond simple acceptance that physical suffering was not real. Their case studies thus overtly intended to demonstrate principally how powerful this idea could be rather than to unlock any therapeutic process behind their healings. See Rennie B. Schoepflin, *Christian Science on Trial: Religious Healing in America* (Baltimore: John Hopkins University Press, 2003).

is undoubtedly true at least in part of the spiritual healing texts discussed here.²¹ However, the non-explicatory approach of many spiritual healers during this period can also be seen partly as a fundamental unwillingness to unlock the sense of mysticality and wonder that was inherent within many spiritual philosophies of healing. Healer William Lilley, for example, explained the non-invasive surgical procedures he conducted through ectoplasmic intercession, but his biographer allowed only two brief pages for elucidation, concluding: 'Perhaps more important than either [the] source or composition [of spiritual treatment] is the fact that it heals: it cures.'²² As will become clear in chapter seven most religiously unorthodox healers had no real desire to scientifically rationalise or substantively prove their claims, in part perhaps because they could not, but probably more because such rationalisation would probably ultimately have proved detrimental to the popularity and efficacy of their healing. Emile Coué, the French apothecary of the New Nancy School famous for first propounding the use of conscious hypnotic suggestion, believed that when 'will and imagination [were] in conflict ... imagination [would] win'.²³ Healers by and large did not accept the mental suggestion explanation of spiritual healing, but nevertheless part of its *raison d'être* was undeniably that it offered hope to all and defied rigorous classification and quantification. This perhaps helps to explain why spiritual healing texts were generally rather lighter on detail than they were on philosophical fervour.

²¹ Norman Gevitz, 'Three Perspectives on Unorthodox Medicine' in Norman Gevitz (ed.), *Other Healers: Unorthodox Medicine in America* (Baltimore: John Hopkins University Press, 1990), p. 22.

²² Desmond, *The Gift of Healing*, p. 88.

²³ Quoted by Weatherhead, *Psychology, Religion and Healing*, p. 129.

Diagnosis

Like the specific delineation and explanation of therapeutic techniques, medical diagnosis was not generally accorded a great amount of space within most spiritual healing texts. Orthodox Christian healers were generally content to leave diagnosis to orthodox medical practitioners, and for many other spiritual healers diagnosis simply did not have the same significance that it did for doctors. As was demonstrated in the previous chapter spiritual healers commonly conceptualised illness as being indicative of a crisis within the whole person of a patient - body, mind, spirit and soul. Simple inclusive spiritual explanations of illness were given prominence, greatly diminishing the importance of the physical symptoms generated by the physical body. The specific illnesses delineated by the medical profession, which were based on physical symptoms, were therefore often somewhat irrelevant in many spiritual philosophies of healing. Christian-Spiritualist healer Margaret Frayling wrote in 1951, for example, that she found it was best to 'trouble less about the diagnosis and simply to "heal"'. This she did straightforwardly by 'visualising ... light and harmony in the place of dark and disease in [the] human body'. In this way, her techniques required absolutely no medical understanding or even awareness of the specific illness that was being treated.²⁴ As healers treated a very wide variety of medical complaints using the same techniques, diagnosis lacked the fundamental importance to them that it had long held in orthodox medicine.

However, it could be argued that diagnosis was often not actually as unimportant in spiritual healing practice as it perhaps should have been considering spiritual philosophies habitually reduced all illness to a single

²⁴ Margaret Frayling, *The Quest for Spiritual Healing* (London: Rider, 1951), p. 34.

incorporative spiritual explanation. Not all healers were as completely dismissive of the importance of diagnosis as Margaret Frayling was, particularly during the later period under discussion. Spiritualist William Lilley's biographer, for example, in 1943 actually went so far as to describe it as 'the bed-rock of Lilley's work', although his case studies do not particularly substantiate this claim.²⁵ The most common method of spiritual diagnosis amongst religiously unorthodox healers - and it was almost exclusively the more religiously unorthodox that attempted diagnosis - was auric observation. A person's aura, or etheric body, was often conceptualised within spiritual philosophy as being visible in terms of colour to those capable of psychic perception.²⁶ Medium Eileen Garrett described the aura as 'a kind of mist, with the appearance of having picked up colours from the sunlight'.²⁷ In auric diagnosis both the colour and consistency of the aura were commonly believed to be indicators of a person's health. Generally-speaking, patches of darkness or a broad darkening of colour were thought to signify illness, localised in the first case and more generalised in the second.

Perhaps the most comprehensive explanation of auric colour was given by Spiritualist Reginald Lester in 1956. Lester believed that auric observation could provide details about the mental attitudes, personal history, and even the future life of the patient, as well as about their state of health. For him the physical aura was only one of six detailed auric layers:

²⁵ Desmond, *The Gift of Healing*, p. 89.

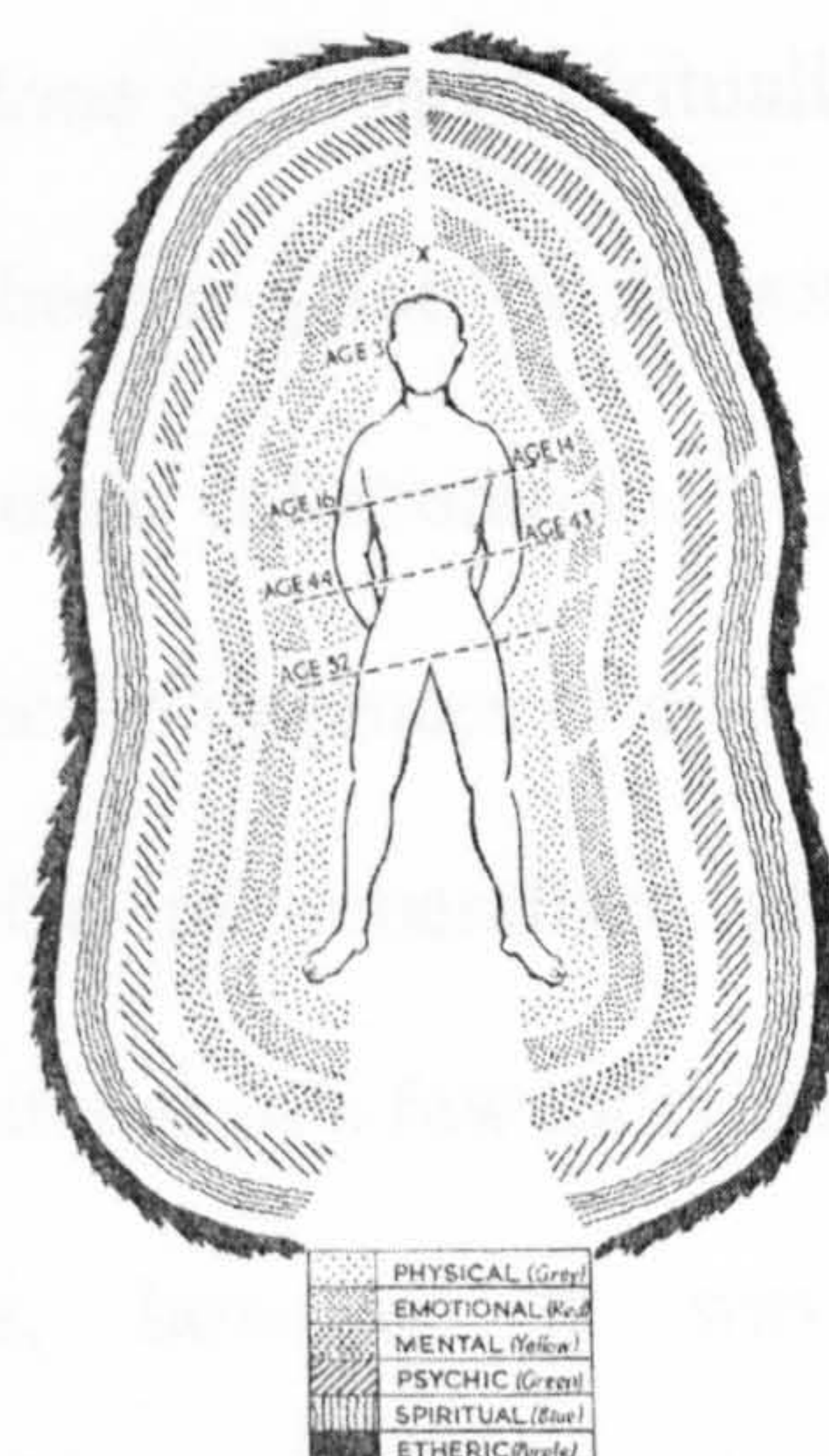
²⁶ Modern spiritual theory constructed the aura as a coloured emanation, breath or radiation visible only to the clairvoyant. It was thought to provide an important and reliable indicator as to a person's physical and emotional wellbeing. The history of the term dates far back and the concept of the aura was also important within ancient tribal and mystical medicine. See Geoffrey K. Nelson, *Spiritualism and Society* (London: Routledge & Kegan Paul, 1969)

²⁷ Eileen J. Garrett, *Life is the Healer* (Philadelphia: Dorrance & Company, 1957), p. 122.

The greyish-white mist that is nearest to our body shows our physical emanation and the magnetic forces on which our physical body is operating. The red emotional aura is linked with all the turbulent parts of our make-up. ... The yellow aura - the mental - is the body of the mind. It varies in shade very much; if the intellect is directed into selfish or other undesirable channels it shows a dull tint. On the other hand, if it is centred on unselfish and high objects, it becomes a brilliantly clear primrose yellow or golden. The green is the aura of our astral body, and is concerned with our intuition. ... The furthest aura from the body is the blue of the spiritual. Here again the shade varies considerably, as would be expected. The lighter the blue the more spiritual the person. The very high spiritual personality shows a bright lilac-blue or ultramarine, but unfortunately is rare at the present day. ... On the outside, surrounding all the other auras, is the purple, which gives us protection during our earthly life. If that purple is very broken or weak, the protection is not good, and such people may be very accident prone.

Lester, a dedicated Spiritualist and an advocate of spiritual healing, was however not himself a spiritual healer. He had had his own aura sketched using the above model by Spiritualist healer Ronald Beesley in the 1950s (see Figure 1) and had found it remarkably accurate on all counts, from the identification of a bicycle accident at the age of fourteen to the death of his wife at the age of fifty-two.²⁸ Auric observations, like spiritual conceptualisations of illness, were thus often based on a consideration of the whole person and the whole life of the subject. This was useful within spiritual healing because, as was discussed in detail in the previous chapter, factors such as thoughts, experiences, habits and spiritual orientation were commonly believed to have at least as much an effect on physical health as accident and contagion.

²⁸ Reginald M. Lester, *Towards the Hereafter: with a Special Enquiry into Spiritual Healing* (London: Harrap, 1956), p. 40. See also Ursula Roberts, *The Mystery of the Human Aura* (London: Rider, 1950) for a similar incorporative account of the nature and functions of the aura.



CHARTS SHOWING RADIATIONS OF AUTHOR'S VISIBLE AND INVISIBLE
BODIES
(See pp. 41-44)

Figure 1: Spiritualist Reginald Lester's Auric Chart²⁹

Interestingly, despite healers' common rejection of orthodox medicine's symptomatic and body part diagnoses,³⁰ detailed spiritual diagnosis did itself sometimes partition the physical body in this same way. William Lilley's biographer, for example, explained Lilley's form of auric colour diagnosis in terms of opposing colour pairs that differed for each individual organ:

A fit stomach shows itself as rose pink; unfit, light yellow. Lungs in health reflect a peacock blue in the aura; in disease, white. A good liver is apple green; "liverish" he's merely a pale buff. There are forty-six of these health and disease "pairs", one for every main compartment of the male and female frame.³¹

One of the probable reasons for this slight incorporation of more orthodox modes of thought within some instances of spiritual diagnosis was that, into the mid-twentieth century especially, there were various cases of religiously unorthodox healers co-operating with individual doctors in diagnostics. Lilley's biographer

²⁹ibid, p. 147.

³⁰ See pp. 66 & 76-78 of this thesis.

³¹ Desmond, *The Gift of Healing*, p. 90.

claimed that Lilley had done so,³² and Spiritualist medium and healer Geraldine Cummings even published a joint book with a Dr R. Connell in 1945 documenting their diagnostic collaboration.³³ As will become clear in chapter seven however, these specific instances of co-operation did not so much indicate a trend towards any kind of generalised philosophical convergence as the distinctive responsive attitudes of a few individual doctors in this later period.

Auric diagnosis, however it was conceived, was principally conceptualised by spiritual healers as a way of circumventing the complexity and imprecision of orthodox medical diagnosis. It enabled healers to perceive the inside of their patients' bodies directly, without reference to ambiguous external physical symptoms. It was thus often conceptualised once more in terms of superiority; mediumistic healer Eileen Garrett, for example, wrote that, unlike the diagnoses of orthodox medicine, auric diagnosis was 'infallible'.³⁴ Significantly, as historian Alex Owen has pointed out, mesmeric diagnosis during the eighteenth and nineteenth centuries had similarly been based on healers' ability to view the patient's internal body directly through a kind of clairvoyant visualisation process. Owen has argued that mesmeric precedent in this way provided spiritual healing with much of its 'terminology and categories of thought'.³⁵ However, unlike mesmeric healers, most spiritual healers who practised auric diagnosis did not generally claim to be able to visualise and

³² *ibid*, pp. 99-100. Desmond claims that Lilley had aided 'a dozen medical men' in 'a recent six months' in this way.

³³ R. Connell & Geraldine Cummins, *Perceptive Healing* (London: Rider, 1945). However, significantly Cummins helped Connell almost exclusively in terms of psychiatric illness by clairvoyantly diagnosing the origins of patients' neuroses. The diagnostic collaboration of individual spiritual healers and doctors in the mid-twentieth century will be examined in more detail in chapter seven of this thesis.

³⁴ Garrett, *Life is the Healer*, p. 125.

³⁵ Owen, *The Darkened Room*, p. 109. Mesmeric diagnosis was performed without the medium of the aura. See also Frank A. Pattie, *Mesmer and Animal Magnetism: A Chapter in the History of Medicine* (New York: Edmonston Publishing, 1994).

understand the inner bodies of their patients themselves. Certainly some did, for healer Eileen Garrett, for example, auric observation was a conscious form of second-sight. 'Not all have been able to see [the aura]', she wrote denying its subjectivity, 'but it is *there*, just as any other part of us can be said to be "there"'. Significantly, she described it in very physical terms as a 'magnetic electrical field'.³⁶ Her claim to personal expertise, however, was comparatively unusual amongst Spiritualist healers who, as was explored in the previous chapter, were ever far more likely to conceptualise themselves as merely the instruments of the healing power than as its source. Thus it was Lilley's spirit guide Dr Letari who read patients' auras so 'unerringly' rather than Lilley himself.³⁷ Harry Edwards likewise wrote that he had 'purposely refrained from acquiring technical knowledge' himself for fear that it would 'sub-consciously interfere with the spirit diagnoses and subsequent treatments'.³⁸

It is worth noting briefly here that spiritual diagnosis also took place in various other ways, although auric observation seems to have been by far the most common method used in more religiously unorthodox spiritual healing. Clairvoyance and clairaudience were also used by some mediumistic healers.³⁹ Spiritual diagnostician Phoebe Bendit, for example, was, under recorded medical observation, able at a distance of some five or six feet to diagnose the dislocation of a small bone in the elbow of a patient through clairvoyance. She did not know the name of the bone but was able to describe it, and suggested to Dr Graham Howe in charge of the case that the patient would probably need to have it

³⁶ Garrett, *Life is the Healer*, pp. 120 & 122. The italics are hers.

³⁷ Desmond, *The Gift of Healing*, p. 90.

³⁸ Edwards, *The Science of Spirit Healing*, p. 65.

³⁹ Clairvoyant diagnosis was based on the accredited ability of the healer to be able to see directly inside the body of the patient through extrasensory perception. Clairvoyance had been in widespread use in this way since the time of Mesmer. See Winter, *Mesmerized*, pp. 122-125.

replaced. 'An x-ray the next morning confirmed this diagnosis.'⁴⁰ Unlike auric and clairaudient diagnosis, clairvoyant diagnosis was often, although not universally, conducted by the healer like mesmeric diagnosis without the necessary prerequisite of mediumistic intervention.

Importantly, what these methods of spiritual diagnosis had very much in common was their emphasis on the visual perception of the healer (or spirit guide) far above the narrative of the individual patient concerned. In fact, given the common claim by healers that theirs was a more individualistic and personal approach than orthodox medicine, religiously unorthodox spiritual healing actually allowed generally for surprisingly little patient-healer interaction. William Lilley's biographer Arthur Desmond proudly professed, for example, that 'the personal touch' was considered to be of paramount importance in Lilley's healing sanctuaries, but this avowal sat rather incongruously beside his extended account of how Lilley's spirit guide Dr Letari was able to diagnose and treat patients without ever meeting them, merely through a perusal of their name. This method of patient diagnosis took Lilley only twenty to thirty seconds to dictate under trance. At no point was the patient's own narrative even remotely taken into consideration:

The names and addresses of the inquirers were tabulated, and each allotted a serial number. ... The secretary called out the number, and the medium repeated from clairaudience the symbols apposite to that person's condition. The system was not only simple; it was found to be error-proof as well.⁴¹

⁴⁰ Laurence Bendit & Phoebe Bendit, *The Psychic Sense* (London: Faber & Faber, 1946), p. 7. The case was quoted in the preface to the book by L. A. G. Strong.

⁴¹ Desmond, *The Gift of Healing*, pp. 92 & 96. In order to make the process as swift as possible a system of diagnostic short-hand symbols were instituted by Lilley and Dr Letari. These were later expanded by Lilley's secretaries.

This type of simple impersonal diagnosis was echoed throughout the more religiously unorthodox, and in particular twentieth-century Spiritualist, spiritual healing texts. Healers who believed that auric and clairvoyant diagnosis could provide a precise map of the patient's history, health and personality at a single glance had no real practical need to listen to the patient's own lengthy and flawed account of their complaint.

Historian Roger Cooter has argued that many alternative medicines consciously harked back to a more interactive pre-‘clinical gaze’ form of patient relationships,⁴² but the fairly narrow form of spiritual healing discussed in this section seems to have been something of an exception here. In fact spiritual healers could at times be downright dictatorial in their attitude towards their patients. The radical Christian doctor-healer Christopher Woodard, for example, believed that by its very nature spiritual healing left far less room for doubt and discussion than orthodox medical practice. It was simpler, surer, and more trenchant. ‘I try to make [my patients] see that the relationship they have with me is not that of an ordinary patient with his doctor’, wrote Woodard in 1953.

I am being used as a means of bringing into their consciousness the true understanding of Divine Healing of this Christ who always makes one Whole. Therefore I am not saying things which can be argued about - I have been given instructions, and I am simply telling them what to do.⁴³

Woodard believed that his healing power came through him from God, and that as such it was both infallible and irrefutable. In this way, some forms of spiritual healing actually allowed far less scope for patient narratives than did their counterparts within orthodox medicine. Mid-twentieth-century Spiritualist healer

⁴² Roger Cooter, ‘Alternative Medicine, Alternative Cosmology’ in Roger Cooter, *Studies in the History of Alternative Medicine* (London: Macmillan, 1988), p. 63.

⁴³ Christopher Woodard, *A Doctor Heals by Faith* (London; Max Parrish, 1953), p. 105.

Reginald Beesley conceptualised himself as a psychotherapist. However, what differentiated his form of Spiritualist psychotherapy from medical psychotherapy was that he believed he could observe swiftly and reliably in the patient's aura their whole life history and so could move directly to the heart of the matter without the need for lengthy interactive exploration. He informed his patients of their personality traits and life experiences quite without their verbal input.⁴⁴

Considering that spiritual healers frequently conceptualised themselves in opposition to doctors' supposed objectification of their patients and elevation of the cold inflexibility of science over emotion and sympathy,⁴⁵ these examples demonstrate a very interesting paradoxicality of attitude, in practice if not always in philosophy. The more radical religious worldviews of the twentieth century were thus able to be dogmatic while at the same time criticising the scientific worldview for its dogmatism without acknowledging any inconsistency, demonstrating perhaps a growing incompatibility of approach into the later period under discussion here.⁴⁶ However, as will be seen in chapter four, spiritual healing conducted specifically within the orthodox churches was a rather different and more moderate prospect altogether. Through their open acceptance of many of the theories of new psychology, orthodox religious healers often did allow a significant, and in fact in some ways paramount, role

⁴⁴ Lester, *Towards the Hereafter*, pp. 36 & 41-44. See above (pp. 104-106 of this thesis) for details of Beesley's auric depiction of Lester.

⁴⁵ See chapter one of this thesis.

⁴⁶ Many religious historians have argued that the pessimism of the 1930s re-awakened interest in the supernatural and began to encourage religious-scientific opposition over the religious-scientific reconciliation of the early-twentieth century. During the 1930s and 1940s, writes historian Peter Bowler for example, 'it was only by looking outside the material universe that there seemed to be any hope of retaining meaning in life at all'. Peter J. Bowler, *Reconciling Science and Religion: The Debate in Early Twentieth-Century Britain* (Chicago: University of Chicago Press, 2001), p. 203. See also Callum Brown, *The Death of Christian Britain: Understanding Secularisation 1800-2000* (London: Routledge, 2001); Adrian Hastings, *A History of English Christianity 1920-1990* (London: Collins, 1986) and Jenny Hazelgrove, *Spiritualism and British Society Between the Wars* (Manchester: Manchester University Press, 2000).

for the patient's narrative within their form of spiritual healing. The different approaches of spiritual healers are in this way demonstrative of a spectrum of different attitudes towards both medicine and scientific-religious opposition.

Healing Through Touch

Although spiritual diagnosis, where it was attempted, was principally accomplished through sight - albeit clairvoyant sight - in spiritual philosophies of healing and also in spiritual philosophy more generally it was the sense of touch that was commonly accorded paramount importance. As will become clear during the remainder of this chapter, within spiritual healing literature throughout the period under consideration physical touch was conceptualised as being valuable both on a practical level and, perhaps more importantly, as a philosophical conception of the link between the spiritual and physical worlds. That spiritual healers so often felt it necessary to explain their healing in material idiom is important in terms of the philosophical reordering of the physical over the spiritual during the modern period,⁴⁷ and demonstrates some internal assimilation of the physical worldview within spiritual philosophy. Significantly, the primacy of physical touch within spiritual healing subverted both long-established models of sensory importance, which prioritised sight and denigrated touch, and increasing orthodox medical reliance on technological sensory replacements.⁴⁸ The cultural history of the senses is a subject that has

⁴⁷ See in particular Morris Berman, *Coming to Our Senses: Body and Spirit in the Hidden History of the West* (New York: Simon & Schuster, 1989) and Ruth Harris, *Lourdes: Body and Spirit in the Secular Age* (London: Allen Lane, 1999).

⁴⁸ See the articles in W. F. Bynum & Roy Porter (eds.), *Medicine and the Five Senses* (Cambridge: Cambridge University Press, 1993) for explorations of the cultural history of the senses in a medical context. For the use of technological sensory replacements in medicine see Stanley J. Reiser, 'Technology and the Use of the Senses in Twentieth-Century Medicine' in Bynum & Porter, *Medicine and the Five Senses*, pp. 262-273.

often been very much neglected by modern historians.⁴⁹ Traditionally sight has always been conceptualised as the most valuable of the senses, closely followed by hearing. Touch, although the most diverse sense, has also generally been judged the basest and most easily corruptible and therefore of the least worth. Historian Elizabeth Sears notes that mediaeval writers often considered it significant that the sensory organs of sight, hearing, smell and taste were located in the head, high up and close to the brain, whereas touch was distributed all over the body and symbolised by the more lowly hands.⁵⁰ In the same way surgery had always traditionally been regarded as a lower branch of medicine than physic, being the work of the hand as opposed to the head.⁵¹ Havelock Ellis was thus echoing both ancient and modern medical philosophers, including Aristotle and Galen, when he wrote of touch in 1926 as 'the least intellectual and the least aesthetic of all the senses'.⁵² The moral corruptibility inherent in conceptualisations of touch and the way in which modern spiritual healers circumvented this will be explored in the next chapter.

Within spiritual healing of almost all spiritual persuasions touch had always been, and in the modern period continued to be, probably the most prevalent therapeutic method. In the Gospel of St. Mark Jesus is recorded as having commanded his disciples to: 'Lay hands on the sick and they shall recover.'⁵³ The laying-on of hands subsequently remained important in most religious forms of healing, and its 'scriptural authority' was re-confirmed by

⁴⁹ The articles in Bynum & Porter provide the only contemporary historical mediation on this subject, and this is within a medical context.

⁵⁰ Elizabeth Sears, 'Sensory Perception and its Metaphors in the Time of Richard of Fournival' in Bynum & Porter, *Medicine and the Five Senses*, p. 25.

⁵¹ See Roy Porter, 'The Rise of Physical Examination' in Bynum & Porter, *Medicine and the Five Senses*, pp. 179-197.

⁵² Quoted by Sander Gilman, 'Touch, Sexuality and Disease' in Bynum & Porter, *Medicine and the Five Senses*, p. 216.

⁵³ Bible, St. Mark 16, v.18.

Anglican Church authorities in 1924.⁵⁴ The use of touch was imperative in the healing methods of many of those who preceded the modern spiritual healers discussed in this thesis. The celebrated seventeenth-century religious healer Valentine Greatrakes, for example, was renowned for his ability to cure the skin disease scrofula and various types of ague and pain through rubbing movements which earned him the nickname 'The Stroker'. A contemporary of Greatrakes, writing to the scientist Robert Boyle, described the 'violent friction' with which Greatrakes was able to 'restore the temperament of the debilitated parts, regenerate the blood, and dissipate the heterogeneous ferments out of the bodies of the diseases, by the eyes, nose, mouth and feet'.⁵⁵ The eighteenth-century physician Franz Anton Mesmer also emphasised the use of touch and stroking, conceptualising them as a fundamental part of the magnetising process in his controversial theory of animal magnetism. He began stroking his movements 'at the shoulders and stroked outward along the arms', causing the patient to 'experience sensations' indicating that 'something [was] flowing inside of him' and leading to the crisis, which in Mesmer's healing, preceded cure.⁵⁶

Spiritual healers in the late-nineteenth and twentieth centuries continued very commonly to practise the laying-on of hands in much the same way, although, as will be examined in the next section, by the mid-twentieth century the perceived importance of actual physical touch had perhaps waned slightly in some spiritual philosophies of healing. Touch within orthodox Christian healing

⁵⁴ *The Ministry of Healing: Report of the Committee Appointed in Accordance with Resolution 63 of the Lambeth Conference, 1920* (London: Society for Promoting Christian Knowledge, 1924), pp. 19-20.

⁵⁵ Letter from Stubble to Boyle, quoted by 'Literary Notes', *BMJ*, 31 December 1904, p. 1770. See also Barbara Beigun Kaplan, 'Greatrakes the Stroker: The Interpretations of His Contemporaries', *Isis*, Vol. 73, No. 2 (June 1982), pp. 178-185 and Nicholas H. Steneck, 'Greatrakes the Stroker: The Interpretation of Historians', *Isis*, Vol. 73, No. 2 (June 1982), pp. 160-177.

⁵⁶ Pattie, *Mesmer and Animal Magnetism*, pp. 71 & 92.

during the period under discussion consisted most often of a simple laying-on of hands, usually as an accompaniment to prayer. This consistent and straightforward therapeutic method was described by the Reverend Jim Wilson of the Guild of Health in 1946. 'I stand in front of the person who is kneeling and lay my right hand on the forepart of the head and my left on the back of the head', he wrote.

After a few moments, in which I try to realise that I am only the instrument by which our Lord is Himself laying-on his hands, I say, "Our Lord Jesus Christ who gave authority to His disciples that they should lay hands upon the sick that they might recover, have mercy upon you and strengthen you in spirit, soul and body, and give you faith in His power to heal. And by His authority committed unto me, I lay my hands upon you that you may recover your full health and strength, in the name of the Father and of the Son and of the Holy Ghost."⁵⁷

In Spiritualist and other less religiously orthodox healing touch was, in contrast, generally rather more active and intricate, often involving tapping or rubbing movements akin to those of Greatrakes and Mesmer. Medium Gladys Osbourne Leonard, for example, described how, under spirit control, she would 'knead the air' above the trouble and 'make curious little movements ... touching the place very lightly'.⁵⁸ Spiritualist healer Harry Edwards described feeling a 'vibratory power possessing his arm and fingers' that he would use to massage away swellings and restore movement to debilitated limbs.⁵⁹ As will be examined in more detail in a subsequent section, at times in spiritual therapeutics the spiritual touch overtly intersected physiotherapeutic manipulation.

Significantly, however touch was used in spiritual healing, it was almost without exception constructed as inherently gentle, painless, and non-invasive.

⁵⁷ Jim Wilson, *Healing Through the Power of Christ* (London: James Clarke, 1946), pp. 63-64. Explicit delineation of techniques such as this was rare in orthodox Christian texts.

⁵⁸ Gladys Osbourne Leonard, *My Life in Two Worlds* (London: Cassell, 1931), pp. 283-284.

⁵⁹ Edwards, *The Science of Spirit Healing*, p. 41.

Even spiritual surgery did not require the puncturing of the body.⁶⁰ The gentleness of the spiritual healing touch is well illustrated by the photograph of Spiritualist healer William Lilley shown below in Figure 2. Only his fingertips touch the patient, and the scene is relaxed and intimate. Often spiritual healing was so gentle that patients did not actually realise what was happening to them. Maurice Barbanell, the editor of *Psychic News*, for example, in 1945 described how he had watched Harry Edwards 'smooth... away' a patient's goitre:

It was almost as if he were using an invisible vanishing cream. When he had finished stroking the goitre he turned to the woman and said, "It has gone". With surprise registered on her face she lifted her hand - but the goitre was no longer there.⁶¹

Historian Alex Owen suggests that perhaps this gentle anti-interventionism was the very reason that spiritual healing worked. '[T]here was no threat of painful physical treatment ... no sudden attack upon the person of the sufferer by an alien dignitary bristling with instruments.'⁶² The spiritual touch was commonly conceptualised as soft and human, often explicitly in opposition to the perceived harsher touch of the medical apparatus which by the twentieth century had replaced many aspects of sensory perception within orthodox medicine.⁶³ 'Think of the feel of a healer's hand', wrote the spirit doctor Dr Lascelles in 1929 for example. 'Put your heart and soul into it; remember what you mean to suffering

⁶⁰ See p. 68 of this thesis for an example of non-invasive spiritual surgery.

⁶¹ Maurice Barbanell in the preface of Edwards' *The Science of Spirit Healing*, p. 8. Goitre is the swelling of the thyroid gland.

⁶² Owen, *The Darkened Room*, p. 130.

⁶³ Within orthodox medicine the use of the senses, and perhaps in particular of touch, had significantly declined during the nineteenth and twentieth centuries with the rise of medical instrumentation and machinery. Historian Stanley Reiser points out, for example, that the advent of the thermometer in the 1860s replaced the need to touch in order to estimate body heat, and that x-radiation, discovered in 1895, and the electrocardiograph, developed in 1901, made it possible to diagnose internal organs without the need for touch, and far more precisely. Reiser, 'Technology and the Use of the Senses', pp. 265-66. See also Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: Fontana Press, 1999), chapter eleven.

humanity.’⁶⁴ Rather than using instruments, spiritual healers constructed themselves as the human instruments of God’s love. Significantly, much importance was attached to the qualities of healers’ hands. They should, wrote various healers, be inherently ‘soothing’,⁶⁵ ‘broad, sensitive and pliant’.⁶⁶

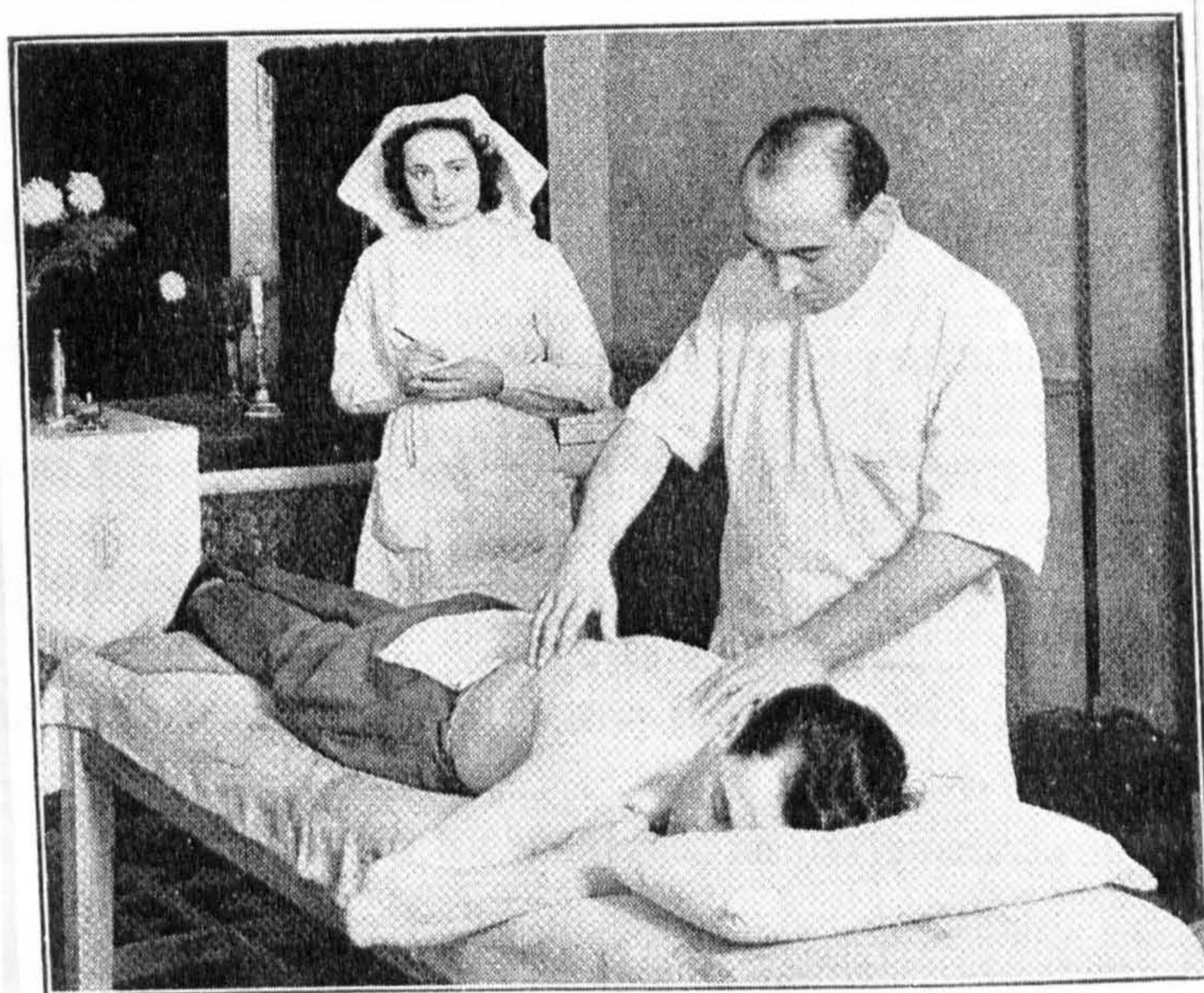


Figure 2: ‘Lilley, Under the Control of His Spirit Doctor, Gives Treatment to a Patient’ (1943)⁶⁷

One of the reasons for both the importance of touch in spiritual healing therapeutics and for its innate mildness was that, even where rubbing movements were used, touch was conceptualised primarily as the conduit for the healing force rather than as the means of healing itself as it was in physiotherapy, osteopathy and other manipulative treatments. Spiritual healers generally believed that it was through touch that the spiritual force was able to pass from the spiritual world, through the spiritual healer and into the patient’s body. Touch in this way provided the physical link which, as healer Harry Edwards

⁶⁴ Rosa M. Barrett (ed.), *Beyond: A Continuation of “The Seekers”, Further Talks by “Dr Lascelles”*, 3rd edition (London: Daniel Co., 1934, first published 1929), p. 123.

⁶⁵ Edwards, *The Science of Spirit Healing*, p. 22.

⁶⁶ Desmond, *The Gift of Healing*, p. 52.

⁶⁷ From *ibid.*

wrote, 'allow[ed] the spirit forces to do the[ir] work'.⁶⁸ From a Christian perspective James Moore Hickson similarly believed that the laying-on of hands 'establish[ed] the link necessary to bring sufferers in closer touch with God'.⁶⁹ If the healer was often conceptualised as the channel through which the spiritual healing force was conducted, then touch functioned as both transmitter and director. Significantly, spiritual healing without touch was generally acknowledged by healers to be considerably less effective.

The concept of touch was also important in spiritual philosophies more widely. It was often constructed, partly physically, partly symbolically, as the link between the physical and spiritual worlds and many religious rites thus employed the use of touch. This is true both of orthodox Christianity and of Spiritualism. Christian priests, for example, are ordained through the laying-on of hands, when the sacred is symbolically communicated to them through human agency. The use of touch also plays a significant role in the Christian rituals of baptism, blessing and anointing. 'The touching by the priest or minister is the symbol of the divine love making contact with the human soul', wrote minister Leslie Weatherhead in 1951.⁷⁰ Perhaps because touch was more diverse and subtle than the other senses - its downfall in rational thought - it was often suggested by religious commentators that a person might be able to feel God, rather than being able to see or hear Him. The devout Christian Dorothy Kerin thus entitled her 1914 study of the healing power of God *The Living Touch*. In her account of how she was herself twice 'miraculously' healed twice by divine means, angels speak to her, but God simply touches her:

⁶⁸ Edwards, *The Science of Spirit Healing*, p. 81

⁶⁹ James Moore Hickson, *Healing by the "Laying on of Hands"* (London: privately printed, c.1907), p. 4.

⁷⁰ Weatherhead, *Psychology, Religion and Healing*, p. 142.

I cannot describe that touch, but when I awoke I was free from pain, feeling quite strong and well. ... The moment He touched me I was made perfectly whole.⁷¹

For twentieth-century Christian Spiritualist healer Edward Fricker, a Quaker by birth, touch was the very essence of life:

When you are born, God provides you with a set of body tissues which are necessary for the proper functioning of the body and which store up power just like batteries. Batteries need recharging from time to time, and in a similar way your tissues require recharging, too. This is achieved through physical contact with other people, and by touching each other we recharge one another. ... The power comes directly from God, and because God is Spirit, He can make contact with you only through a physical body; hence the necessity for us to touch one another.⁷²

God was in all human contact, Fricker believed, and clearly to him, touch was the most important of the senses. Thus, he supposed that if you were 'never touched by another human being' after being born, you would 'slowly die'.⁷³

Touch was in many ways is the most significant of the senses in Spiritualism. This is a reversal of most traditional 'orderings' of the senses, in which sight and hearing were customarily given primacy. Spiritualist rituals often negated the use of sight almost entirely; séances, for example, usually took place in near complete darkness with the medium sometimes additionally hidden behind some form of screen. Dr Lascelles, the spirit guide of the medium Charles Simpson, explained that 'psychic demonstration' and effective spiritual

⁷¹ Dorothy Kerin, *The Living Touch* (London: G. Bell & Sons, 1914), pp. vii & 37. Kerin's healings were instantaneous cures of life-threatening conditions. They took place in 1912 and 1913 respectively and were widely reported in the popular presses, earning her the title 'Miracle Girl'. Kerin later went on to set up the three 'homes of prayer and healing' in Southern England after the Second World War. 'Burrswood: A Christian Hospital and Place of Healing', <<http://www.burrswood.org.uk>>, accessed 23 November 2003. See also Joanna Ernest, *Dorothy Kerin, 1889-1963* (London: Dorothy Kerin Trust, 1987).

⁷² Edward G. Fricker, *God is My Witness: The Story of the World-Famous Healer* (London: Arthur Baker, 1977), p. 52.

⁷³ *ibid*, p. 52. Fricker explained the survival of people who spent long periods in isolation through the theory that by concentrating their thoughts on someone they had known, they were able to 'establish contact with the vibration of that person and draw power from him'.

power was dependent on the 'elimin[ation] [of] ultra-violet rays' and that darkness was thus essential.⁷⁴ Under such conditions touch gained a new significance. Proof of spiritual activity became less dependent on what the observer could see and more dependent on what he could feel. This is well demonstrated by the experiences of Sydney Moseley, a journalist with the *Daily Mail*, who began to investigate Spiritualist phenomena in the 1910s, describing his attitude as 'doubtful but willing to learn'. Touch proved to be an important indicative factor of spiritual activity for him, and Moseley describes how at one séance in Merthyr Tydfil with the Welsh Thomas brothers he was instructed to say 'Thank you, friend!' every time 'some clammy thing touch[ed] [him] in the dark'.⁷⁵ He did not find the experience pleasant, but there was no denying the sensation. Contact was not always flesh to flesh, at another séance with the Thomas brothers in London Moseley reports one of the sitters being 'touched' by 'a small button or medallion, made like a broach, which Will Thomas [the medium] had worn in the lapel of his coat'.⁷⁶

It is significant that the most common form of materialisation effected by mediums was of spirit hands. This is partly because they proved to be the easiest form of materialisation to produce, but hands also seem somehow symbolic of the desire of the spirits to make contact with, to touch, the physical world. At an American séance with the medium Jonathan Koons in 1854, for example, observer Stephen Dudley described an 'extraordinary exhibition' of 'luminous bodies' that resembled 'different-sized human hands':

⁷⁴ Barrett, *Beyond*, p. 102.

⁷⁵ Sydney A. Moseley, *An Amazing Séance and An Exposure* (London: Sampson Low, Marston & Co, 1919), pp. xv & 45.

⁷⁶ *ibid*, p. 65.

The next exhibition was that of a spirit hand as perfect as any hand of flesh and blood. It moved about amongst us, dropping pieces of sand-paper steeped in phosphorous, prepared by Mr Koons according to the direction of the spirits. The object of these motions seemed to be for us to pick up these pieces, so that the hand might come, and by their light, be seen to take them from us. This was repeatedly done. In taking the piece from me the spirit had seemed to linger in contact with mine, in order that I might feel and examine it. It differed nothing from a human hand, save in its excessive coldness.⁷⁷

It almost appears here that Dudley becomes convinced of the genuineness of the manifestations precisely because he can touch them, and touch is given more credence than sight in his account. Acknowledgement of the primacy of touch over sight is also evident in accounts of spiritual healing. Arthur Desmond, the biographer of the Spiritualist healer William Lilley, explained: 'The dead spirit healer is *heard*; his healing touch is *felt*.'⁷⁸ Desmond left no place at all for sight in Lilley's healing, except perhaps in the form of auric diagnosis and this was a spiritual visualisation imperceptible to most people. Lilley, as can be seen in Figure Two and in common with most spiritual healers, performed trance healings with his eyes closed.

The concept of the physical was not just important in giving spiritual healing some quasi-scientific rationalisation, however, it was also imperative on a psychological level. Touch seemed to be able to convince in a way that mere speech could not, demonstrating the importance of the physical to the human psyche. Even early psychotherapists realised this on some level. George Gordon Dawson, for example, recounts the French psychotherapist Coué's treatment of a blacksmith with a paralysed arm in the 1920s. In line with suggestive therapies,

⁷⁷ Quoted from Stephen Dudley, *The Age of Progress* (1854) by Nelson, *Spiritualism and Society*, p. 33.

⁷⁸ Desmond, *The Gift of Healing*, p. 24. The italics are his.

Cou   told the blacksmith to assume that he could lift his arm rather than that he could not:

The blacksmith was evidently in doubt. "Quick," Cou   shouted authoritatively. "Think, I can, I can." He obeyed but feeling a pain at the shoulder, the attempt to raise it was not quite successful. "Good! Don't lower the arm. Close your eyes and repeat with me as fast as you can, '  a pass  .'" He obeyed, while Cou   gently stroked the shoulder. The pain left him, and he was bidden to think he could lift his arm.⁷⁹

Touch played a crucial role in Cou  's treatment in this example; it functioned as a kind of physical suggestion, a hypnosis of the body, providing the sense that something real and tangible was happening to the patient. Absent healing, healing by prayer, thought emission or spirit direction according to the healer's philosophy, was certainly less effective than the laying-on of hands. Lilley estimated, for example, that he cured eighty-five per cent of the patients he saw in person and only forty-five to fifty per cent of absent healing cases.⁸⁰ It was perhaps easier for the patient to believe that touch wielded power than that thought did.

However, much of the use of the concept of touch in terms of religion was highly metaphorical in meaning. Thus Kerin's description of God's 'living touch' referred to more than just His healing of her body, it was a metaphor through which she visualised God's contact with man.⁸¹ Likewise, the spirit doctor Dr Lascelles spoke frequently of the benefit of having 'the spiritual touch ... clearly defined in your life'.⁸² Perhaps then the common use of the concept of touch in religious thought was in part the result of a language barrier. In many

⁷⁹ Quoted by George Gordon Dawson, *Healing: Pagan and Christian* (London: Society for Promoting Christian Knowledge, 1935), p. 242. Cou   was a psychotherapist at the New Nancy School in the 1920s.

⁸⁰ Desmond, *The Gift of Healing*, p. 69.

⁸¹ See Kerin, *The Living Touch*, pp. 20-21.

⁸² Barrett, *Beyond*, p. 128.

ways the spiritual world is beyond sensory understanding, but the senses are the only tools man has to interpret the world and so he is forced to use the language of the senses in order to describe and explain the sensually inexplicable. Spiritualist phenomena, including healing, were often largely the result of extra-sensory powers, but it is significant that these same phenomena were commonly experienced, explained and tested within sensory understandings. Spiritualists were aware of such limitations; in 1904 for example, Society for Psychical Research member C.H. Hinton suggested in his book *The Forth Dimension* that man 'might possess 4D souls despite being limited to 3D sense experience'.⁸³ The inadequacy of sensory perception, however, was not only a problem for spiritual theorists, it was a common problem of humankind. The medical profession similarly bemoaned the limitations of the senses, but attempted to overcome this through deeper material understanding rather than through deeper spiritual understanding. Thus Henry Maudsley in 1886 wrote of instruments such as the microscope as 'approach[ing] exactness' and banishing superstition; 'from fictions of imagination to facts of observation', medical progress in his view resolved the supernatural into 'positive knowledge'.⁸⁴ Just because man was not able to explain something physically, that did not mean that it could not be explained thus; the age-old incompatibility of science and religion.

Healing Through Prayer / Absent Healing

Despite the perceived importance of touch in many spiritual philosophies of healing it is important to note that far from all such healing actually involved

⁸³ C.H. Hinton, *The Forth Dimension* (1904), quoted by Hazelgrove, *Spiritualism and British Society*, p. 195.

⁸⁴ Henry Maudsley, *Natural Causes and Supernatural Seemings* (London: Kegan Paul, 1886), p. 55.

contact. Often, and particularly in mesmeric healing, healers merely passed their hands over the body, 'always avoiding contact, but keeping as near as possible without contact' as William Gregory explained.⁸⁵ To these healers sight was often of particular importance. Magnetist Chandos Leigh Hunt extolled the 'power of the eye' over the power of touch although she did not go into details of her actual hypnotic methods.⁸⁶ Eye contact had long been held to have a dangerous potency; thus in ancient witch trials the accused was always carried into the courtroom backwards lest she influence the judges through eye contact. Here there is the sense that sight is more puissant than touch because it can be projected, whereas physical contact is immediate and can therefore be more easily controlled. Nevertheless, Gregory's physical passes and Hunt's visual force, although apparently rarer in the nineteenth and twentieth centuries than the laying-on of hands, still involved some semblance of contact.

The most difficult form of spiritual healing to adequately explain or understand was absent healing, when the healer might be separated by thousands of miles from his patient. Harry Edwards, who more commonly practised absent healing than contact healing, himself described the process as 'mystifying', lacking as it did the 'tangible human link' between the patient and the medium.⁸⁷ In the foreword to Edwards' book *The Science of Spirit Healing* (1945), 'A Medical Practitioner' explained the psychological importance of that physical link, to the observer as well as to the patient:

In the presence of the healer one can imagine some kind of ray passing through his hands, but that a patient at a distance, who many not even know that treatment is being given, should be

⁸⁵ William Gregory, *Animal Magnetism or Mesmerism and its Phenomena*, 5th ed. (London: Nichols, 1909), p. 1.

⁸⁶ Chandos Leigh Hunt, *A Treatise on All the Known Uses of Organic Magnetism, Phenomenal and Curative* (London: J. Burns, 1876), p. 11.

⁸⁷ Edwards, *The Science of Spirit Healing*, p. 44.

cured, sometimes instantly, is indeed astonishing, at all events to the agnostic medical mind.⁸⁸

Absent healing was a term coined by a young minor German prince named Alexander von Hohenlohe in 1821. Von Hohenlohe was a Catholic priest in Württemberg who began to practise healing after he was himself healed through the laying-on of hands by a peasant neighbour. He turned to absent healing after his neighbour, a man named Martin Michel, was forbidden to practise, and famously cured a English Catholic nun suffering from a serious infection in her arm. She had been ill for eighteen months and physicians had recommended amputation, but after von Hohenlohe said a Mass for her in Bamberg she began to improve and was completely cured after four days.⁸⁹

Subsequent healers explained absent healing in varying ways, though the process almost always involved a patient, or a friend or relative of a patient, writing to the healer, who would then think, meditate or pray about the information received. For some healers, as for von Hohenlohe, absent healing was a form of prayer. This was true of some Spiritualist healers as well as of Christian healers, although Spiritualist healers might direct their request to the spirits rather than God. Harry Edwards, for example, delineated his method thus:

The healer will take the letter [sent by the patient] and in the quietness of the silence he will “tune” himself in by the use of prayer to the spirit realm and invite the co-operation of his Spirit Guides or Spirit Healers. When he knows that the spirit helper is “near” he dwells in thought on the patient, and on the conditions of the illness. He will identify the patient by his

⁸⁸ ‘A Medical Practitioner’ in the foreword of Edwards, *The Science of Spirit Healing*, p. 6. He does not give his name on the grounds that ‘it is illegal for members of the medical profession to have any dealings with healers who do not possess a medical qualification’.

⁸⁹ Louis Rose, *Faith Healing* (Middlesex: Penguin, 1971; first published 1968), pp. 46-48. Michel was forbidden to practise after he was challenged by the medical profession to cure eighteen hospitalised patients and failed to record an improvement in any of them.

name and the place where he lives, and will then ask that the disharmonious condition may be removed and that the patient may be made well.⁹⁰

In such cases, Edwards wrote, 'distance [was] immaterial'.⁹¹ Spiritualist healer William Lilley, however, described absent healing rather differently; his biographer explained that it was achieved through 'spirit visitation' whereby 'the healer project[ed] himself into the sick room', thus giving Lilley himself a role in the actual healing process.⁹² Divergent again from both these accounts was Christian-Spiritualist healer Margaret Frayling, who believed that it was possible through prayer to send out 'waves of power' or 'rays of healing' which when 'directed by thought' could 'travel any distance and eventually penetrate all adverse conditions'.⁹³ Despite relatively minor differences in interpretation, it can be noted that the explanations of these three healers were not markedly distinct from each other and that in all three cases the actual therapeutics of the absent healing performed was virtually identical.

More disparate were the theories of Christian Science, whose advocates denied the very reality of matter and the physical body:

There is no life, truth, intelligence, nor substance in matter. All is infinite Mind and its infinite manifestation, for God is All in All.⁹⁴

Thus Christian Scientists believed that people could be healed by convincing themselves of the 'truth', that sickness and pain and disfigurement were but false attitudes of mind, as man was composed of spirit rather than matter. Christian Scientist patients did not always even require external intervention to be treated, it was thought that by reading and digesting Mary Baker Eddy's *Science and*

⁹⁰ Edwards, *The Science of Spirit Healing*, p. 20.

⁹¹ *ibid.*, p. 45.

⁹² Desmond, *The Gift of Healing*, p. 21.

⁹³ Frayling, *The Quest for Spiritual Healing*, p. 60.

⁹⁴ Mary Baker Eddy, quoted as the 'immortal sentence' of Christian Science by Sir Henry Morris in "Suggestion" in the Treatment of Disease', *BMJ*, 18 June 1910, p. 1463.

Health they would be able to heal themselves by right thought.⁹⁵ Less extreme, but similar in terms of healing by thought and prayer, was the Emmanuel Movement in Britain and America which, in the early-twentieth century, taught that a patient:

... in a state of physical relaxation and mental quiet [could be trained to dislodge] the unwholesome thoughts and the untoward symptoms ... from his consciousness. ... As week after week patients come for treatment, they frequently lose interest in the ailments which were once their torment and cease to think at all about them, [and] physical health becomes a casual by-product of the spiritual uplift.⁹⁶

In this philosophy distance was clearly not immaterial, for the presence, although not the touch, of a healer was required. Similarities with early psychotherapy are evident – in the same period the New Nancy School was concentrating on trying to cure both organic and functional disease by trying to change patients' patterns of thought for example. Every morning and every evening patients had to recite the sentence 'Every day in every way, I get better and better' in order to alter their perception of themselves as sick.⁹⁷

What all these varying expostulations regarding absent healing demonstrate is that in theory touch does not seem to have been as important to spiritual healing as it was in practice. Healer Harry Edwards believed physical sensations could never be as important to the non-material spirit mind as thought:

[The spirit mind] receives these experiences [touch, sound, etc.], it is true, but they are inferior experiences. The principal function of the spirit mind is to act as the directive thought agent.⁹⁸

⁹⁵ James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (Oxford: Oxford University Press, 2002), p. 124

⁹⁶ Reverend Lyman Powell, *The Emmanuel Movement in a New England Town* (1909), quoted by Dr William Osler, 'The Faith That Heals', *BMJ*, 18 June 1910, p. 1472. The Emmanuel Movement began in America and spread in a rather diluted form to Britain.

⁹⁷ Cited by Dawson, *Healing*, p. 242.

⁹⁸ Edwards, *The Science of Spirit Healing*, p. 49.

He theorised that in absent healing the 'cosmic rays', directed by the spirits, were 'applied through the patient's spirit and etheric body to the physical body' with the healer apparently operating as little more than a mediator.⁹⁹ Similarly, a patient of the medium Estelle Roberts, who lived too far away for regular contact healing, was, after a preliminary sitting with the medium, treated during her sleep for thirteen months and thus cured of her rheumatoid arthritis. Roberts' spirit guide, Red Cloud, apparently kept in touch with the woman himself, to the extent of offering her unsolicited advice about massage being 'dangerous' for her when she had asked her maid to rub her back one holiday.¹⁰⁰ These suppositions, combined with the significantly reduced amount of time and effort involved for the healer in absent healing when compared to contact healing - Edwards was treating up to 500 patients a week using absent healing by February 1945¹⁰¹ - begs the question of why touch, and perhaps even why the healer, was necessary at all in spiritual healing. Edwards certainly began to concentrate his energies on absent healing, particularly when he discovered he could both increase the number of patients he treated and raise his success rates by conducting the healing at night when patients were asleep rather than through his previous time appointment system.¹⁰² However, Edwards seems to have been in a decided

⁹⁹ *ibid*, p. 53.

¹⁰⁰ From a statement by the woman, a Mrs Emma Cunliffe-Owen OBE, quoted in Roberts, *Forty Years a Medium*, pp. 46-48. Massage was apparently dangerous for her because her internal organs were 'old' and her kidneys 'inclined to be flabby'.

¹⁰¹ Edwards, *The Science of Spirit Healing*, p. 58.

¹⁰² Previously Edwards had arranged time appointments with patients, and they were encouraged to attempt to tune themselves in to his 'cosmic rays' at that point. However, he later came to believe that nervousness or anxiety regarding the appointment might actually be making patients less accessible, and changed to treating them while they slept when he thought their state of physical relaxation would allow their spirit mind to tune-in without being impeded by the physical body. He found that by using this method recoveries increased from between thirty-three and fifty per cent 'according to the classification of disease' up to between eighty-five and ninety per cent. *ibid*, p. 58.

minority amongst spiritual healers here, and even he continued to treat physical deformation and paralysis primarily with contact healing.

Nearly all the healers present in this study practised some form of absent or non-contact healing, but virtually all of them continued nevertheless to focus on contact healing. Roberts, for example, only agreed to conduct absent healing on learning that her patient lived too far away for contact healing.¹⁰³ This in itself is significant, for the theory of absent healing surely threatens to render contact healing as something of an inefficient indulgence. That the one never did subsume the other aptly demonstrates the psychological importance of contact, of touch. Edwards was the only healer to find he could achieve as high a success rate with absent healing as with contact healing. It was then the human need for the physical rather than theoretical necessity that made touch so important in spiritual healing, and the physical was as important to healers as to patients, for without it their involvement in the healing process became distinctly tenuous. Thus, even in absent healing, the metaphor of touch was maintained. An invalid woman given absent treatment by Edwards, for example, described feeling as though her body was being 'worked on by invisible hands',¹⁰⁴ and Dorothy Kerin believed that she was healed through the 'touch' of God and His Angels despite there being 'no earthly intermediary'.¹⁰⁵ The rationality of the human mind seems to find it difficult to conceive of contact without touch.

¹⁰³ Mrs Emma Cunliffe-Owen lived in Leicestershire and Roberts practised in London. Roberts, *Forty Years a Medium*, p. 46.

¹⁰⁴ *Psychic News*, 29 August 1942, quoted by Edwards, *The Science of Spirit Healing*, p. 88.

¹⁰⁵ Kerin, *The Living Touch*, pp. viii-ix, & 37.

The Use of Non-Spiritual Therapeutics

Many healers, and particularly religiously less orthodox healers, actively combined their spiritual healing with other therapies. Historian Alex Owen describes spiritual healing as ‘a polyglot affair’ precisely for the reason that it was composed of ‘a mixture of traditional remedies or techniques, the “pseudo-sciences”, and spirit intervention’. She suggests that such diversification was due to healers’ realisation that it would be unwise to base their careers solely on their psychic gift, which left them open to ridicule and suspicion and could leave them stranded if the gift ever left them.¹⁰⁶ Although this thesis has uncovered little to indicate that such fears existed, most healers did use various physical techniques and advocated holistic systems of health and treatment, suggesting that by its very nature spiritual healing was not generally constructed as something that could exist in isolation from the physical. At the extreme of this trend were Chandos Leigh Hunt and William Lilley, healers at opposite ends of the chronological period under consideration. Hunt, a holistic healer in the 1870s, advocated a complete system of health that included mesmerism, herbal remedies, dietary control and physical manipulation. In order to maintain the balance of health, she advised people, among other things, to abstain from meat, alcohol, ‘all intoxicants’, salt, and ‘drugs of every description’, to clothe in ‘undyed all-wool’, and to ‘systematically exercise every muscle of the body daily’.¹⁰⁷ So complete was her theory of home cure that she can scarcely be accurately described as a spiritual healer, as healing formed a comparatively minor part of the ‘absolute science of natural medicine’ she claimed to have

¹⁰⁶ Owen, *The Darkened Room*, p. 127.

¹⁰⁷ This is simply a brief overview of some of her rules for healthy living, which in their entirety are even more restrictive and detailed. Chandos Leigh Hunt, *Physianthropy or The Home Cure and Eradication of Disease*, 8th edition (London: Philanthropic Reform Publishing Office, 1901, 1st published 1883), p. 120.

discovered.¹⁰⁸ Similarly, in addition to the physical therapy he performed, William Lilley's enterprise included a substantial homeopathic and herbal element; in 1943 he stocked 300 homeopathic agents in nine degrees of potency, making 2,700 agents in total, plus another 100 herbal remedies.¹⁰⁹ This extent of diversification is comparatively rare among spiritual healers, but does demonstrate the wide range of therapies that they considered potentially within their grasp. There is here the sense that all methods of healing are partly spiritual, as Desmond wrote they 'must be if they take away from man disease and suffering and despair, and place him on the earth whole'.¹¹⁰ Thus Lilley was prepared to incorporate all forms of healing within his practise, from the unusual, such as chromotherapy, to the strictly orthodox, and his Cheltenham healing centre even employed some state registered nurses. Unlike orthodox practitioners then, who worked within what Chandos Leigh Hunt described as 'cramped and limited ... bounds of thought',¹¹¹ spiritual healers did not consider themselves restricted either to therapies that had been scientifically proven and explained or to strictly spiritual therapies, and their treatments thus blended the spiritual, physical, alternative and orthodox without tribulation.

Those spiritual healers who aimed to treat physical illness often utilised very physical therapies, so much so that some forms of spiritual healing can be seen as overtly intersecting the therapeutics of massage and osteopathy. Manipulation formed a vital part of the treatment process of both William Lilley and Harry Edwards among others. Bone manipulation was the only form of spiritual healing that Edwards continued to give in person in the late 1950s, as

¹⁰⁸ Chandos Leigh Hunt, *Vaccination Brought Home to the People* (London: J. Burns, 1876), p. 13.

¹⁰⁹ Desmond, *The Gift of Healing*, p. 25.

¹¹⁰ *ibid*, p. 42.

¹¹¹ Hunt, *A Treatise on All the Known Uses of Organic Magnetism*, p. 3.

he found absent healing more efficient for most complaints. He was renowned for his ability to cure physical problems such as curvature of the spine with one simple 'jerk',¹¹² or by an 'intense vibration of [his] fingers' combined with a 'flow of considerable heat', neither of which he believed were controlled by him, but both of which have marked connections with physical healing therapies.¹¹³ A contemporary of Edwards', who went on to become a healer himself, recalled his first experience of Edwards' treatment, of a patient with two slipped discs, thus:

Having first placed his hand on one position, Harry asked his assistant to move the sufferer's body first full left then right a couple of times, hands on shoulders movement from waist upwards. He then turned to me and placed my own hand over the second position, his hand then quite covered mine, the movements were repeated, and I quite positively felt the misplaced vertebra move back into position. "Stand up," ordered Harry, "touch your toes." No movement came, without another word Mr Edwards stood, put his hand to the nape of his patient's neck, and thrust him downwards, WITHOUT THE SLIGHTEST SIGN OF PAIN. I need hardly add that the cure was totally successful.¹¹⁴

So successful was he at curing such complaints that Dr Louis Rose, a clinical psychiatrist investigating spiritual healing in the 1960s, believed Edwards to have 'a natural gift' for physical manipulation,¹¹⁵ something Edwards himself emphatically denied. Curvature of the spine, he wrote, was difficult for medical science to remedy and despite 'lengthy treatment' was almost invariably incurable, but with spiritual intervention 'the straightening of the spine [became] a simple and rapid process'.¹¹⁶

¹¹² Edwards, *The Science of Spirit Healing*, p. 8.

¹¹³ *ibid*, p. 73.

¹¹⁴ Alan H. House, *Sixty Years a Spiritualist* (London: Hermes, 1995), pp. 69-70. The capitals are his.

¹¹⁵ Rose, *Faith Healing*, p. 85.

¹¹⁶ Edwards, *The Evidence for Spiritual Healing*, p. 122.

William Lilley was even more committed in his use of physical therapies than Harry Edwards and believed that for some complaints unaccompanied manipulation was actually more efficient than spiritual healing:

Let us assume that a patient has come to us with a displacement of the metatarsal (foot) bones, or of the spine or shoulder. Possibly, after one month or two months under spiritual healing, the organ will be replaced. But why not put it back in two or three minutes, and then apply the spiritual power to those organs whether neither medicine nor physical treatment can produce a cure? Most material methods, we find can take us a certain distance in the cure of a patient; spiritual healing does the rest.¹¹⁷

Lilley's healing centres thus incorporated various physical therapies, such as massage, chiropractic and osteopathy, as well as rather more unorthodox treatments such as chromotherapy, the healing of the body by colour, and homeopathy. However, Lilley seemed to achieve optimum healing efficiency when, like Edwards, he combined the physical with the spiritual. Lilley's biographer Arthur Desmond, for example, recalled the healer's treatment of his own various 'peculiar' symptoms, which had originated with a broken bone sustained during his school days that had 'set up much other damage besides'.¹¹⁸

Desmond was treated by Dr Letari, the spirit doctor in possession of Lilley, who performed a 'percussion treatment', tapping his spine to create vibrations:

Five hundred vibrations a minute, they say, create twenty million vibrations to the spine. This affects the general condition to the extent that all the bodily organisms are vibrating, and an organism in disease will be either subnormally lower or abnormally higher than the true vibration. It is necessary, therefore, to set up in the body a phenomenal vibration which will reproduce a state of energy in any organ sufficient to create a normal physiological action. The functions of the organisms, in fact, are corrected.¹¹⁹

¹¹⁷ Desmond, *The Gift of Healing*, p. 42.

¹¹⁸ *ibid*, pp. 39-40

¹¹⁹ *ibid*, pp. 40-41.

A single session successfully manipulated three of Desmond's vertebra back into position, although he noted that more work was still needed on his body at that stage. The technique used by Lilley here is virtually identical to movements commonly used by masseurs and chiropractors, and again it is his explanation of its success and the fact that it is performed under trance which truly marks it out from more mainstream approaches.

There were then many similarities between both the methods and the effects of physical and spiritual healing when they were used to treat analogous complaints such as, among other things, bone deformities, localised pain, fractures, slipped discs, and even insomnia. Both involved manipulation and various rubbing and tapping movements, in both the benefit of heat was noted, and both were said as a by-product to induce relaxation and sleep.¹²⁰ However, among spiritual healers there was the clear belief that using and recognising the spiritual power they believed was involved in this type of healing made for more effective and less painful physical therapy. Desmond claimed that the various types of treatment given in Lilley's House of Divinity were 'very different to those given by the outside practitioner' and 'not only different but better'.¹²¹ Cures were swifter and surer; Edwards' cures for instance often took no more than a few minutes to complete. In *The Science of Spirit Healing* (1945) he cites the example of a young woman in her early twenties who had suffered from displaced vertebra since she was a small girl and who, under the guidance of the medical profession, had already been treated unsuccessfully using osteopathy and massage. Under 'deep trance' Edwards 'grasp[ed] the backbone on either side of

¹²⁰ Harry Edwards wrote that one of the universal effects of spiritual healing treatments was that 'the patient invariably ha[d] a sound night's rest', a comment echoed in many massage textbooks. Edwards, *The Science of Spirit Healing*, p. 42.

¹²¹ Desmond, *The Gift of Healing*, p. 43.

the displacement' which then 'appeared to be lifted upwards under the skin, the section of bone put into line and the backbone replaced' all without pain and in a matter of minutes.¹²² He realised

that such manipulation to the backbone, with its delicate associated organisms, the spinal cord, glands, etc., requires extreme care and considerable knowledge – yet the author has no knowledge of these matters. ... These were definite physical manipulations, aided, most probably, by other forces. The healer does not know how to accomplish the treatments, yet his hands were used under the control of the spirit Guide.¹²³

It was the intervention of this greater power and greater wisdom which healers believed gave physical therapies performed through spirit guidance their superiority. Desmond noted, for instance, that while Lilley could himself perform the percussion treatment he could only tap at a rate of about 400 taps a minute, a speed which he could keep up for around three minutes, whereas when possessed by Dr Letari the rate rose to 600 taps a minute and could be kept up 'indefinitely'.¹²⁴ It was then the combination of the physical and the spiritual that was truly powerful.

Similarly, spiritual massage claimed to be able to accomplish feats orthodox practitioners would have deemed impossible, such as Estelle Roberts' removal of splinter of bone from under a patient's skin. Harry Edwards found that by massaging a swelling or a tumour he could dissolve it:

The hand is placed over the swelling, which may be as hard and as big as a lemon. The fingers close gently round it, and seem to massage it. The healer feels a vibratory power possessing his arm and fingers. After a few minutes it is noticed that the lump has diminished in size, and on occasions has entirely disappeared. It is obvious that the growth

¹²² Edwards, *The Science of Spirit Healing*, p. 81.

¹²³ *ibid*, p. 83. As to what happened to the tissue, he speculated that 'the force used for breaking up the growth formation had the power to disintegrate the tissue into small particles' and that these were then 'passed out of the body by excretory systems or through the sweat glands'.

¹²⁴ Desmond, *The Gift of Healing*, p. 40.

was not dissolved by the mere presence of the healer's fingers or by the gentle massage.

There must have been an extra force, controlled ... and filtered or toned down sufficiently to deal with the growth gently but effectively.¹²⁵

Massage did not function alone in spiritual healing, but was combined with spiritual vibrations and the touch through which Edwards' 'cosmic rays' were passed into the patient's body. This combination also ensured the relative painlessness of spiritual treatments when compared to more orthodox physical therapies. Gladys Osbourne Leonard wrote that she had 'never known a patient who felt any pain' while her spirit guide North Star performed his touching and kneading movements; even when the place he touched was 'very tender' the patient experienced only 'a curious soothed feeling'. 'His movements were extremely vigorous at times, but his *touch* was extraordinarily light and delicate.'¹²⁶ Leonard here separates the 'vigorous' massage, which was performed just above the body, from the 'delicate' physical touch. Not all healers maintained this distinction, Lilley's percussion treatment was far more interventionist and left Desmond 'bruised', but still as he noted, 'in no real pain'.¹²⁷ Even here, spiritual healing is presented as a kinder, gentler way.

The Impact of Science

Despite their basis in faith and their countermanding of many physical laws, neither spiritual healing nor Spiritualism as a whole were exempt from the influence of the increasing power of materialism and the increasing prominence of science. Indeed, in the twentieth century both frequently attempted, at least to some extent, to incorporate scientific legitimacy and a scientific outlook within

¹²⁵ Edwards, *The Science of Spirit Healing*, p. 41.

¹²⁶ Leonard, *My Life in Two Worlds*, pp. 283-284. The italics are hers.

¹²⁷ Desmond, *The Gift of Healing*, p. 41.

their philosophies. After the First World War Spiritualism increasingly attempted to place itself within a more scientific context, perhaps in an attempt to shake off the depressing revelations of fraudulence that had led to its popularity waning by the end of the nineteenth century.¹²⁸ This trend towards attempted scientific legitimacy was headed by the Society for Psychical Research, founded in 1882 by a group of Cambridge scholars. Their first president, the philosopher Henry Sidgwick, wrote in the *Proceedings* of the Society in 1900: 'We must remember that our *raison d'être* is the extension of the scientific method, of intellectual virtues.' He counselled members in their duty to 'demolish fiction as well as to accumulate truth' and warned them to 'make no terms with hollow mysticism.'¹²⁹ The Society's relationship with Spiritualists was not always an easy one, but this did not prevent Spiritualism from commonly constructing itself, in the words of Spiritualist Emma Hardinge Britten, as a scientific religion 'founded upon facts' and the 'immutable principles of law'.¹³⁰ This claimed scientific legitimacy has historically been an important part of its appeal; historian Geoffrey Nelson thus describes Spiritualism as a 'half-way house', attractive to those 'who could neither accept unsubstantiated religious doctrines on the nature of the afterlife nor the claims of materialists that man was a purely material being'.¹³¹

Spiritual healing in its various guises and facets also increasingly began to claim a similar kind of scientific framework during the twentieth century. The very title of the Christian Science movement, for example, did so; although as

¹²⁸ See Owen, *The Darkened Room*, especially chapter three. Owen argues that by the 1880s the popularity of Spiritualism was waning as a result of too many scandals and exposés of mediums found to be acting the part of their supposedly materialised spirits.

¹²⁹ Quoted by Hazelgrove, *Spiritualism and British Society*, p. 193.

¹³⁰ Quoted by Nelson, *Spiritualism and Society*, pp. 209-210.

¹³¹ No other religion except Buddhism, Nelson notes, claims to be thus based on 'demonstrable facts'. *ibid*, pp. 137 & 237.

contemporary observers were swift to point out its doctrines in fact contained very little that was either truly Christian or truly scientific. It was then perhaps the claim of scientific legitimacy that was publicly important, rather than any objective corroboration of it. Spiritual healers of almost all persuasions, for example, increasingly began to describe Jesus as a scientist as well as as a religious leader. Mary Baker Eddy, the founder of Christian Science, wrote of Him as 'the most scientific man that ever trod the globe',¹³² and Charles Spenser, an advocate of spiritual healing who claimed no denominational links, likewise described the Son of God in 1904 as 'scientific and intensely practical'.¹³³ Healers applied such a description to themselves as commonly as they applied it to Jesus and the word 'scientific' can be found time and time again in most testimonies of spiritual healing, even in those which were openly critical of scientific materialism. The spirit doctor Dr Lascelles, for example, predicted in 1929 that it would not be long before the healing 'cosmic force' could be 'measured by scientific instruments',¹³⁴ and this despite having earlier in the same book claimed to be uninterested in quantifiable physical phenomena, writing: 'Spiritually they mean very little, and we are working on the spiritual, not the scientific side.'¹³⁵

The healing force which passed between healer and sufferer was often itself conceptualised in physical terms throughout the period under consideration here. Mesmer's patients in the eighteenth century had often reported being able

¹³² Quoted, and attributed to Mrs Baker Eddy, by Mr Frederick Dixon in a letter to the *BMJ*. 'Christian Science and Suggestion', *BMJ*, 27 November 1909, p. 1588.

¹³³ Charles N. Spenser, *Spiritual Healing: Its Philosophy, Science, Religion and Practice* (London: Stead, Danby & Co., 1904), p. 19.

¹³⁴ Barrett, *Beyond*, pp. 111-112.

¹³⁵ *ibid*, p. 21.

to see the magnetic force that flowed through his fingers and into their bodies,¹³⁶ and nineteenth- and twentieth-century healers often wrote of the spiritual healing force in similar terms, as a fluid, a light or an energy which could be perceived physically. Healer Chandos Leigh Hunt in 1876, for example, asserted that the ‘magnetic fluid [which was] emitted from the hands of the magnetiser’ was something that could be ‘see[n] and discern[ed]’. She felt that this ‘prov[ed] that the influence from the hands of the operator [was] a real tangible something’.¹³⁷ ‘The life force streams from [the] hands [of the magnetic healer]’, wrote theosophist Eliza Adelaide Gardner in similar terms in 1921.¹³⁸ Even at the far end of the chronological spectrum considered by this thesis, the spiritual healing force was still very commonly being conceptualised physically. Healer William Lilley in 1943, for example, described it as a ‘special kind of ectoplasm’,¹³⁹ and Harry Edwards in 1945 wrote of it as ‘light streams of an iridescent pale blue colour’ that could penetrate matter, as he claimed to be able to demonstrate in a ‘simple experiment’ using ‘two pieces of wood or card’.¹⁴⁰ This internal attributing of physical properties to spiritual effect suggests some acceptance on the part of spiritual healers of the increasing scientific primacy of physical authentication. Apparent is the clear sense that the apportion of physicality in some way lent the spiritual legitimacy and veracity, crucial in a world that emphasised rational observability and maligned religion and faith as the stuff of superstition.

¹³⁶ Pattie, *Mesmer and Animal Magnetism*, p. 273.

¹³⁷ Chandos Leigh Hunt, *A Treatise on All the Known Uses of Organic Magnetism, Phenomenal and Curative* (London: J. Burns, 1876), p. 15.

¹³⁸ Eliza Adelaide Gardner, *Healing Methods Old and New*, 2nd edition (London: Theosophical Publishing House Ltd., 1924, 1st published 1921), p. 27.

¹³⁹ Cited by Rose, *Faith Healing*, p. 78.

¹⁴⁰ Edwards, *The Science of Spirit Healing*, p. 23.

Even where the spiritual healing force was not itself explicitly described as a visible, tangible something it was often conceptualised nonetheless in physical idiom. It was common for spiritual healers to write of patients as having physically felt the force that passed through them. A patient of the Reverend John Maillard, a Warden of the Christian Spiritual Healing Fellowship, told newspaper reporters for example that when Maillard laid his hands on his head he ‘felt a pleasant thrill pass right through [him]’.¹⁴¹ This effect was often likened to an electrical pulse, invisible but nonetheless objectively existent. Christian doctor-healer Christopher Woodard thus described the ‘peculiar electrical sensation’ felt by a twelve-year-old patient of his who he treated successfully for infantile paralysis brought about by childhood polio. Woodard was not surprised by this, writing that ‘when the power of the Spirit descends on such a child, it very often takes a form as much physical as spiritual’. The child’s father recounted that during Woodard’s laying-on of hands the paralysed side of Diana’s body had begun to vibrate, leaving the leg, which had been cold, uncharacteristically warm. ‘[That] inward warmth has remained ever since’, he wrote.¹⁴² The spontaneous production of heat or movement was another very commonly claimed tangible effect of spiritual healing. These attempts to affirm the physicality of spiritual healing can also be seen as demonstrative of healers’ frequent desire to negate the psychological explanations commonly accorded their work by scientists and medical men. The physical, unlike the psychological and the religious, was conceptualised even within spiritual philosophy as real and valid, and was seen at least in part as affording some sense of legitimacy and respectability.

¹⁴¹ Quoted in *The Times*, 28 August 1923, p. 10, column a.

¹⁴² Woodard, *A Doctor Heals by Faith*, pp. 72 & 74. Woodard quoted Diana’s father in his book.

The importance of a claimed scientific justification was thus clearly perceived by spiritual healers, even when they attributed no material basis to their abilities. Science here can be seen as something of a buzzword, necessary for healers to incorporate in order for them to be able to claim respectability in the public sphere, but divested of its traditional obligations towards objective rationality and impartial physical substantiation. Charles Spenser, for example, believed that it was perfectly possible to speak in terms of a 'religious science', as long as the word 'science' was attributed what he believed was its true definition as 'nothing more than "knowledge"' rather than, as it was more commonly used, to describe the study of material things.¹⁴³ In this way it seems to have been the word rather than its meaning that was significant, suggesting as it did respectability, legitimacy, and professionalism. Thus the healer William Lilley could in the 1940s write of Divinity, his Spiritualist philosophy, as 'the Tincture of Life ... embrac[ing] both a religion and a science',¹⁴⁴ and Margaret Frayling could claim spiritual healing to be 'an actual provable fact'.¹⁴⁵ As will be examined in more detail later in chapter seven, the conception of what constituted an actual provable fact in effect differed greatly between healers and doctors, much to their mutual frustration. Spiritual healing and orthodox medicine therefore might both claim scientific frameworks, but their definitions of the structure of such a framework might easily be entirely different. This enabled healers to construct themselves both as scientific and, simultaneously, as an alternative to what they considered the harsh impersonality of scientific medicine.

¹⁴³ Spenser, *Spiritual Healing*, pp. 52-53.

¹⁴⁴ From a brochure distributed to patients at his sanctuaries. Quoted by Desmond, *The Gift of Healing*, p. 46.

¹⁴⁵ Margaret Frayling, *The Quest for Spiritual Healing*, p. 15.

It proved to be almost impossible to scientifically explain the myriad phenomena of either Spiritualism or spiritual healing in a way that was uniformly satisfactory. As historians of Spiritualism have pointed out, too much of the movement's foundation was rooted in faith and non-scientific emotional values for true scientific accord to be possible. In her study of Spiritualism and psychical research, for example, Janet Oppenheim writes that 'no matter how much scientific terminology they employed, Spiritualists could not conceal the [fundamentally religious] metaphysical implications of their pronouncements'.¹⁴⁶ Despite assertions to the contrary then, there remained an insurmountable gulf between science and Spiritualism. This is well illustrated by the frequently tense relationship that existed between the Society for Psychical Research and the Spiritualists they investigated, who often found the Society's rigid scientific approach rather too harshly sceptical.¹⁴⁷ The psychical researcher Harry Price acknowledged the foundation of such friction in 1942 when he wrote that although 'a sympathetic "atmosphere" [was] requisite for successful work in the séance room', the fact that such an atmosphere was based in emotionalism made it 'inimical to the cool, dry light in which scientific investigation ought to be conducted'.¹⁴⁸ In terms of spiritual healing, the medical profession were likewise almost universally unwilling to accept the amorphous claims of healers to be scientific, and remained broadly uncomfortable with the emotionality of both its basis and its appeal. In 1909, for example, the *BMJ* charged the profession to

¹⁴⁶ Janet Oppenheim, *The Other World: Spiritualism and Psychical Research in England, 1850-1914* (Cambridge: Cambridge University Press, 1985), p. 61. See also Hazelgrove, *Spiritualism and British Society*, chapter seven.

¹⁴⁷ Hazelgrove, *Spiritualism and British Society*, p. 197. Arthur Conan Doyle was among eighty-three members who resigned from the Society in the 1920s arguing that it was biased against Spiritualism.

¹⁴⁸ Quoted by Hazelgrove, *Spiritualism and British Society*, p. 207.

discover for itself the scientific principles behind the successes of spiritual healing:

By scientific analysis of the facts and critical weighing of the evidence we must strive to separate the large element of superstition from the active principle of truth which gives [spiritual healing] such potency as [it] possess[es].¹⁴⁹

It was this 'active principle of truth', namely mental suggestion as they saw it, that was gradually incorporated into orthodox medicine through psychotherapy and new psychology.

It could, however, be questioned how much a strict scientific approach was in the interests of either Spiritualists or spiritual healers. Science had an undeniable usefulness as a buzzword, but as much of the potency of both spiritual healing and Spiritualist phenomena in general lay in their indefinite mysticality, then the explicit delineation of strictures and limitations would probably only have threatened to depreciate the faith that formed the basis of much of their power. Many Spiritualists and healers thus resented the scientific testing they were expected to undergo. Charles Herman Lea, a Christian Scientist, argued that 'scepticism, lack of appreciation ... [and] insincerity in any form adversely affect[ed] the practitioner's work'.¹⁵⁰ Many who did not perform well in such tests explained their failure in a similar way. For example, Spiritualist Eileen Garrett who was tested for clairvoyance and telepathy in 1933 by J. B. Rhine using cards with symbols on, claimed that her poor performance was induced by the impersonality of both the cards and the test atmosphere which lacked the necessary 'energy stimulus' for her psychic ability to

¹⁴⁹ 'Modern Faith Healing', *BMJ*, 27 November 1909, p. 1549.

¹⁵⁰ Charles Herman Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science and a Challenge to its Critics*, 2nd ed. (London: Dent, 1915), p. 105.

function.¹⁵¹ Mediums were often subject to harsh invasive procedures in the name of psychic investigation. Historian Alex Owen, for example, describes how in the nineteenth century one medium 'had a threaded needle passed through the pieced hole in her left ear and was thus attached, via five yards of thread, to the outside of the cabinet where every move of the cotton was visible'.¹⁵² By the mid-twentieth century vaginal and rectal examinations had become virtually commonplace in such investigations, and mediums recorded being routinely tied securely to their chairs, the objectification of their bodies complete.¹⁵³ Spiritual healers by contrast seem to have largely escaped such rigorous testing, perhaps because their general independence from the Spiritualist movement and more masculine bias discouraged it,¹⁵⁴ but perhaps also because verifying healing through such physical tests was far more difficult. Unlike mediumship, the power used by healers did not always have a physical aspect to it.¹⁵⁵

Of all spiritual phenomena then, the invocation of a direct spiritual or divine presence in healing proved to be particularly difficult to verify scientifically. It is perhaps for this reason that healers in particular as commonly used religion and tradition to legitimise their work as science, often, as can be seen above in their descriptions of Jesus, actively combining the two. Thus most accounts of spiritual healing during the period under discussion began with an

¹⁵¹ Quoted by Hazelgrove, *Spiritualism and British Society*, p. 204.

¹⁵² Owen, *The Darkened Room*, p. 68.

¹⁵³ See Hazelgrove, *Spiritualism and British Society*, chapter seven for more information.

¹⁵⁴ There is some evidence to indicate some such testing, at least in the nineteenth century. William Gregory, a medical doctor sympathetic to the claims of mesmerism and spiritual healing, criticised such tests. 'It is sometimes quite distressing to see the measures pursued by some sceptical inquirers, in cases where the very idea of deceit is not only absurd, but insulting. They will inflict severe injuries, twist and pinch the arms, and suspend heavy weights to rigid limbs, as if rigidity and insensibility to pain implied invulnerability.' However, even here it seems to be more the patients that suffer the results of the testing than the healers themselves. Gregory, *Animal Magnetism*, p. 145.

¹⁵⁵ Questions of proof in spiritual healing centred mainly around the production of adequate records and case studies rather than on the genuineness of the power emanating from the healers themselves. See chapter seven of this thesis for further discussion.

often lengthy description of its primeval origins, said to range from Ancient Egypt to early Christianity. Charles Spenser was not alone in claiming his message to be 'the message of Plato and of Swedenborg, of Buddha and of Jesus' with its foundations in 'the earliest philosophies of India and of China, of Egypt and of Persia'.¹⁵⁶ Spiritualist healer William Lilley's healing guides included an Egyptian doctor who had died thousands of years previously and a North American Indian, as well as more recently departed members of the medical profession,¹⁵⁷ and Dorothy Kerin prefaced her personal account of being 'miraculously' healed: 'What our Lord did in Galilee and along the Jordan two thousand years ago, He can and does do now.'¹⁵⁸ The attempts at a scientific legitimisation of their work were thus by and large but a single facet of healers' multi-layered accounts, demonstrating perhaps both their awareness of its limitations and their desire for wider populist appeal.

¹⁵⁶ Spencer, Charles N., *Spiritual Healing: Its Philosophy, Science, Religion and Practice* (London: Danby & Co., 1904), p. 46. Among others who utilised such a claim were W. F. Cobb, *Spiritual Healing* (London: Bell, 1914), Dawson, *Healing*, Desmond, *The Gift of Healing*, Frayling, *The Quest for Spiritual Healing*, J. A. Hadfield & Leonard F. Browne, 'The Psychology of Spiritual Healing' in O. Hardman (ed.), *Psychology and the Church* (London: Macmillan, 1925), pp. 227-259, Kerin, *The Living Touch*, Reverend M.R. Newbolt, *Healing* (London: Society for Promoting Christian Knowledge, 1924), and Weatherhead, *Psychology, Religion and Healing*.

¹⁵⁷ See Desmond, *The Gift of Healing*, chapter one.

¹⁵⁸ Kerin, *The Living Touch*, pp. vii-ix.

Chapter Three

'Fingers of the Whole Body of Christ'¹: Touch and Morality in Spiritual Healing

Touch has always held a somewhat tenuous place in medical practice and theory. As Bynum and Porter note in their edited volume on medicine and the five senses, 'touching is a loaded word',² and it remains so today, for images of the illicit sexual touch and the diseased touch have always wielded more potency than images of the healing touch. As the most earthly of the senses, touch is also the most easily corruptible, which at least partially accounts for its uncertain relationship with medicine. In the eighteenth century, as Roy Porter points out, a patient would 'have found [a] physician who routinely laid hands upon them at least eccentric, [and] possibly dangerous'.³ Although Porter argues that the nineteenth century saw a rise in medical physical examination - he makes the point that today we have come to expect it from our doctors⁴ - other historians have argued conversely that the importance of touch, and of the senses in general, have declined with the rise of medical instrumentation and machinery. Stanley Reiser points out, for example, that the advent of the thermometer in the 1860s replaced the need to touch in order to estimate body heat, and that x-radiation, discovered in 1895, and the electrocardiograph, developed in 1901, made it possible to diagnose internal organs without the need for touch, and far

¹ Leslie Weatherhead, *Psychology, Religion and Healing*, 2nd edition (London: Hodder & Stoughton, 1952, 1st published 1951), p. 40.

² W. F. Bynum & Roy Porter (eds.), *Medicine and the Five Senses* (Cambridge: Cambridge University Press, 1993), p. 5.

³ Roy Porter, 'The Rise of Physical Examination' in Bynum & Porter, *Medicine and the Five Senses*, p.179.

⁴ *ibid.*

more precisely.⁵ Perhaps then the use of touch in professional medicine gradually became more acceptable at the very time it became less necessary, although it is important to note that even the medical touch was has remained subject to moral suspicion, hence the highly stylised nature of medical examinations.⁶

This chapter will explore the way in which touch was conceptualised within massage and spiritual healing during the late-nineteenth and early- to mid-twentieth centuries. A comparative approach is instructive here because of the historical link and therapeutic overlap between the two. From its inception as a fashionable medical therapy in the late-nineteenth century, the respectability of massage was continually threatened by associations with prostitution and sexual immorality. The enduring importance of contact in spiritual healing thus make it important to consider perceptions of morality in relation to spiritual treatments. Historically, spiritual healing had also suffered similarly from this perceived taint. In 1666, for example, in a pamphlet entitled *Wonders No Miracles*, Valentine Greatrakes was charged by one of his detractors, a David Lloyd, of 'being a good fellow ... and having converse with women notoriously scandalous'. Greatrakes dismissed these and other accusations as being the 'scandalous and false reports of lying tongues',⁷ but immoral intention proved to be an easy charge for critics to level and a difficult one for healers to definitively refute.

⁵ Stanley J. Reiser, 'Technology and the Use of the Senses in Twentieth-Century Medicine' in Bynum & Porter, *Medicine and the Five Senses*, pp. 265-66.

⁶ Roy Porter points out that this ritualisation (characterised by feeling the pulse, sounding the chest, inspecting the tongue, etc.) attempted to desexualise medical examination and make it less 'embarrassing, intrusive or offensive', especially to women. Porter, 'The Rise of Physical Examination', pp. 179-180 & 196.

⁷ Letter from Valentine Greatrakes to Robert Boyle, quoted in 'A Seventeenth-Century Spiritual Healer', *BMJ*, 17 April 1909, p. 964.

In the eighteenth century Franz Anton Mesmer was likewise accused of indecency, both by the medical establishment and by the popular press, on the basis that many of his patients were young women and that his treatment involved intense eye contact and much stroking and pressing of the 'hypochondriac regions', the area below the diaphragm.⁸ A secret report on the morality of Mesmer's magnetism by the French Commissioners in the 1780s condemned it as 'dangerous for morals' and a threat to female 'virtue and ... health'.⁹ The crises magnetism often invoked were described by the Commissioners almost in terms of orgasm:

... [T]he face becomes gradually flushed, the eye lights up, and this is the sign by which Nature indicates desire. ... [As] the crisis continues, the gaze becomes wild – an unequivocal sign of the total disorder of the senses. ... As soon as this sign is manifest the eyelashes become wet, the breathing is short, gasping; the chest heaves rapidly; convulsions come on with precipitate and brusque movements either of the limbs or of the whole body.¹⁰

Thus, despite the fact that Mesmer is described by his biographer as having had no visible sex life - Pattie even theorises that he may well have been impotent¹¹ - he was often accused of inciting women to immorality under the cover of his magnetising treatment. *Mémoires Secrets*, for example, an eighteenth-century French newspaper, in 1783 accused Mesmer and Charles d'Elson, his associate, of conducting 'a school of libertinism ... while they put the older women to sleep, they produced delightful titillations in the beautiful ones'.¹² A cartoon published in an anonymous pamphlet in 1784 similarly showed a magnetist

⁸ Frank A. Pattie, *Mesmer and Animal Magnetism: A Chapter in the History of Medicine* (New York: Edmonston Publishing, 1994), p. 72

⁹ Quoting from Dr J.S. Morand's *Le Magnétisme Animal – Hypnotisme et Suggestion* (Paris, 1889) who is quoting the report by 'Modern Faith Healing: Franz Anton Mesmer', *BMJ*, 27 January 1912, p. 199.

¹⁰ *ibid*, p. 199.

¹¹ Pattie, *Mesmer and Animal Magnetism*, p. 278.

¹² *Mémoires Secrets*, 21 June 1783, quoted by Pattie, *Mesmer and Animal Magnetism*, p. 278.

touching a clothed woman's breast with his wand and asking, 'Do you feel anything?'¹³ It is telling that more than a hundred years later the *BMJ* was still maintaining the truth of these allegations:

[Mesmer's] influence was ... chiefly manifested in women; the "idle rich" of Paris at that time of upheaval were easily led away by a new sensation. ... Mesmer sat close to the patient, holding her legs and knees between his; he applied his hands to the abdomen, as nearly as possible in the region of the ovary, touching the most sensitive parts, and bringing his eyes closer and closer to her face till their mouths almost touched each other. Mesmer took care to choose as his assistants handsome young men. Naturally abuses arose; many of the women who went to Mesmer did not go to be magnetised.¹⁴

According to the *BMJ*, the very reason the French government commissioned their enquiry into animal magnetism in 1784 was because the scandal had 'become so great'.¹⁵

Many of the elements of these accusations were to be repeated more than a century later in the 1894 massage scandal. Medical 'rubbing' is a treatment thousands of years old, but it was in the late nineteenth century that 'massage' gained ascendancy as a fashionable medical treatment. The *British Medical Journal (BMJ)* later attributed the massage 'craze' to an article written by Lady Janetta Manners, published in the popular journal *Nineteenth Century* in December 1886, and to Dr William Murrell's book, *Massotherapy*, published in the same year.¹⁶ Manners advised that 'women might, after being properly instructed, find the practice of massage a useful and profitable employment'.¹⁷

The moral corruptibility of touch and massage became apparent in the summer of

¹³ Quoted by Pattie, *Mesmer and Animal Magnetism*, p. 278.

¹⁴ 'Modern Faith Healing: Franz Anton Mesmer', *BMJ*, 9 December 1911, p. 1559.

¹⁵ *ibid*, p. 1559.

¹⁶ BMA, *Astounding Revelations Concerning Supposed Massage Houses or Pandemoniums of Vice, Frequented by Both Sexes, Being a Complete Exposé of the Ways of Professed Masseurs and Masseuses* (London: Skeats, 1894), p. 4.

¹⁷ Quoted in Jean Barclay, *In Good Hands: The History of the Chartered Society of Physiotherapy 1894-1994* (Oxford: Butterworth-Heinemann, 1994), p. 14.

1894 when the *BMJ* published a fifteen-page booklet with the rather startling title: *Astounding Revelations Concerning Supposed Massage Houses or Pandemoniums of Vice, Frequented by Both Sexes, Being a Complete Exposé of Professed Masseurs and Masseuses*. Fashionable London massage parlours were denounced as ‘dens of infamy’, operated by ‘creatures sunk so deep in debasement that one finds it hard to admit them within the pale of humanity’, and patronised by the most ‘diabolically-inclined people’.¹⁸ As the latest in a series of fashionable treatments, massage, like hydrotherapy, was patronised principally by the rich in the late nineteenth century and not always for strictly medical reasons, further emphasising its moral questionability. Historical work on massage is limited to the two institutional histories of the Chartered Society of Physiotherapy (CSP),¹⁹ formed in 1895 as the Society of Trained Masseuses.²⁰ This chapter will place the massage scandal within the context of its time, noting similarities with other late nineteenth-century prostitution scandals, and will consider why, despite a wide overlap of therapeutics, modern spiritual healing largely escaped such associations.

Conceptualising Touch: The Massage Scandal

The massage scandal is indicative of late-nineteenth-century conceptions of touch as powerfully threatening, both within medicine and society as a whole, and also of the difficulties inherent in regulating and neutralising the use of the sense. Massage, like touch, is an intrinsically vague term, and therefore easily

¹⁸ *Astounding Revelations*, p. 6.

¹⁹ Barclay, *In Good Hands* and Jane H. Wicksteed, *The Growth of a Profession: Being the History of the Chartered Society of Physiotherapy, 1894-1945* (London: Edward Arnold, 1948).

²⁰ The CSP was to go through two more official name changes before adopting the title it retains today in 1944. It became the Incorporated Society of Trained Masseuses in 1900 and the Chartered Society of Massage and Medical Gymnastics in 1920.

corrupted as an instrument of the immoral. This perception is evident from the *BMJ*'s first disclosure of the scandal on 14 July 1894, in an article entitled 'Immoral "Massage" Establishments':

We understand that a good many "massage shops", the advertisements of which are frequently inserted in one or two of the fashionable daily papers, are very little more than houses of accommodation. A very common plan, we are informed, is for some man with a little capital to open an establishment of this kind, and then to advertise for half-a-dozen young lady assistants to do the work. ... If the young lady is "agreeable" she is retained on the staff ... This is so well understood that young men about town often make a tour of these establishments.²¹

Lest the inference be missed, the article ended with the declaration that any register of certified masseuses, as suggested by one of their members, would 'in many cases' be 'nothing more or less than a recognition of prostitution'.²²

Astounding Revelations, the pamphlet published by the *BMJ* in July 1894, and journal's subsequent four-part publication of the results of an inquiry into massage by its 'Special Commissioners' repeated and emphasised these sentiments in increasing detail. The story was taken up and further intensified by tabloid newspapers throughout Britain, and was even reported on as far away as Paris and New York.²³

However, in reading through these reports the impossibility of accurately interpreting massage and touch becomes evident; often neither strictly medical nor actually covert prostitution, massage inhabited a far greyer area than most newspapers acknowledged. The danger in imposing a black-and-white

²¹ 'Immoral "Massage" Establishments, *BMJ*, 14 July 1894, p.88.

²² *ibid.*

²³ Clippings from some of the local, tabloid and foreign newspapers were collected together in scrapbooks, presumably by one of the founding members of the Society of Trained Masseuses, and are now in the Wellcome Library, Contemporary Medical Archives Centre, SA/CSP/ P.1/1-2, Box 190, 'Press Cuttings, 1894-1895' and 'Articles on Massage Scandals, 1894-1895'. Where page numbers are not recorded, it is because they are not known, as the reports have been taken from this source. Many of the reports are quoted verbatim from articles in the *BMJ*.

distinction, however, was that all massage would be judged by the lowest common denominator; thus a society magazine predicted gloomily in 1895 that with their honour and purity 'irreparably tarnish[ed]' by the scandal, all masseuses would 'imperceptibly drift down the slope of degradation to their ruin'.²⁴ As the *BMJ* wrote in warning masseuses never to undertake general massage²⁵ for men, any conduct open to moral suspicion risked 'whittl[ing] away the boundary line between propriety and impropriety, if not immorality'.²⁶

The *BMJ*, as might be expected of a respected medical journal, demonstrated early on that it at least was aware that various nuances of morality existed within massage establishments:

The establishments with which we are dealing are, according to the information before us, by no means of one class; on the contrary, their methods and their mischiefs are protean. Some, as we have throughout acknowledged, are honest houses ... Others are establishments where an honest practice is carried on, although there are circumstances of suspicion and elements of danger. In yet another class the principal is probably a competent person who is philosophically prepared for either legitimate or illegitimate practice, as the case may be. ... When we pass beyond this ... we come to others of which all that we can say is that they appear to be carried on deliberately for immoral purposes, and to be used practically for nothing else.²⁷

As this extract makes clear, however, even they concentrated upon the 'slope of degradation'. Moreover, only a short time previously the journal had openly criticised two doctors for issuing the massage certificates that were used as a cover by those engaged in immoral practice, with no recognition of their possible

²⁴ CSP archives. *Apinall's Neigeline Society*, Vol.18, No.901 (20 April 1895), p. 311.

²⁵ General massage is massage all over the body, rather than in a localised area.

²⁶ 'Immoral Massage', *BMJ*, 21 July 1894, p. 146.

²⁷ 'The Scandals of Massage: Report of the Special Commissioners of the *BMJ* IV', *BMJ*, 24 November 1894, p. 1200.

worth to genuine masseuses.²⁸ The following week they were forced to print disclaimers from both men, one of them written by a solicitor.²⁹ Furthermore, their earlier pamphlet, which had so publicly unleashed the scandal, ended with the story of a woman who had conducted an adulterous affair with 'a medical electrician of Weston-super-Mare' who had been treating her crippled son.³⁰ The half-page story does not seem particularly relevant, except perhaps to cast doubt upon the moral standing of all who practiced massage, even in a medical context.

The intrinsic ambiguity and corruptibility of the word massage made it difficult to judge the medical from the immoral, and contemporary commentators thus randomly accused almost all massage advertisements of immoral intention. But looking at the advertisements in the daily papers, so castigated after 1894, it is often difficult to see any difference from those that appeared in *Nursing Notes*,³¹ which were often placed by future members of the Society of Trained Masseuses. Only the medical identification of the newspaper lends

²⁸ 'The Scandals of Massage: Report of the Special Commissioners of the *BMJ* III', *BMJ*, 17 November 1894, pp. 1140-1141. The medical men were Dr Herbert Tibbits, whose establishment for training masseuses was questioned by the journal in some detail and Dr Stretch Dowse, whose was merely mentioned as someone who signed certificates of proficiency in massage. However, as Dowse's solicitors wrote the 'coupling of his name with scandals which you allege to arise from the abuse of massage is not only unjust to him as a physician, but is calculated to injure him most seriously in the eyes of his fellow practitioners and the public'. The public meaning of massage had become almost entwined with immorality. The letter was printed by the *BMJ* the following week. 'The Scandals of Massage: Report of the Special Commissioners of the *BMJ* IV', *BMJ*, 24 November 1894, p. 1200.

²⁹ 'The Scandals of Massage: Report of the Special Commissioners of the *BMJ* IV', *BMJ*, 24 November 1894, pp. 1200-1201.

³⁰ *Astounding Revelations*, p. 14.

³¹ For example, from the *Sporting Times*, 24 April 1897: 'Electric Baths & Massage. Weir-Mitchell's System. Nurse Florence and six lady Masseuses. 11 to 9, and Sundays. Discipline treatment. Entire new method. 20 Great Portland Street, Oxford Street, W. Manicure and chiropody. Massage taught.' And from *Nursing Notes*, 1 February 1890: 'Private Electric Baths, 12, Davies Street ... Sister Helen Barnes, Certified Nurse and Masseuse, begs to announce that she has opened an Establishment at the above address, for the treatment of those suffering from Gout, Rheumatism, Sciatica, or any Nerve affection, but means of Electric Medicated Baths and Massage, Terms on application. Hours from 9.30am to 6.30pm.' (CSP archives). There are many other examples, all differ considerably, but it is virtually impossible to say definitely which offer medical and which pleasurable massage, except possibly by the paper they are published in. But even *Nursing Notes* warned its readers that inclusion of advertisements did not signify official approval of services offered.

respectability; and it is significant that one of the founding rules of the Society of Trained Masseuses in 1895 was to be: 'No advertising in any but strictly medical papers.'³² It is hardly surprising then that accounts exist of genuine masseuses being hired for morally questionable reasons. In a speech given in 1936 Rosalind Paget recalled the complications inherent in the moral uncertainty surrounding massage:

A young pretty masseuse was sent for to a nursing home ... [and] was waiting in the sitting room where a man was waiting. He looked at her & asked her what she was there for, she told him she was come to do some massage. He said be advised by me & go out of this house at once it is not a place for you. ... A masseuse for a gentleman in a nursing home was requested. Our Secretary sent a very nice member, a widow – not very young – when she got there ... after waiting some time a very swagger gentleman appearing in blooming health arrived, got into bed & requested to be rubbed all over, no doctor's orders. Mrs ---- complied but when she had finished she told the Manageress she should not come again ...³³

Thus public understanding of massage became almost intertwined with immorality in the late nineteenth century, which is indicative of the pervasiveness of images of the menacing sexual touch in this period. As Bland and Walkowitz have commented the 'beast' of male sexuality was envisaged as the threat to female purity,³⁴ and this attitude is evident in the publicity

³² This rule was decided on along with two others ('No massage to be undertaken except under medical direction.' and 'No general massage for men to be undertaken.') at the first minuted meeting, when the Society of Trained Masseuses had not yet been officially formed but was under discussion by a sub-committee of the Midwives' Institute. December 1894 sub-committee meeting; Wellcome Library, CMAC, SA/CSP/ B.1/1, Box 5, 'STM First Minute Book, December 1894 – August 1895'.

³³ Wellcome Library, CMAC, SA/CSP/P.2/3/1, Box 190, 'Historical Notes by Dame Rosalind Paget, c.1936'; from Paget's rough notes for a speech to be given on 19 June 1936 before a lecture by Dr Mennell in aid of the Manley Memorial Fund.

³⁴ Lucy Bland writes of male sexuality in the late nineteenth century as a matter of 'banishing the beast'. Lucy Bland, *Banishing the Beast: English Feminism and Sexual Morality 1885-1914* (London: Penguin, 1995). Judith Walkowitz notes that during W. T. Stead's 'Maiden Tribute' scandal of 1885, the young girls being trapped and forced into prostitution were depicted as victims of 'a devouring Minotaur, "a frightful monster ... the product of unnatural lust"'. Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (London: Virago, 1992), p. 97.

surrounding the massage scandal, which often deplored the corruption and ruin of innocent young girls.³⁵ Even the male *medical* touch had sinister undertones; female narratives of examination by male doctors in the nineteenth century were often constituted almost in terms of rape. During the campaign for the repeal of the Contagious Diseases Acts³⁶ such imagery was particularly prominent:

It is awful work; the attitude they push us into first is so disgusting and so painful, and then these monstrous instruments and they pull them out and push them in, and they turn and twist them about; and if you cry out they stifle you.³⁷

Even the *BMJ* warned in 1894 that medical men should not attempt massage of the uterus, as advocated by some gynaecologists, as 'it verge[d] so nearly upon well recognised abuses ... that the hoped-for physical benefits are far outweighed by the almost certain moral evils'.³⁸ The right of women to be treated by physicians of their own sex, and thus avoid the threat of male sexuality, was perhaps the most widely accepted argument in favour of women's access to medical education in the 1870s; MP James Stansfeld, for example, wrote in 1877 that such a claim was 'impossible for a man of justice or delicacy to long resist'.³⁹ Midwives too used such arguments, maintaining that childbirth, or at least natural childbirth, was 'decidedly out of [the] "sphere"' of male doctors.⁴⁰

³⁵ The image of girls being trapped and corrupted will be examined in more later in this chapter.

³⁶ The Contagious Diseases Acts, passed in 1864, 1868 and 1869 provided for the supervision and enforced medical inspection of prostitutes in eighteen garrison towns. The Acts were finally repealed in 1886.

³⁷ A registered prostitute, quoted in a letter by Josephine Butler; quoted by Walkowitz, *City of Dreadful Delight*, p. 92.

³⁸ 'Immoral Massage', *BMJ*, 21 July 1894, p. 146.

³⁹ James Stansfeld, 'Medical Women', *Nineteenth Century*, Vol. 1 (March-July 1877), p. 896.

⁴⁰ Letter from 'A District Visitor', dated 20 July 1898, *Nursing Notes*, Vol. 2, No. 9 (1 September 1898), p.93.

Narrative and Truth

It is important to be aware that the massage scandals of the 1890s did not exist in isolation. An undercurrent of sexual crime and sexual scandal pervaded late-nineteenth century London, and the narrative of the massage scandal and the public uproar that followed fitted within well-established traditions. 'The Maiden Tribute of Modern Babylon' articles in the *Pall Mall Gazette* and the Jack-the-Ripper murders of the 1880s emphasised female vulnerability and, as Judith Walkowitz has argued, the danger resultant when women 'transgressed the narrow boundary of home and hearth to enter the public sphere'.⁴¹ Social purity groups and feminists campaigned vigorously for legislation that would protect women from the perceived threat of male sexuality; indeed, much of the early work of the Society of Trained Masseuses was carried on in close connection with the Vigilance Committee.⁴² In response to the social purity furore, and following the 'Maiden Tribute' scandal, the 1885 Criminal Law Amendment Act raised the age of consent from thirteen to sixteen and increased the power of the Metropolitan Police in prosecuting prostitutes and brothel-keepers. Stefan Petrow argues that such increasingly repressive legislation enhanced the authority of the state to the detriment of individual liberty;⁴³ prostitution had been 'openly tolerated' unless a clear public nuisance until mid-century.⁴⁴ Thus prosecutions for brothel-keeping rose from an estimated eighty per year in the ten years preceding the Criminal Act to around 1,200 per year in the years 1885 to 1914.⁴⁵

⁴¹ Walkowitz, *City of Dreadful Delight*, p. 3.

⁴² Wicksteed, *The Growth of a Profession*, p. 52.

⁴³ Stefan Petrow, *Policing Morals: The Metropolitan Police and the Home Office, 1870-1914* (Oxford: Clarendon Press, 1994), pp. 4-5.

⁴⁴ *ibid.*, p. 121.

⁴⁵ Bland, *Banishing the Beast*, p. 101.

There are clear similarities with the 'Maiden Tribute' articles, published nine years earlier, in both the conception and reporting of the massage scandal; the *BMJ* even began their provocative pamphlet by acknowledging the context of the 'unclothed and stygian story of "Modern Babylon's" social sins'.⁴⁶ Both scandals highlighted the pitiable female victims, lured, trapped and ruined by brothel-keepers who catered to the 'unbridled' sexual passions of 'the rich and aristocratic classes'.⁴⁷ Instead of the 'child of thirteen brought for £5',⁴⁸ newspapers reporting upon the massage scandal told of the young lady, 'almost penniless', who naively responded to an advertisement in a fashionable daily newspaper for an 'agreeable' masseuse, 'ignorant of the dark meaning hid behind the word', and who entering the establishment and 'not knowing whither to turn ... [left] hope and honour behind, living on in a lurid glare of ignominy and shame'.⁴⁹ Thus the familiar language and melodrama of 'white slavery',⁵⁰ was re-invoked, and this time by the respected medical press as well as by tabloid newspapers. 'Then the stricken deer weeps and breaks her panting heart,' ended the account quoted above from the *BMJ*.⁵¹ Some newspapers echoed Stead's dramatically theatrical language even more forcefully; *Society*, for example, mourned the women who, on pretence of training in massage, were:

⁴⁶ *Astounding Revelations*, p. 3.

⁴⁷ CSP archives. 'Massage and the Aristocracy', *Reynold's Weekly*, 22 July 1894.

⁴⁸ From the report of the *Pall Mall Gazette's* secret commission, entitled 'The Maiden Tribute of Modern Babylon', issued as a reprint of the articles printed in the newspaper on 6, 7, 8, 10 July 1885. Quoted by Walkowitz, *City of Dreadful Delight*, p. 101.

⁴⁹ *Astounding Revelations*, p.9.

⁵⁰ Petrow charts the meaning of the term 'white slavery', from the 1830s when it was first used, in reference to the wage slavery of the northern factory girls, to the 1870s when Butler applied it to prostitution. From 1879 it was also used to refer to the young English girls reportedly trapped in brothels in Brussels. Thus 'white slavery' came to mean 'exploiting women for money' (usually through prostitution). Petrow, *Policing Morals*, p. 158.

⁵¹ *Astounding Revelations*, p. 9.

... decoyed into an abyss of ruin – an abyss out of which they could never clamber – an abyss ever deepening and darkening – an abyss wherein the demon of depravity is ever making his victims more degraded and more vicious.⁵²

The sinister 'beast' of male sexuality is clearly present in this quotation, eroding the moral fabric of society. The fear of national degeneration was also a familiar theme of white slavery stories, and the *BMJ*'s pamphlet played upon such fears, likening 1890s London to the Imperial Rome of 'declining days' where depraved sexuality went unchecked: 'Then, as now, life was a huge organised lie, and Society gangrened with corruption.'⁵³

It is interesting to note that although the pamphlet cites both men and women as patrons of these 'sham massage houses',⁵⁴ in the surrounding publicity both the female client and the male masseur are virtually ignored.⁵⁵ The *BMJ* moreover, portray the female client as a far more pitiable figure than her male counterpart, middle-aged and 'in no way good looking', her 'heart fluttering with pleasurable excitement' at the prospect of being treated for her imaginary illness by a 'well toileted young masseur'.⁵⁶ Outside of the pamphlet she is barely mentioned, demonstrating the importance of female purity to the melodrama of white slavery stories, purity that risked corruption by the aristocratic male

⁵² 'Massage Dens', *Society*, 22 October 1898. From the files of the Metropolitan Police at the Public Record Office (PRO), MEPO 2/460, 'Disorderly Houses: Massage Establishments, 1895-1915'.

⁵³ *Astounding Revelations*, p.13. These comments were quoted with delight by the socialist *Reynold's Weekly* on 22 July 1894 as they placed the blame for the 'gangrened' society firmly with the upper-classes for living in 'ostentatious luxury and sensual indulgence on the labours of the masses'. CSP archives.

⁵⁴ *ibid*, p. 8.

⁵⁵ Masseurs, whether immoral or genuine, are noticeably absent from the debate. The only exception is a Mr Maltby who railed against ignorant masseuses and considered even a year too short a training period in massage. 'Massage Secrets', *Morning*, 17 July 1894; 'Massage', *Scarborough Post*, 20 July 1894. The *BMJ* pamphlet ends with the statement: 'Mr Maltby, a gentleman every way eminent in his profession, desires us to say he is not the author of this Pamphlet. This we most willingly do.' *Astounding Revelations*, p. 15.

⁵⁶ *Astounding Revelations*, p. 8.

villain.⁵⁷ The idea that these roles could be in any way reversed was unthinkable. As has been well documented by historians, female purity as a concept pervaded the whole of Victorian society, and in particular middle-class culture. Nurses thus continued to be judged by their moral qualities rather than their education; in 1891, for example, Florence Nightingale opposed any general registration of nurses on the grounds that: 'You cannot select the good from the inferior nurses by any test or system of examination.'⁵⁸ Even in 1921 a hospital matron still warned the newly established General Nursing Council not to 'lose sight of the fact that moral and not theoretical qualifications went to make the nurse'.⁵⁹

This obsession with morality and female purity inevitably drew emphasis to the other end of the scale; thus the prevalence of Victorian prostitution narratives. As Alison Bashford has pointed out women were seen 'to embody both purity and pollution, to be potentially both Madonna and whore, angel and temptress'.⁶⁰ Bashford further suggests nurses to be the epitome of this essentially middle-class construction in that they incorporated images of both the pure and the impure through their 'intimate physical contact with male bodies ... charged with the possibility of sexual interpretation'.⁶¹ Such arguments could perhaps be applied more aptly to masseuses and, as the massage scandal demonstrates, indeed were applied by contemporary society. Touch, whether male or female, was inherently corruptible and any pursuit involving it inherently suspicious for, as the *BMJ* pointed out, awareness of 'that element of sex which

⁵⁷ Walkowitz, *City of Dreadful Delight*, pp. 85-86.

⁵⁸ Quoted by William Rathbone, MP, 'Miss Nightingale and the Registration of Nurses', *Nursing Notes*, Vol. 4, No. 6 (1 June 1891), p. 76.

⁵⁹ Miss Cummings, Matron of the Liverpool Royal Infirmary; *Nursing Times*, 7 May 1921. Quoted by Robert Dingwall, Anne Marie Rafferty & Charles Webster, *An Introduction to the Social History of Nursing* (London, Routledge, 1988), p. 93.

⁶⁰ Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine* (London: Macmillan, 1998), p. xii.

⁶¹ *ibid*, p. 58

is present in all human affairs, and which refuses to be ignored' was inevitably heightened where touch was involved.⁶² The Society of Trained Masseuses attempted to overcome this in 1895 by discouraging masseuses from treating men at all.

As public women, both nurses and masseuses risked being associated with prostitutes, the long-established female participants in the traditionally male public sphere. In 1898, for example, *Nursing Notes* bemoaned both that the 'innocent term massage' was taken to 'cloak a vile trade' and that nurses had been forced to discard their outdoor uniforms because 'disreputable women chose to masquerade as nurses'.⁶³ Until the Society of Trained Masseuses came into being, both respectable and dissolute masseuses might even have held the same certificates.⁶⁴ Cases of mistaken identity were not limited to medical women, however, Walkowitz notes that even women merely shopping or walking in the City or the West End by day were subject to male harassment.⁶⁵ Unconventional novelist Olive Schreiner was confronted by a policeman in 1886 whilst a male friend was walking her home one night; he was told: 'I've nothing to do with you, Sir; I don't want to interfere with you. It's her I want.'⁶⁶

Given the Victorian preoccupation with female purity, it is perhaps justifiable to question the veracity of white slavery narratives. As has already been noted it is doubtful that all 'immoral' massage was in fact prostitution, and even where it was, it has been suggested by Walkowitz and Petrow among

⁶² 'Immoral Massage', *BMJ*, 21 July 1894, p. 146.

⁶³ 'Massage Notes', *Nursing Notes*, Vol. 11, No. 131 (1 November 1898), p. 155.

⁶⁴ The *BMJ*'s Special Commissioners reported in 1894 that 'the advertisements of the massage house frequently make reference to some kind of certificate' and declared that they could not themselves 'place any confidence in any of the certificates which are in circulation', even those issued by medical men. 'The Scandals of Massage: Report of the Special Commissioners of the *BMJ* III', *BMJ*, 17 November 1894, pp. 1140-1141.

⁶⁵ Walkowitz, *City of Dreadful Delight*, pp. 50-52.

⁶⁶ 'Police Outrage on a Lady', *Pall Mall Gazette*, 5 Jan 1886. Quoted by Walkowitz, *City of Dreadful Delight*, p. 127.

others, that it was more likely to be due to economic necessity than forcible entrapment.⁶⁷ Petrow maintains that prostitutes working in massage parlours:

... paid an "entrance fee" of a guinea to the female proprietor to use her premises. But that was all. The prostitute charged her customer what she wanted and kept the lot.⁶⁸

Such an account of prostitutes as business-women sits uneasily with massage scandal narratives of girls trapped and 'ruined for life' by 'Madames' who, in order to keep the girls submissive, paid them very little or nothing at all.⁶⁹ Some newspapers were openly sceptical; others were disapproving that such a subject should be raised at all, even by a medical journal. The *Whitehall Review* in 1894, for example, declared themselves to be 'rather incredulous' about stories of entrapment and pointed out that 'immorality is not *qua* immorality against the law'.⁷⁰ An editorial in *The Nurse* doubted it was wise to publicise the 'nasty subject', however 'enterprising [it was] from a journalistic point of view'.⁷¹ Even *Nursing Notes*, perhaps in an attempt to distance respectable masseuses from the scandal, advised that the stories 'be taken with grains of salt', and advised the deceived girl to apply 'to the nearest magistrate if she really exists, when if her story is proved true she will get redress'.⁷² It seems somewhat doubtful, although not impossible, that by the 1890s most women were as guileless as they were portrayed in the press. The sexual scandals and crimes reported in the tabloid newspapers during the previous twenty years had,

⁶⁷ Walkowitz, *City of Dreadful Delight*, pp. 114-115; Petrow, *Policing Morals*, pp. 118-119.

⁶⁸ Petrow, *Policing Morals*, p. 154.

⁶⁹ *London Figaro*, 22 April 1897. The *London Figaro* quoted a Mlle. Corrine, a prostitute at a London massage establishment, who spoke 'in a devil-may-care tone that was infinitely more sorrowful and pathetic than the regulation "with tears in her voice"', of answering Madame's advertisement and coming to London with the desire to be a nurse, only to find herself ruined and forced 'to make the best of it', trapped by lack of money. This press cutting is from PRO, MEPO 2/460, 'Disorderly Houses: Massage Establishments, 1895-1915'.

⁷⁰ CSP archives. 'Immoral Massage', *Whitehall Review*, 28 July 1894.

⁷¹ CSP archives. 'The Massage "Scandal"', *The Nurse or Hygieia in Homespun*, Vol. 1, No. 5 (August 1894).

⁷² 'Massage Notes', *Nursing Notes*, Vol. 7, No. 82 (1 October 1894), p. 135.

according to feminist Maria Sharpe, broken down 'a great barrier for women'; she wrote in 1889 of the 'Maiden Tribute' articles: 'After them no one was supposed of necessity to be in ignorance'.⁷³ Indeed, most of the 'victims' cited as evidence in reports of the scandal had rarely themselves been deceived for long about the massage establishments, and seemed to have had little trouble in escaping the fate ascribed to their less fortunate, or less worldly, sisters. Laura Bridges, for example, whose testimony was sent in 1897 by the Parish of St. James to the Home Office as a warning of the danger that could befall naïve young women, was actually told explicitly in the interview that 'she must not object to seeing men naked' and was asked if she 'understood what the business really was'. In consequence she 'did not go near the place again', and clearly no attempt was made to deceive or entrap her.⁷⁴

Conceptualising Morality in Spiritual Healing

There was some connection between spiritual healing and immorality, or at least moral questionability, in nineteenth century popular thought. Historian Alex Owen, for example, argues that Henry James' portrayal of the healer Dr Selah Tarrant in his novel *The Aspern Papers* (1888) is 'typical' of the way in which spiritual healers were regarded at this time. Tarrant, she writes, is presented as being 'false, cunning, vulgar, ignoble; the cheapest kind of human product', whose perverse desire to touch young girls masquerades as healing ability.⁷⁵ Certainly, Spiritualism as a whole was often targeted by such accusations, and considering some of its common elements this is perhaps not

⁷³ Quoted by Walkowitz, *City of Dreadful Delight*, p. 132.

⁷⁴ Signed statement by Miss Laura Bridges, dated 14 April 1897; PRO, HO 45/10912/A56145/10, 'Bylaws: London County Council Registration of Massage Houses, 1897-1920'.

⁷⁵ Alex Owen, *The Darkened Room: Women, Power and Spiritualism in Late Victorian England* (London: Virago, 1989), p. 110.

overly surprising. The aura of mystery, the darkness required at séances, the emphasis upon touch, the aberrant behaviour of mediums, the perceived clandestine nature of the often small gatherings – all these things left Spiritualism vulnerable to implications of immorality. Owen for one implies that such charges were not necessarily unwarranted; she writes, for example, of the ‘undercurrents of sexual intrigue’ that pervaded Spiritualist circles in the late nineteenth century.⁷⁶ The spirits produced by mediums, perhaps acting out the repressed desires of Victorian society, often moved among the sitters, touching and even kissing them freely. Medium Annie Fairlamb’s séances in the 1870s, for instance, were characterised by the presence of ‘George’, who enjoyed touching and kissing female sitters, and ‘Minnie’, who preferred men and had been known to kiss them on the lips.⁷⁷ This type of behaviour was tolerated and even enjoyed in Spiritualist circles because the spirits were not perceived as real in any physical sense and were thus considered to be beyond the physical sexuality so feared by the Victorians, but to non-believers it appeared dangerously close to the boundaries of moral conduct. Touch was a sense wrought with multi-layered meanings and always open to misinterpretation and misuse. Unsurprising then that mediumship came to be so closely associated with what Jenny Hazelgrove calls ‘deviant sexuality’ and female instability.⁷⁸

There are many elements of spiritual healing that would appear to be similarly vulnerable to implications of questionable morality, such as the often close physical contact, mediumship, the cross-gender treatment, and perhaps also the vulnerability of the patient. Chandos Leigh Hunt, for example, in citing a

⁷⁶ *ibid*, p. 218.

⁷⁷ *ibid*, p. 221.

⁷⁸ Jenny Hazelgrove, *Spiritualism and British Society Between the Wars* (Manchester: Manchester University Press, 2000), p. 172.

successful instance of mesmerism, recounts an occasion when 'two young ladies' thought to be dying of consumption were isolated out in the country and kept under 'incessant control' for six months:

At the end of the six months they were completely restored to health, and on being awakened, and not remembering anything that occurred, were considerably astonished to discover such a sudden change in the weather.⁷⁹

Although Hunt uses this example to demonstrate the healing power of magnetism, the isolation and the unconsciousness of the girls could perhaps also have lent itself equally to a more dubious interpretation. It is strange to consider then that during the period covered by this study there seems to have been very little discussion of the morality of spiritual healers. Masseuses in the same period found themselves constantly having to defend their honour and respectability, and Spiritualism itself came in for some harsh moral criticism, but my research has uncovered very few instances of spiritual healers being thus attacked. Indeed, the medical profession, as will be seen in the second half of this thesis, were far more likely to accuse healers of quackery than immorality, despite the tactics that had been used in the past to attempt to discredit healers such as Greatrakes and Mesmer.

Some discussion of how spiritual healers avoided such charges thus seems necessary at this point. It may have been simply that in fact little sexual immorality was practised under the name of spiritual healing during this period, for the general hostility of the medical profession surely means that any evidence of such immorality would have been seized upon as a way of damaging the credibility of spiritual healing as a whole, as had happened with massage in the

⁷⁹ Chandos Leigh Hunt, *A Treatise on All the Known Uses of Organic Magnetism, Phenomenal and Curative* (London: J. Burns, 1876), p. 19.

1890s. But evidence was certainly not always necessary for such rumours to begin, and it is interesting that healers themselves did not even seem to fear moral criticism. For example, Harry Edwards included in his book *The Science of Spirit Healing* (1945) a description of the method by which he healed growths in the breasts of female patients:

... [T]he healer places his right hand around the growth and as he does so he is conscious of a vibratory movement pulsing down the arm to the fingers. Sometimes this is so strong that the hand and arm can be seen to vibrate violently, and at times ache as a result. It invariably follows that there is a softening-up of the lump ... It may take a number of healings to reduce the size appreciably, but if the treatment is persisted in, the growth sometimes disappears completely.⁸⁰

Edwards writes this almost in the manner of a medical case study, and seems to consider himself, like a doctor, to be above suspicion. It is significant that into the mid-twentieth century healers like Edwards and Lilley were in the process of professionalising, and masculinising, aspects of spiritual healing, as was discussed in chapter one. Both set up spiritual hospitals, their so-called sanctuaries, and both brought their healing much more into the public sphere through publishing books, gaining media exposure and defending themselves vociferously against critics. Lilley even sought - and gained - 'unconditional exemption' from military service during the Second World War through presenting details of his gift before a military tribunal.⁸¹ Perhaps here then the fact that they were men is particularly important, for it enabled them to present themselves as akin to doctors, as rational and skilled professionals, and any questioning of their integrity thus by association also threatened to call into

⁸⁰ Harry Edwards, *The Science of Spirit Healing* (London: Rider, 1945), p. 65.

⁸¹ Arthur Keith Desmond, *The Gift of Healing: The Story of Lilley the Healer* (London: Psychic Press, 1943), p. 34.

question the integrity of doctors themselves. Furthermore, their ability and confidence to lay their gifts open to the public sphere certainly went some way to removing the aura of secrecy and mystery that could seem vaguely threatening and was all too easy to misconstrue.

But it is more than this, for female healers, and those who practised on a much smaller scale than Lilley and Edwards, do not appear to have been any more likely to suffer from allegations of immoral intention. The decided lack of centralised organisation, and even of a consistent set of beliefs, within spiritual healing almost certainly had a role to play here. It was much more difficult for detractors to direct their criticism towards spiritual healers as a single entity than it had been for, say, the medical profession to question the integrity of masseuses, because healers in general were more likely to construct themselves as individuals rather than as members of a specific group or movement. And even where they did belong to a particular organisation, such as Spiritualism, Christianity, Christian Science, etc., these organisations did not always acknowledge their connection to one another. And as we have seen, not all spiritual healers would even have referred to themselves thus. The difficulty this posed to their critics can be seen by the fact that before the advent of such organisations as the British Society of Emmanuel and Christian Science in the early twentieth century, the *BMJ* were forced to limit their ridicule and disapproval to isolated individuals and events, there being no institution for them to direct their attack against. In 1888, for example, the *Journal* reported on a woman in Dunoon who had been admitted to an asylum suffering from 'religious mania' following failed faith healing from her clergyman to treat post-natal

paralysis.⁸² The links the *BMJ* were attempting to demonstrate here between spirituality and insanity were general themes, but their article limited itself to commentating specifically on the local. Similarly, in 1890 the *Journal* reported that a healer in Toronto, a Mrs Stewart, was being tried for manslaughter on the grounds that her instructions to a diabetic man to ignore the dietetic advice of his doctors showed 'gross ignorance' and caused his swift decline into a diabetic coma and ultimate death.⁸³ There are many other such examples. It is significant that direct criticism of spiritual healing in general was habitually absent from such articles, demonstrating the difficulty of pouring universal scorn on all the myriad philosophies and practices encompassed under the term spiritual healing. After the early-twentieth century, the *BMJ* mainly limited themselves to criticising the various religious unorthodox healing institutions that had started to be formed, such as Christian Science, and individuals not part of those groups were largely ignored, partly because they posed little threat to the medical profession but also perhaps because they proved to be difficult to classify. It should also be noted that even the brief comments discussed above make no mention of morality.

Undoubtedly part of the reason for this decided lack of scandal was the attitude of the tabloid newspapers, which had been so quick to pick up and embellish the *BMJ*'s shocking allegations concerning the immorality going on under the name of massage in 1894. Indeed, they seem to have been conversely more interested in the achievements of spiritual healers than in the doubts of the authorities; tales of miraculous cures were perhaps dramatic enough without their having to factor in questions of morality. For example, W.T. Stead, the

⁸² 'Faith-Healing', *BMJ*, 5 May 1888, p. 973.

⁸³ 'Manslaughter by a Faith Healer', *BMJ*, 4 October 1890, p. 820.

crusading editor of the *Pall Mall Gazette* during the 'Maiden Tribute of Modern Babylon' white slavery scandal and the massage scandal, was sympathetic to spiritual healers and published in support of their 'stagger[ing]' claims during the early twentieth century.⁸⁴ For instance, he concluded an article on Christian Science:

[S]o long as mortal men are really healed, so long will they go to the healers, let the doctors say what they will.⁸⁵

The anti-establishment element within such healing clearly appealed to Stead, much to the frustration of the *BMJ* who described him in 1911 as 'hav[ing] the art of vulgarising whatever he touches'.⁸⁶ Surgeon H.T. Butlin realised early on that part of the popular appeal of therapies such as spiritual healing lay in 'the pleasure of acting in opposition to the orders of our profession', which he admitted was 'apt to be a little dictatorial at times'.⁸⁷ But without the collaboration of tabloid newspapers it would have been difficult for critics to have incited any popular sense of scandal surrounding spiritual healing.

Had charges of immorality been made or even assumed, however, it is doubtless more than likely that the tabloid press would have followed them up, as they did with those laid against masseuses in the 1890s. That they were not probably has much to do with the way in which touch was constructed differently in spiritual healing as opposed to in physical healing. Touch had always played a crucial role in religious thought, and as such the spiritual touch had not the dangerous sexual potency of the physical touch. The spirit world, or heaven in orthodox Christian thought, was generally constructed as a utopian version of the physical world, and one from which

⁸⁴ Quoted from an article in Stead's *Review of Reviews* in March 1909 by 'Spiritual Healing', *BMJ*, 1 May 1909, p. 1078.

⁸⁵ *ibid.*, p. 1078.

⁸⁶ 'A Spiritualistic Neurosis', *BMJ*, 27 May 1911, p. 1292.

⁸⁷ H. T. Butlin, 'Remarks on Spiritual Healing', *BMJ*, 18 June 1910, p. 1469.

the sins of physicality were absent. For example, Arthur Conan Doyle, the famous proponent of Spiritualism, wrote of the world to come:

It is pre-eminently a life of the mind, as this is of the body. Preoccupations of food, money, lust, pain, etc., are of the body and are gone. Music, the Arts, intellectual and spiritual knowledge, and progress have increased. ... People live in communities, as one would expect if like attracts like, and the male spirit still finds his true mate though there is no sexuality in the grosser sense and no childbirth.⁸⁸

Immorality, and even sexuality itself, was thus constructed as something earth-bound, something physical which had no place in a spirit world. This is why materialised spirits at séances were free to touch, stroke and kiss sitters because, as they were believed to be untroubled by earthly desires, their actions had no sexual meaning. Similarly, Dorothy Kerin could talk of the 'ancient power' of God's 'living touch' without any danger of the comment being misinterpreted on a physical level.⁸⁹ Spiritual healers believed that God or the spirits of the dead were working through them to heal, thus investing their touch with power and at the same time divesting it of sexuality. Trance healers generally worked with their eyes closed, as Lilley's biographer wrote, 'completely oblivious' as to what was going on during the healing, their minds 'thousands of miles away, climbing the astral stile, mounting the heavenly hill' while 'limbs and body [were] moved about at will'.⁹⁰ So compelling and so innate was this ancient concept of the purity of the divine touch that even those who did not believe in a spirit world did not often interpret spiritual healing on solely a base physical level.

Furthermore, conceptions of spirituality have long been connected to morality and thus spiritual healers were able to construct themselves, and were

⁸⁸ Quoted by Hazelgrove, *Spiritualism and Society*, p. 27.

⁸⁹ Dorothy Kerin, *The Living Touch* (London: G. Bell & Sons, 1914), pp. 20-21.

⁹⁰ Desmond, *The Gift of Healing*, p. 57.

constructed by others, as having a touch of the divine about them, distancing them from the very possibility of immorality. The spirit doctor Dr Lascelles wrote, for example:

[T]he wisest doctor cannot heal a patient spiritually without love and you can't love patient after patient without raising yourself spiritually – to make it possible to love all men.⁹¹

Evident here is the implication that good healers of all kinds were spiritually higher, were better people than those around them. Nor was this kind of assertion unusual, spiritual gifts were often thought to be the reward of virtue. Thus William Lilley is described as being a vegetarian who rarely drank, whose 'luxuries and recreations [were] few and simple', and who preferred study to pleasure.⁹² Chandos Leigh Hunt in the 1870s had written of the need for a person to observe 'the strictest laws of morality ... [and] health' if they wanted to become a 'powerful magnetiser'.⁹³ And this belief had altered not at all by the 1950s, when Margaret Frayling, for example, wrote that to keep the 'channel', through which the healing 'Life-Force' passes, 'pure, and the flow of power unhindered' the healer must 'constantly place himself in tune with the Highest', lead a spiritual life and never attempt to claim credit for his healing powers.⁹⁴ Immorality and spiritual ability were simply not compatible.

Indeed, far from believing themselves able to profit from their abilities, spiritual healers almost universally emphasised their altruism. Healing was constructed as a vocation rather than as a career, and one that demanded self-sacrifice as well as innate goodness on the part of the healer. Healers often claimed to have given up well-paid jobs to devote themselves to helping others;

⁹¹ Rosa M. Barrett (ed.), *Beyond: A Continuation of "The Seekers", Further Talks by "Dr Lascelles"*, 3rd edition (London: Daniel Co., 1934, first published 1929), p. 127.

⁹² Desmond, *The Gift of Healing*, p. 51.

⁹³ Hunt, *A Treatise on All the Known Uses of Organic Magnetism*, p. 8.

⁹⁴ Margaret Frayling, *The Quest for Spiritual Healing* (London: Rider, 1951), p. 33.

Lilley, for example, relinquished a promising career in music, as a soloist cornetist. His biographer describes this as just 'one of the many sacrifices he made in the cause of healing'.⁹⁵ Harry Edwards similarly saw his healing as a type of philanthropy, and did not expect his patients to pay even his expenses:

Time is not begrudged. No financial return is asked or expected. [Healers] are recompensed by seeing a sufferer – a so-called "incurable" – made well. Spirit healing, from the Spiritualist standpoint, is a labour of love and of service.⁹⁶

Such a self-sacrificing attitude, it will be noted, is characteristic of traditionally feminised virtues, something male healers apparently tried to overcome by the size and professionalism of their enterprises. Most healers of course accepted donations, through which they paid administration costs, and Edwards in addition maintained his career as a printer during the day in order that he not be dependent on his gift for his livelihood. A similar emphasis on the importance of virtue can be seen in regard to Spiritualist mediums who, Hazelgrove argues, were commonly presented as pure, moral and selfless beings, and who by the 1930s were being increasingly encouraged to live 'akin to a convent existence', sacrificing worldly pleasures such as rich food, sex and alcohol in order to devote themselves to 'consol[ing] the sick, the injured and the bereaved'.⁹⁷ This connection between spirituality and philanthropy was a common one - even Mesmer had provided free treatment to the poor⁹⁸ - and much charity work was carried out in the name of both Christianity and Spiritualism. Throughout the Second World War for example, the Greater World Christian Spiritualist League maintained free night-shelters and hostels, and after the War they set up the

⁹⁵ Desmond, *The Gift of Healing*, p. 51.

⁹⁶ Edwards, *The Science of Spirit Healing*, p. 27.

⁹⁷ Hazelgrove, *Spiritualism and British Society*, pp. 82, 87 & 258.

⁹⁸ Pattie, *Mesmer and Animal Magnetism*, p. 3.

Leeds Free Night Shelter and Home for lonely and destitute women and children which catered for 3,000 cases in 1952 alone.⁹⁹

This tendency toward the philanthropical was not merely natural inclination on the part of the healers however. As healers did not often claim to be in direct control of their abilities, believing themselves to be the instrument of some higher power, so there was the threat that what been divinely given to them could be divinely taken away if they ceased to be worthy of it. Lilley, for example, believed that if he had tried to profit financially or, one supposes, immorally, by his gift, 'his powers would [have] wane[d]'. 'The spirit supplies [the healer's] needs,' wrote his biographer, 'but draws the line at a fortune'. Thus, although Lilley had laid down a prescribed series of fees by 1941, he was flexible, charging patients only 'what they could afford and ... if it was little, if indeed it was nothing, then, what of it?' And when a 'famous London hospital' offered him £50 a week to diagnose their patients he refused:

The spiritual healer cannot trade his knowledge: you cannot sell the gifts of God. You may co-operate, but you cannot capitalise.¹⁰⁰

Harry Edwards believed that, by the 1940s, spiritual healing remained the least commercialised aspect of Spiritualism, which is why he felt it was widely regarded as being 'on a far higher plane than any other psychic activity'.¹⁰¹ This non-commercial attitude sometimes confused and surprised critics. For example, self-confessed sceptic Sydney Moseley was treated by Mr Foster's healing spirit guide, the North American Indian 'Whitey', for 'some throatal trouble'. He was far from convinced that the treatment, through touch, rubbing and heat, had

⁹⁹ Reginald M. Lester, *Towards the Hereafter: with a Special Enquiry into Spiritual Healing* (London: Harrap, 1956), p. 23.

¹⁰⁰ Desmond, *The Gift of Healing*, pp. 39 & 51-52.

¹⁰¹ Edwards, *The Science of Spirit Healing*, p. 25.

effected more than a 'momentary improvement' and, after four doctors had assured him that he needed an operation, he could not believe that 'faith [could] remove solid bone'. But Whitey's 'extraordinary confidence' and refusal to accept money left him 'puzzled', unable either to believe in the efficacy of the treatment or to dismiss it as a scam.¹⁰² Lucrativeness implied deception as practitioners and critics alike realised. Thus healer Eileen Garrett considered that a good way of testing whether or not medical therapies were 'worthy of trust' was to judge the attitude of the healer. Anyone for whom medicine was a business, she felt '[was] no true healer and should be trusted by nobody'.¹⁰³ In the late nineteenth century Henry Maudsley had dismissed all so-called supernatural happenings as the work of cunning frauds who 'fooled and duped' the multitude 'for their own profit'.¹⁰⁴ Twentieth-century healers, it would appear, were as careful to avoid the appearance of commercialism as they were to avoid the appearance of immorality.

However, that is not to say that all healers were as careful to emphasise their altruism as Edwards, Lilley and Foster were. Earlier healers such as Chandos Leigh Hunt had openly charged for their services, a guinea in her case, although she did treat the poor for free twice a week.¹⁰⁵ Her husband, Joseph Wallace, sold the secrets of his system of health to doctors and clergymen for the princely sum of one hundred guineas each, something freely admitted by Hunt,¹⁰⁶ seeming to justify some of the criticisms of quackery made by doctors. The *BMJ*

¹⁰² Sydney A. Moseley, *An Amazing Séance and An Exposure* (London: Sampson Low, Marston & Co, 1919), p. 161.

¹⁰³ Eileen J. Garrett, *Life is the Healer* (Philadelphia: Dorrance & Company, 1957), p. 79.

¹⁰⁴ Henry Maudsley, *Natural Causes and Supernatural Seemings* (London: Kegan Paul, 1886), p. 47.

¹⁰⁵ Chandos Leigh Hunt, *Physianthropy or The Home Cure and Eradication of Disease*, 8th edition (London: Philanthropic Reform Publishing Office, 1901, 1st published 1883), p. 54.

¹⁰⁶ *ibid*, p. 53.

often used profitability as an indicator of fraudulence, such as in the case of a Mr Mollinger, a Pittsburgh faith healer of the late nineteenth century, who they noted sardonically had ‘by the exercise of his “miraculous” powers accumulated a fortune of about two million dollars’.¹⁰⁷ As can be seen in the case of the massage scandal, charges of commercialism often went hand-in-hand with charges of immorality. Spiritual healers, increasingly into the twentieth century, tried openly to avoid both by emphasising both their moral worth and the philanthropical nature of their enterprises.

In addition to the importance of the ethics of the healer, spiritual healing literature also sometimes emphasised the need for virtue on the part of the patient, further distancing the art from perceptions of immorality. 1930s commentator George Gordon Dawson, for example, connected God’s willingness to heal with the patient’s ‘moral worth’,¹⁰⁸ although this attitude was fairly rare even amongst Christian healers. ‘Christian Religious Healing’, he wrote, ‘demands holiness of life in the healer, and the patient must be in vital touch with God’.¹⁰⁹ But, as we have seen, spiritual healers of all kinds commonly stressed the importance of balance in health, both between the physical and the spiritual and in all aspects of everyday life. Eileen Garret, for example, wrote in 1957:

Bondage to one’s appetites is the surest way to defy the rules of good health – which none can do with permanent impunity.¹¹⁰

This at least implies the need to live a moral life, or at least to curb the appetites of the body for physical pleasures. Some healers went further still, and suggested that far from any connection with immorality, spiritual healing could

¹⁰⁷ *BMJ*, 30 August 1890, p. 511.

¹⁰⁸ George Gordon Dawson, *Healing: Pagan and Christian* (London: Society for Promoting Christian Knowledge, 1935), p. 259.

¹⁰⁹ *ibid*, p. 272

¹¹⁰ Garret, *Life is the Healer*, p. 43.

actually help to destroy such immoral tendencies in patients. Chandos Leigh Hunt claimed that 'when under control' a subject 'always evince[d] a tendency to higher and purer principles than while in a normal state' and this, she believed, could be used to heal the mind of a patient as effectively as the body:

A magnetiser observing and applying these laws, can, by a course of sittings, entirely obliterate all desires for the continuance of any moral depravities such as drunkenness, gambling, etc., etc., from the mind of the subject. When the subject has been controlled, against his own rationale or soul's desire, by abnormal or sensual appetites, or depraved, irrational cravings, then the magnetiser is fully justified in substituting pure control, upon virtuous principles, for those which are physically, mentally, and spiritually low or are of a suicidal character.¹¹¹

Hunt, however, gives little indication of how she was able to do this, but even healers who did not make such expansive claims these, still almost universally constructed spiritual healing as something that encouraged right thought and right action. And here again, healing is closely connected to religion; famous Spiritualist Emma Hardinge Britten, for example, wrote of Spiritualism in the nineteenth century as a 'ceaseless incentive to practise good.'¹¹² It was then the spirituality perceived to be inherent in spiritual healing which ensured its freedom from many of the baser interpretations and rumours that infected massage, despite some considerable similarity of therapeutics.

¹¹¹ Hunt, *A Treatise on All the Known Uses of Organic Magnetism*, p. 14.

¹¹² Quoted by Geoffrey K. Nelson, *Spiritualism and Society* (London: Routledge & Kegan Paul, 1969), p. 210.

Chapter Four

'The Divine Spark in Man'¹: Spiritual Healing in the Christian Churches

The closest that healers and doctors ever came to general mutual toleration was through the auspices of the Anglican Church, who from the early twentieth century onwards became increasingly eager to revive a healing ministry they constructed as their natural but neglected domain. This ministry was propagated mutually by passionate religious laymen, such as, perhaps most famously, healer James Moore Hickson, by individual members of the clergy of various denominations and doctrinal persuasions,² and by the Anglican leadership itself, as is demonstrated by the considerable attention the subject received at the Lambeth Conferences of 1908, 1920, 1930 and 1958 respectively.³ It should be noted here however that, as historian Stuart Mews has argued, these successive Lambeth Conference deliberations should not really be seen as demonstrating so much 'a cumulative build-up of interest in spiritual healing' as 'responses to waves of interest which ... ebbed as well as flowed

¹ Margaret Frayling, *The Quest for Spiritual Healing*, (London: Rider, 1951), pp. 11-12. Taken from the introduction written by Christopher Le Fleming.

² Where biographical details of these individual clergymen can be found they have been included along with their doctrinal leanings, but such information is not always possible to ascertain as many ordinary lower clergymen also participated sporadically in the debate, through the pages of *The Times* and the religious presses. As will become apparent throughout this chapter specific doctrinal leanings (towards anglo-catholicism, evangelicalism, modernism, etc.) and an individual's level of support for spiritual healing did not always anyway necessarily go hand-in-hand. Spiritual healing seems to have generated an often fractured and individual response within the churches, often transcending such doctrinal boundaries.

³ See pp. 11-14 of this thesis for an overview of the involvement of the Christian churches in spiritual healing. See also Stuart Mews, 'The Revival of Spiritual Healing in the Church of England, 1920-26' in W. J. Sheils (ed.), *The Church and Healing: Papers Read at the Twentieth Summer Meeting and the Twenty-First Winter Meeting of the Ecclesiastical History Society* (Oxford: Basil Blackwell, 1982), pp. 299-331 and Graham Richards, 'Psychology and the Churches in Britain 1919-39: Symptoms of Conversion', *History of the Human Sciences*, Vol. 13, No. 2 (2000), pp. 57-84 for specific historical analysis of the place of spiritual healing within orthodox religion in the interwar years.

throughout [the] century'.⁴ Nevertheless, the participation of the church undoubtedly provided Christian healers with a respectability and establishment authority that made them far more difficult for the medical profession to simply dismiss than less organised and more outwardly subversive healers were. A newly collaborative, if intermittent, discussion base was created and maintained by the Christian religious authorities, beginning with the Church Medical Union that was set up in the wake of the 1908 Lambeth Conference and continued with the interdenominational Churches' Council of Healing, established in 1944 by Archbishop William Temple. Both these organisations, and the others like them, primarily aimed at fostering co-operation between clergymen and doctors. Although the medical profession were never able to match the sustained enthusiasm of the church for medical-religious collaboration in matters of health, they were nonetheless undeniably drawn through this agitation into a sporadic discursive involvement.

The Anglican Healing Ministry

The Anglican healing ministry can be seen partly as a quasi-evangelical reaction by the Anglican Church to the increasing religious plurality and denominational evangelicalism of the nineteenth and twentieth centuries. Historian Callum Brown among others has argued that non-Anglican Christian denominations, which included such groups as the General Baptists, the Wesleyan Methodists, and the Quaker Society of Friends, were inherently more active and more evangelical than the orthodox churches. Evangelicalism emphasised conversion and personal salvation, and denominational adherents

⁴ Mews, 'The Revival of Spiritual Healing', p. 300.

thus raised money, distributed tracts, preached and, in short, actively attempted to engage and convert individuals.⁵ Groups such as the Baptist Missionary Society, founded in 1792, and the Methodist Salvation Army, founded in 1861, demonstrate the distinctive missionary zeal and military aspect that characterised many such evangelical factions. Spiritual healing with its active missionary outlook and emphasis on personal spiritual elevation made a potent evangelical tool, and it was utilised at various times by the Society of Friends, the General Baptists, Methodists, and the Salvation Army among others,⁶ as well as by foreign missionaries of almost all Christian denominations.

The Anglican Church's espousal of spiritual healing was then, at least in part, an attempt to utilise this evangelical trend, which as Brown has pointed out 'transcended denominational boundaries' and was increasingly to be found within the orthodox churches as well as splinter denominations.⁷ Some Anglicans seized upon spiritual healing as a means of revitalising and energising a church which seemed to some rather too passive and complacent in comparison with the fervent activity of the evangelical denominations.⁸ Thus Archbishop Randall Davison was reported to have told James Moore Hickson in the early

⁵ For more information see D. Bebbington, *Evangelicalism in Modern Britain: A History from the 1730s to the 1980s* (London: Unwin Hyman, 1989) and Callum Brown, *The Death of Christian Britain: Understanding Secularisation 1800-2000* (London: Routledge, 2001).

⁶ Both George Fox, the founder of the Society of Friends, and John Wesley, the founder of Methodism, themselves practised spiritual healing.

⁷ Brown, *The Death of Christian Britain*, p. 56. Denominational churches, Brown argues, 'were undoubtedly the leading edge of evangelical endeavour', but from the early nineteenth century onwards there had also existed a small but influential evangelical faction within the Anglican Church. See Kenneth Hylson-Smith, *Evangelicals in the Church of England 1734-1984* (Edinburgh: Clarke, 1988) and Charles Smyth, 'The Evangelical Movement in Perspective', *Cambridge Historical Journal*, Vol. 7, No. 3 (1943), pp. 160-174 for further information on the evangelical movement within the Anglican Church.

⁸ Historian Stuart Mews goes so far as to describe spiritual healing in the early twentieth century as 'an opportunity not to be missed' for 'a clergy, conscious of a restricted role and reduced circumstances, and longing for visible results in a post-war world which seemed alien and apathetic'. Mews, 'The Revival of Spiritual Healing', p. 318.

twentieth century to proceed with his healing work 'like the patrol of an army',⁹ echoing the militant missionary language common to evangelicalism. Christian healers moreover often stated conversion to be one of their principal aims. Hickson, for example, in 1908 claimed that he intended to use spiritual healing 'not only for the healing of the body, but as a means of drawing the souls of men nearer to God'.¹⁰ The Reverend R.C. Griffith, a vocal advocate of the new healing ministry, likewise believed that 'souls [were] converted and faith ... renewed in many lives' through spiritual healing, even amongst those who did not themselves experience its physical benefits:

I have seen thousands of people waiting outside two little slum churches from nine o'clock in the morning till a quarter past eleven at night kneeling in the streets and the gutters of the city in prayer for those on whom the hands are being laid within those little shrines. It takes something to get a hardened sinner on his knees in a gutter in prayer, but the spiritual healing work of the church does it.

Griffith refuted as a 'blasphemous lie' critics' claims that religious faith might be immeasurably undermined by any personal experience of the failure of spiritual healing to effect physical cure.¹¹

More specifically, the attempted revival of the Healing Ministry was also a reaction by the Anglican Church to the threat of increasing religious plurality. As the *BMJ* realised in 1910, the Church had suddenly 'awakened to the need of not leaving the healing of the sick by spiritual means to its rivals'.¹² Almost

⁹ Morris Maddocks, *The Christian Healing Ministry* (London: The Society for the Promotion of Christian Knowledge, 1981), quoted by Mews, 'The Revival of Spiritual Healing', p. 299.

¹⁰ Quoted from Hickson's monthly journal *The Healer* of January 1908 by 'Mental Healing', *BMJ*, 18 June 1910, p. 1495.

¹¹ *The Times*, 27 August 1923, p. 12 column b. The newspaper was reporting on an address given by Griffith, the Vicar of St. Benedict and St. Martin-at-Palace, at Westminster Abbey.

¹² They also note interestingly that the Anglican Church's modern motives for reviving the healing ministry - fear for its religious monopoly and a desire to convert - echoed those of seventeenth-century healer Valentine Greatrakes who believed that God had chosen him as a healer firstly in order to 'convince this Age of Atheism', and secondly to 'abate the pride of the

certainly the contiguous catalyst for the Church's involvement was an uncomfortable awareness of the mounting prominence within Britain of the extremist American healing sect Christian Science.¹³ Indeed, as Stuart Mews has pointed out, the initial Lambeth consideration of spiritual healing at the 1908 Conference was actually prompted by 'the request of ... American bishops who wanted to co-ordinate their response' to the movement.¹⁴ Certainly by the 1920s the Church was fully conscious both of the threat posed by Christian Science and of the implied rebuke inherent in its sustained popularity. A member of the evangelical Anglican Church Army, for example, was in 1919 reported in *The Times* newspaper blaming the sedentary materialism of the modern Church for generating much of the appeal of Christian Science:

To believe in a new form of religion ... in order to practise faith-healing ... should not be necessary. The Church was the original and the true physician, in the physical as in the spiritual sense; but the materialistic trend, particularly of the last 100 years, ha[s] caused the Church's function of healing to become dormant.¹⁵

The Times itself found the Anglican Church 'gravely to blame' for the rise of Christian Science,¹⁶ and Christian Scientist Charles Herman Lea suggested the orthodox churches in general needed to 'ponder ... very deeply' the phenomenal growth of the sect compared to their own declining numbers.¹⁷ Even the

Papists that make Miracles the undeniable Manifesto of the truth of their Church'. Quoted by 'Mental Healing', *BMJ*, 18 June 1910, p. 1494.

¹³ See pp. 15-16 of this thesis for an overview of Christian Science.

¹⁴ Mews, 'The Revival of Spiritual Healing', p. 312.

¹⁵ *The Times* was reporting on an address on spiritual healing given at the Church Army Headquarters by a Mr Maynard. *The Times*, 11 November 1919, p. 11, column a. The Church Army was a voluntary evangelical Anglican organisation founded in 1882 by the Reverend Wilson Carlile.

¹⁶ From a *Times* editorial on the subject. *The Times*, 10 January 1924, p. 13, column e.

¹⁷ The number of worldwide Christian Science churches, Lea wrote, had increased from a mere twenty-eight in 1892 to an impressive 1,500 by 1915. Charles Herman Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science and a Challenge to its Critics*, 2nd ed. (London: Dent, 1915), p. 7. Modern historians such as Callum Brown would cast doubt on Lea's description of the plummeting numbers of orthodox religious adherents in the early twentieth century, but nevertheless the explosion of Christian Science during this period is quite

Anglican Church authorities themselves in an encyclical preceding the publication of the 1924 Lambeth Conference committee report admitted that 'there was much in Christian Science which ought to be found within the Church', acknowledging that the continuing success of the sect was at least in part due to the deficiencies of orthodox religion.¹⁸

The new healing ministry thus contained within it many tacit criticisms of mainstream Christianity. Despite Emmanuel cleric Samuel McComb's claim in 1921 that the revival of spiritual healing was a 'remarkable sign of the awakening spiritual life of the Church',¹⁹ many others saw it as a belated attempt to reform an organisation which had become too materialistic, too sedate and too detached from the spiritual needs of the population. Eleanor Reed, for example, a Christian healer working in early twentieth century, in 1914 accused the Anglican Church of neglecting its duty towards the sick in its obsequious attitude towards orthodox medicine. She described the teachings of science and religion as 'confusing to the invalid' and 'respectfully' suggested that 'where the clergy and the doctors needed to meet was in the homes of the sufferers, and not merely at the bedside of the dying'.²⁰ There is in such arguments the clear implication that the Anglican Church was as much to blame as the medical profession for the harmful division of the material from the spiritual in matters of health. It was accused of materialistically forsaking wonderment and, as Lea argued, of being

phenomenal. See Brown, *The Death of Christian Britain* for further discussion of secularisation and religious statistics.

¹⁸ Anglican encyclical reported in *The Times*, 2 January 1924, p. 13, column b.

¹⁹ Samuel McComb, 'Spiritual Healing and the Church', *The Contemporary Review*, No. 665 (1921), p. 670. McComb was the joint founder of the American Emmanuel Movement in the 1900s. See p. 12 of this thesis for more information.

²⁰ From a speech given by Miss Eleanor Reed at a meeting at Kensington Town Hall where the 1914 Clerical and Medical Committee Report was roundly criticised by advocates of spiritual healing. Reported by *The Times*, 16 June 1914, p. 5, column b.

'afraid to venture on the purely spiritual life which people crave'.²¹ In 1951 Christian composer Christopher Le Fleming was still hoping that the latest revival of spiritual healing within the Anglican Church would help to restore a sense of wonder to what he felt had become the monotonous ritualistic rhetoric of Christianity:

... no longer will much of Church life and ritual seem to many a matter of vain repetition, but the words of the liturgy will come once more to turn and tread in time with the rhythm of creation, with the same wonder and assurance as the stars in their courses.

He believed that the Anglican Church had too long repressed the 'more vital aspects of the Christian heritage' fearing that spiritual spontaneity would challenge conformity to its rigid doctrines and thus erode its carefully-established 'self-righteousness and respectability'. For him, dissenting sects and denominations merely represented aspects of Christianity which had been lost to the orthodox Church.²²

One specific way in which the Church was accused by both its internal and external critics of failing people in the early twentieth century was in its conception of illness and suffering as the will of God. This is interesting because the idea that spiritual elevation could be attained through physical suffering had always been fundamental to Christianity, and was consecrated in the veneration of Christ's crucifixion and the myriad accounts of the torment of Christian saints.²³ However, advocates of the new Healing Ministry increasingly began to

²¹ He accused the Church of turning to materialism in the form of 'social, civic, economic, and political reforms, ...social commissions, ... the federation of national denominations, and ... petty schemes for church unity' at the expense of the spiritual element for which it was created. Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science*, pp. 209-211.

²² Frayling, *The Quest for Spiritual Healing*, pp. 10-12. Taken from the introduction written by Christopher Le Fleming.

²³ St. Paul, for example, although himself a healer, is described in Corinthians II, as suffering from 'a thorn in the flesh' and accepting rather than attempting to cure the pain, believing that it brought him closer to God. 'I take pleasure in infirmities, in reproaches, in necessities, in persecutions, in distresses for Christ's sake: for when I am weak, then am I strong.' Bible,

doubt the wisdom of this traditional attitude. Healer James Moore Hickson, for example, argued that all illness, like all sin, was 'of the devil' and scorned any idea of 'the elevating power of disease':

We call it the fatherly correction of God; and tell ourselves that to suffer bodily corruption is good for our souls. How utterly at variance with the teaching of Christ!²⁴

Even modernist Harold Anson,²⁵ Chairman of the Guild of Health from 1905, who was in general scrupulously moderate in all his arguments, criticised the Anglican Church for constructing God as a tyrant who frequently sent illness as a punishment or a lesson, but who left the healing of such maladies to earthly men. 'There can,' he wrote in 1923, 'be no doubt whatever that at present Christianity, as generally and popularly understood, is not on the whole a religion of liberation, but of repression.'²⁶ As Charles Herman Lea pointed out in 1915, the rise of Christian Science indicated that the sick and the bereaved no longer found

Corinthians 2, vs. 7 & 10. Many other saints are also famous for having patiently suffered much physical pain, indeed pious suffering has long been considered a prime indicator of saintliness. Thus St. Francis of Assisi lived in constant gastric pain for the last years of his life and died aged forty-five, and St. Katherine of Siena died aged thirty-three after suffering all her life from constant ill-health. Both were renown healers. In his book on spiritual healing the Reverend M.R. Newbolt quotes a biography of St. Katherine by Josephine Butler: 'Her cruel sufferings increased daily, her skin adhered to her bones, and she was tormented with a continual thirst ... her body was visibly consumed, but her soul rose joyfully and courageously above all.' Newbolt did not concur with the growing general rejection within the Anglican Church of the idea of spiritual purification through physical pain. Rather, he argued that if death is seen as God's will then surely disease must also be so. Both, he believed, entered the world through the sin of mankind. Reverend M. R. Newbolt, *Healing* (London: Society for Promoting Christian Knowledge, 1924), pp. 22-36

²⁴ J. M. Hickson, *The Revival of the Gifts of Healing - Some of the Practical Difficulties Which Hinder the Revival of Spiritual Healing: An Address Given by Mr J. M. Hickson at the Conference Held at Kensington Town Hall on 4 July 1910* (London: The Healer Press, 1910), pp. 11-12.

²⁵ Anson was a part of the modernist trend within the Church, which extolled rationality and sought to bring church doctrine into line with modern science, thus denying the literal truth of many biblical miracles. 'I had never dreamt of taking the Old Testament very seriously,' he wrote in his autobiography in 1938. 'Adam and Eve and the serpent had always seemed to me to be just on the level of folk tales, charming and true and indeed important and wonderful on their own level, but as history or science, not for a moment to be taken seriously. Harold Anson, *Looking Forward* (London: The Religious Book Club, c. 1938), p. 125.

²⁶ Harold Anson, *Spiritual Healing: A Discussion of the Religious Element in Physical Health* (London: University of London Press, 1923), p. 123.

comfort in being told that they should passively 'resign [themselves] to the will of God'.²⁷

Anglican authorities themselves realised the problematic nature of such religious teachings early in the twentieth century, demonstrating that at least to some extent they were willing and able to adapt their doctrines in response to cultural change. The report of the 1908 Lambeth Conference noted that

sickness has too often exclusively been regarded as a cross to be borne with passive resignation, whereas it should have been regarded rather as a weakness to be overcome by the power of the spirit.²⁸

The word 'exclusively' here suggests that at this juncture the Anglican Church had not entirely rejected the idea of spiritual purification through bodily suffering. However, by 1924 the Lambeth Conference committee appointed to consider spiritual healing was declaring absolutely that health was 'God's primary Will for all his children' and that disease, whatever its cause and in 'whatever way it [might] be overruled for good', was 'in itself an evil'. The committee thus recorded its desire that 'some of the language used in the Office of the Visitation of the Sick' be reconsidered.²⁹ If illness and suffering were constructed as inherently evil and against the will of God then the Church itself suddenly had a clear and present duty to aid in the preservation and restoration of health. However, the about turn in theological thinking this position required was not a minor change, and nor could it ever be absolute while Christ's suffering on the cross was worshipped and sanctified. This paradox made some Christian healers supremely uncomfortable, and the Reverend M.R. Newbolt for

²⁷ Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science*, p. 210.

²⁸ Quoted by 'Ministries of Healing', *BMJ*, 28 November 1908, p. 1634.

²⁹ *The Ministry of Healing: Report of the Committee Appointed in Accordance with Resolution 63 of the Lambeth Conference, 1920* (London: Society for Promoting Christian Knowledge, 1924), p. 14.

one rejected the idea that all suffering should automatically be seen as malevolent:

[W]e, who are warned as Christians that we must bear our cross, must beware that we do not make men enemies of the Cross, nor misrepresent it as an unholy thing.

Newbolt's overall argument is rather confused, for while he described sickness and pain as God's remedies for the weaknesses inherent in the 'fallen nature' of man, he also went on to deny that 'preventable suffering' could possibly be the will of God.³⁰ This intrinsic theological uncertainty regarding the position of the Church on physical suffering perhaps partly explains why Christian spiritual healers more often attempted to claim a spiritual or psychological role in the healing process than a physical one.

As will become apparent in the next section, the connections between the new psychology of the early twentieth century and spiritual healing are compelling, and nowhere was this more apparent than in the Anglican healing ministry. The Christian churches had always played an important psychological role within society,³¹ and the traditional religious creeds of confession, absolution and moral re-education were to be reiterated in much twentieth-century psychology. Christian healers, perhaps more so than other spiritual healers, were very aware of this psychological-religious connection and used it to stake what they saw as their rightful claim on the new branch of learning. Influential healer and Methodist minister Leslie Weatherhead could thus describe 'the forgiveness of God' in 1952 as 'the most powerful therapeutic idea in the

³⁰ Newbolt, *Healing*, pp. 33 & 37.

³¹ See Steve Bruce, *Religion in the Modern World From Cathedrals to Cults* (Oxford: Oxford University Press, 1996), especially chapter two, for more information on the traditional role of the Church in policing morality and moral re-education.

world'.³² Overtly Christian organisations such as Weatherhead's Methodist Society for Medical and Pastoral Practice (1946) and the Anglican Guild of Pastoral Psychology (1944) were set up in the mid-twentieth century in order both to treat patients using the new religious psychology and to give clergymen guidance in psychological principles in order 'to enable them to do their own life-work more effectively'.³³ This dual-edged benefit of psychology to religion was often repeated in contemporary psycho-religious literature.³⁴

For some, the revival of the Christian healing ministry was actually prompted by the growth of medical psychology. Dr J. Burnett Rae, for example, felt that medical revelations of the power that the mind could wield over the body had served as a forceful reminder to clergymen of 'their Lord's commission not only to preach the Gospel but to heal the sick' and had therefore made them

acutely aware that they had delegated an essential part of their business to a profession which in many respects was less fitted to deal with it than themselves.³⁵

The fact that this comment was written in 1955 illustrates the enduring perception to be found within some medical, as well as many religious circles that the churches could justifiably claim a role in psychological medicine. Concentrating its participatory efforts upon psychology was also certainly less

³² Leslie Weatherhead, *Psychology, Religion and Healing* (1952), quoted by J. Burnett Rae, 'A Doctor's Comment' in D. Caradog Jones, *Spiritual Healing: An Objective Study of a Perennial Grace* (London: Longmans, 1955), p. 136. Weatherhead founded the Methodist Society for Medical and Pastoral Practice in 1946 and published liberally on psychological healing and its place within religion. His books include the acclaimed *Psychology, Religion and Healing*, (1952), *Psychology and Life* (1934) and *Psychology in the Service of the Soul* (1930).

³³ Letter from D.H. Kitchen, the Honorary Treasurer of the Guild of Pastoral Psychology. 'Lay Psychotherapy', *BMJ*, 30 September 1944, p. 450. J. A. Hadfield & Leonard F. Browne, 'The Psychology of Spiritual Healing' in O. Hardman (ed.), *Psychology and the Church* (London: Macmillan, 1925), p. 259; McComb, 'Spiritual Healing and the Church', p. 675; *Ministry of Healing*, p. 12.

³⁴ Psychologists J.A. Hadfield and Leonard Browne likewise recommended in 1925 that 'all who [had] to deal with the soul' would benefit from some training in psychology, and the same point was made in the 1924 Lambeth Conference Committee Report. Hadfield & Browne, 'The Psychology of Spiritual Healing', p. 259; *Ministry of Healing*, p. 12.

³⁵ Rae, 'A Doctor's Comment', p. 119.

contentious than if they had tried to claim any part in physical healing. The Lambeth Conference committee were thus careful to emphasise repeatedly in their 1924 report that 'the best and sanest' form of spiritual healing was 'whole personality' healing with 'little stress laid upon merely physical results'.³⁶ Such statements were particularly common in Anglican pronouncements on spiritual healing, and can perhaps be seen as a placatory attempt by the Anglican Church to reconcile the medical profession to yielding clergymen a place in the healing process.

So substantial was religious involvement in psychology in the early to mid twentieth century that historian Graham Richards has argued that psycho-religious treatises 'actually did much to propagate knowledge [and palatability] of psychological ideas to the general public'.³⁷ In this he is undoubtedly correct, although some contemporary commentators felt that such popularising and simplifying of psychology was severely to its detriment as a respected medical specialty.³⁸ A substantial amount of the religious interest in psychology was almost certainly provoked by a fear and distaste of some of its more materialistic medical elements. Unsurprisingly Christian contributors almost universally evinced a strong abhorrence for Freud's sexual theories. One 1920s

³⁶ *The Ministry of Healing*, p. 16.

³⁷ Richards, 'Psychology and the Churches', p. 64.

³⁸ Chaplain L.W. Grensted, who had himself published on religion and psychology, felt that popular psychology too often diluted and sensationalised medical psychology to its severe detriment. 'In the last few years the word psychology has been upon everybody's lips, and articles and books have been poured out in an apparently endless stream. Probably the tide of public interest, the kind of interest that is not prepared to think very hard, or to read very widely, is past the full, and psychologists can now turn from the profitable business of giving popular lectures and writing hasty and ill-considered books to the more serious task of finding out the actual position of their own science to-day.' L.W. Grensted, 'The Progress and Present Position of the Study of Psychology in O. Hardman (ed.), *Psychology and the Church* (London: Macmillan, 1925), p. 34.

correspondent, for example, dismissed them simply as 'crazy and disgusting',³⁹ a judgment not limited solely to those of a religious background. More deeply threatening to the Church were the psychologists who attempted to explain and quantify belief in God in materialistic terms, and orthodox religious involvement in psychology can thus be seen partly as an attempt to discredit or at least dilute such claims. Freud himself entitled his religious musings 'The Future of an Illusion' and argued that belief in God was learned rather than innate.⁴⁰ Other medical psychologists similarly denied the existence of the soul, explained away the effects of prayer as being 'indistinguishable' from emotional auto-suggestion, and constructed all religious belief as essentially primitive and imaginary. A paper given to the Royal Society of Medicine in 1934 by psychologist Dr David Forsyth, for example, was reported thus:

The spiritual world was recognised by psychologists as another product of the fantasy-making function of the mind, which existed in all normal people, was more noticeable in neurotics, and was most marked in the insane. The whole world-wide mysterious business of gods and their worship was an example of projection on a colossal scale.

Religious belief, Forsyth alleged, could be ultimately reduced to psychological weakness, and, he felt, wasted mental energy that could better be spent in serving science.⁴¹

Of course, far from all psychologists held such extreme anti-religious views as Freud and Forsyth - indeed the British Medical Association in 1956

³⁹ Herbert Hensley Henson (Lord Bishop of Durham), *Notes on Spiritual Healing* (London: Williams and Northgate, 1925), p. xviii. Taken from the introduction written by Herbert Dunelm of Auckland Castle, a fierce critic of the revival of the Anglican Healing Ministry.

⁴⁰ Sigmund Freud 'The Future of an Illusion' (1927) in Sigmund Freud, *Volume 12: Civilisation Society and Religion*, translated from the German under the general editorship of James Strachey (Penguin: London, 1991), pp. 179-241.

⁴¹ From a paper given by Dr David Forsyth at the Royal Society of Medicine on 13 November 1934, reported by 'Psychology and Religion', *BMJ*, 24 November 1934, p. 958.

criticised those who were 'actively hostile to religious practices'⁴² - but it was clear from the very beginning of new psychology that it had the potential to undermine the very foundations of religious belief. Religious commentators were aware of this and in order to temper the threat increasingly attempted themselves to incorporate God within the new psychological theories. The Lord Bishop of Southwark in 1925 thus felt it necessary not only to criticise medical psychologists who attempted to 'explain away ... religious faith simply as projections of the human mind without any corresponding realities', but also to deny the inevitability of conflict between the two disciplines. Rather he claimed that, interpreted correctly, psychology 'in various easy ways justifie[d] and confirm[ed] [the Christian] faith' by 'prov[ing] that man [could] never regulate his instincts or develop harmoniously his whole personality without the help of God'.⁴³ This interchange became something of a battle for supremacy, for new psychology not only threatened to undermine the realities of religious faith, but also to usurp the traditional moralistic functions of the Church. J.C.M. Conn, a reverend trained in psychology, in 1939 wrote:

Make no mistake, contemporary psychology, in some of its forms, has taken the field as an enemy of the Christian religion, making the boldest tremble for his faith in spiritual reality, and offering its own cures for moral ills. The greatest issues of faith are being decided on this front. Is theology or psychology to have the last word as the supreme authority in matters of faith and morals?⁴⁴

Not all religious commentators elucidated their fears in quite such pessimistic terms as Conn, but a sense of besiegement is palpable in much psycho-religious

⁴² *Divine Healing and Co-operation Between Doctors and Clergy: Memorandum of Evidence Submitted by a Special Committee of the Council of the BMA to the Archbishop's Commission on Divine Healing* (London: BMA, 1956), p. 24.

⁴³ O. Hardman (ed.), *Psychology and the Church* (London: Macmillan, 1925), p. x-xii. Taken from the introduction by Cyril Southwark, Lord Bishop of Southwark.

⁴⁴ Reverend J.C.M. Conn, *The Menace of the New Psychology* (1939), quoted by Richards, 'Psychology and the British Churches', p. 58.

discourse. Historian Graham Richards found the Church's reaction 'a little desperate', and their attempt to meet psychologists on their own ground rather than from the pulpit he sees as a clear signifier of 'Christianity's plight'.⁴⁵

Caution and Conservatism

The formation of the modern Anglican healing ministry was then primarily a reactionary stance on the part of the Anglican Church. It can be seen predominately as a response to the combined threat posed by Christian Science, religious evangelicalism and plurality, charismatic faith healing, and materialist psychology. Of all the groups and types of spiritual healers discussed in this thesis, the Anglican Church authorities and the healers working most closely under their patronage were in general by far the most restrained in their pronouncements and also the most willing to subordinate themselves to orthodox medical explanations. The Anglican authorities in particular maintained a cautiously sceptical and, at times, downright contradictory attitude towards spiritual healing, perhaps in an attempt to appease both advocates and detractors of the healing ministry. The interest of Anglican leaders in healing and their desire not to be excluded from the burgeoning debate is evident both in the detailed Lambeth discussions and in their involvement in various medical-religious reports and organisations, but their support was never unequivocal. Throughout his time as Archbishop of Canterbury (1903-1928), Archbishop Randall Davidson, a man well-known for his caution,⁴⁶ managed to maintain

⁴⁵ Richards, 'Psychology and the British Churches', p. 70.

⁴⁶ Stuart Mews recounts that it was once said of Davison that 'he saw the shadows of tigers behind all the bushes in the jungle'. Quoted by Stuart Mews, 'Davidson, Randall Thomas, Baron Davidson of Lambeth (1848-1930)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 (<<http://www.oxforddnb.com/view/article/32733>>, accessed 9 February 2005), p. 12.

something of a finely-balanced ambiguity towards the subject. For instance, although he was personally responsible for convening the 1920 Lambeth Conference committee appointed to consider spiritual healing, he subsequently appeared to disassociate himself from its 1924 report by refusing to either take responsibility for or sanction its - very moderate - findings.⁴⁷ In a debate in the House of Bishops in the same year he declared himself 'profoundly and humbly conscious of the vastness and mystery of spiritual healing', and yet in the same sentence seemed to argue against its widespread use within orthodox religion, claiming that it threatened to 'change the whole attitude of half-informed people to the doctrine of seeking the guidance of God in the curing of human ills'.⁴⁸

A guarded circumspection permeated most of the Anglican Church's official pronouncements on spiritual healing, no matter how fervent individual advocates of the healing ministry might have been. In fact, in general the more fervent the witness was, the more circumspect the official conclusion became. Thus an interim report by the Archbishop of Canterbury's Advisory Committee of Spiritual Healing in 1928 recommended that clergy involved in healing, whose evidence they had considered, should be more clearly impressed with the necessity of not publicising cases of supposed miraculous organic cure without more 'careful investigation': '[The Committee] feel that harm must be done to the cause of the Church by the uncritical claims made by the clergy concerned.' They themselves, they noted, could find no substantiated evidence of physical

⁴⁷ 'It will not ... be supposed that I am thereby claiming responsibility for what the Report contains. It claims only to carry the authority of the members of the Committee by whom it has been prepared. It will be obvious that they were men of capacity, learning, and thought, who are well qualified to handle a difficult subject.' *The Ministry of Healing*, p. v. The *BMJ* took these remarks as clear evidence of Davidson's doubt, both as to the findings of the Lambeth Committee and as to the general involvement of the Church in spiritual healing. 'Spiritual Healing in the English Church', p.120. Although there may have been more than an element of wishful thinking and exaggeration in this interpretation, the Archbishop's comment nonetheless fell far short of a ringing endorsement.

⁴⁸ 'Episcopal Views on Spiritual Healing', *BMJ*, 17 May 1924, p. 874.

cure in any of the cases submitted for their perusal.⁴⁹ Moreover, the reaction of Anglican authorities to charismatic and passionate individuals such as James Moore Hickson often contained a patent degree of equivocacy and discomfort. Some of Hickson's claims verged on the extreme, and he clearly saw himself as a Jesus-like figure whose divine mission it was to tour the world healing the sick.⁵⁰ Taken to its extreme, his philosophy suggested that so long as a patient piously desired to be healed there was no reason why a cure could not be effected, a stance his critics found both disquieting and theologically unsound. '[I]t [does] not appear that Mr Hickson ha[s] claimed to have actually raised the dead', observed Bishop Hensley Henson somewhat sardonically in 1925, 'although his ability to do so [is] clearly implicit in his general position.'⁵¹ Stuart Mews recounts a series of interviews between Hickson and Archbishop Davidson in March 1909 in which the Archbishop evinced both interest in and scepticism of Hickson's work. '[Hickson] seemed to me', Davidson reflected afterwards in a comment that stripped Hickson's work of any divinity, 'to talk a certain amount of nonsense together with a good deal of shrewd common sense.'⁵² The 1920 Lambeth Conference committee were later to deliberately exclude Hickson's

⁴⁹ Lambeth Palace Archives, unpublished report, G4337.A7, 'Archbishop of Canterbury's Advisory Committee of Spiritual Healing: Interim Report of Missions and Cases of Healing Investigated' (1928), p. 2.

⁵⁰ 'We know that wherever [Jesus] went, up and down the country, into whatever city He entered, He destroyed all disease and healed all sickness and all infirmities in those who sought His help,' wrote Hickson in justification of his own healing missions. Hickson, *The Revival of the Gifts of Healing*, p. 7.

⁵¹ From a paper given by Herbert Hensley Henson at the Durham Diocesan Conference on 14 March 1925 and reported in the *BMJ*. 'Spiritual Healing: An Ecclesiastical View', *BMJ*, 21 March 1925, p. 568.

⁵² The Archbishop was particularly sceptical about Hickson's absent healing method, which involved him praying over a handkerchief and instructing the patient to lay it over the part of the body in need of healing. 'I think I showed', wrote Randall, 'that I thought little of these possibilities.' Quoted by Mews, 'The Revival of Spiritual Healing', p. 313.

healing missions from their remit, fearing that there was more than an element of hysteria in his wild claims and mass healing services.⁵³

This restraint was undoubtedly occasioned partly by the innate conservatism of the Anglican authorities, but it was also prompted by misgivings as to whether spiritual healing was truly Christian in nature and subsequent doubts that it would be possible to restrict it to either Christian use or Church control. Historian David Hardiman has argued that Protestant missionaries working in the Third World in the twentieth century were careful to avoid all semblance of spiritual healing in their medical missions, viewing it as primitive and heathen. In order to provide a clear contrast between Christianity and heathenism they restricted their efforts solely to biomedical medicine. In the missionary context, he writes, spiritual healing was thus seen as 'positively dangerous, as it would concede too much ground to the enemy'.⁵⁴ Although in general the Anglican Church seems to have been far more amenable towards the use of spiritual healing in Britain - perhaps because the religious revitalisation of the civilised demanded a rather different approach than the heathen conversion of the barbarous - the broad multi-religious use of healing nevertheless provoked evident discomfort among clergymen who did not wish to be in any way associated with the unorthodoxy and extremism that characterised such movements as paganism, Spiritualism and Christian Science. Dr Herbert Edward Ryle, the Bishop of Westminster,⁵⁵ voiced this uneasiness in his evidence to the

⁵³ *The Ministry of Healing*, p. 17.

⁵⁴ David Hardiman, 'Medical Missionaries and Supernatural Healing c.1870-1970', unpublished paper given at the Anglo-Dutch-German Workshop on 'Patient's Body Perceptions' at the University of Warwick, July 2003, pp. 7-8.

⁵⁵ Ryle was a renowned Old Testament biblical scholar and a broad-churchman, favouring a liberal and rational interpretation of church doctrine. See Maurice Henry Fitzgerald, *A Memoir of Herbert Edward Ryle* (London: Macmillan, 1928).

British Medical Association sub-committee formed in 1909 to consider spiritual healing:

I do not draw any marked distinction between the claims of such healing alleged by Christian Scientists, by Church of England Healers, by Faith Healers, by Mohammedans, or by members of other religions. ... I have seen no reason to accept the view, which in some quarters has been maintained, that gifts of healing are the prerogative of Clergy, or of members of the Church of Christ, as such.

For this reason, although Ryle was not unsympathetic to calls for the revival of the healing ministry within the Anglican Church, he declared himself 'very unwilling' to officially sanction the use of spiritual healing without the support and co-operation of the medical profession.⁵⁶ Ryle here seems to doubt the divinity of spiritual healing, although not necessarily its utilisation by the Anglican Church. Herbert Hensley Henson, Lord Bishop of Durham and erstwhile vociferous critic of the healing ministry, was more far explicit in his reservations, describing spiritual healing as 'thoroughly non-moral', 'limited in its efficacy' and identical 'in all but name' to medical suggestion. For him, these factors not only rubbished any idea of the Christian divinity of spiritual healing, but they also made it a matter of strictly medical concern.⁵⁷

The revival of the Anglican healing ministry then did not win universal approval even within the Anglican Church, and its critics undoubtedly helped to moderate the tone of its adherents. Those who were opposed to the ministry seem to have feared that any association with spiritual healing would endanger the Church's respectability. 'It cannot be the duty of the Church,' wrote Hensley

⁵⁶ 'Report on the Subject of "Spiritual Healing"', p. 127. Ryle's remarks were also reported in *The Times* on 14 July 1911.

⁵⁷ *The Times*, 11 December 1911, p. 6, column c. See also Henson, *Notes on Spiritual Healing*, p. 7.

Henson in 1925, 'to return to the beliefs of a primitive and superstitious past'.⁵⁸ He feared that 'the craze for miracle-mongering' would ultimately only 'bring the Church of England into contempt'.⁵⁹ Henson's polemical *Notes on Spiritual Healing* (1925) argues fiercely against any religious involvement in medicine, which he felt had only benefited 'by its emancipation from theological presuppositions'. 'When miracles of healing were most numerous, public health was least satisfactory,' he wrote, and found it 'incredible' that anyone could desire a 'return to the old bondage'.⁶⁰ Henson disliked the very idea of a spiritual medicine, a label which he felt was intentionally ambiguous:

The question is one of physical healing, not of the healer's intentions or the patient's character. The only effect of confusing the issue by introducing "ultimate ends" and "moral and spiritual consequences" is to make it impossible to bring the claim of the spiritual healer to the test of experience. We cannot read men's minds, or register precisely their spiritual condition, but we can diagnose disease and recognise cure.⁶¹

In such arguments Henson was merely echoing the complaints of frustrated doctors who were continually thwarted by healers in their attempts to contain and quantify spiritual healing.

Henson was, however, undoubtedly the most outspoken of the Healing Ministry's critics and his views therefore cannot be taken as representative. Indeed his convictions were thought to verge on the materialistic, and he remained something of a controversial figure in the Church of England.⁶²

⁵⁸ 'Spiritual Healing: An Ecclesiastical View', *BMJ*, 21 March 1925, p. 568.

⁵⁹ From the *Morning Post* of 8 November 1924, quoted by Mews, 'Revival of Spiritual Healing', pp. 304-305.

⁶⁰ *The Times*, 11 December 1911, p. 6, column c; Henson, *Notes on Spiritual Healing*, p. 18.

⁶¹ Henson, *Notes on Spiritual Healing*, p. 40.

⁶² Henson was a provocative and polemical preacher and had angered some sections of the Church in 1912 by assuming a modernist position and seeming to question the historical and literal accuracy of the Bible and in particular of the virgin birth and Jesus' physical resurrection. His nomination to the see of Hereford in 1917 had been controversial and against Archbishop Davidson's advice, and was only accepted when Henson reluctantly agreed to sign a statement

Nevertheless, even amongst Anglican advocates of spiritual healing there was a clear reluctance to encroach, however slightly, on the sphere of professional medicine. Modernist Harold Anson was against Anglican licensing of spiritual healers not because he believed such a scheme to be impractical or detrimental to healing itself, but because he feared that if the Church

at all tried to exalt [spiritual healing] as being more religious or spiritual than the re-education of the mind or the skilled physical care of the body, it would be a means of bringing religion into contempt more quickly than by almost any other method which could be devised.⁶³

The Anglican Church thus hesitated even to portray their healing as more spiritual than that of orthodox medical practitioners, lest such a claim offend the sensibilities of the medical profession. Apparent within such statements was an obvious dread of diminishing the respectability of the Church. The more dubious and extreme of healers' assertions were quickly seized upon by sceptical churchmen, perhaps in order that they could be discredited before they were exposed to external ridicule. Herbert Dunelm, the Bishop of Auckland, for example, in 1925 challenged what he saw as the logical extreme of the founder of the Guild of Health, the Reverend Percy Dearmer's, healing philosophy:

"All healing is of God, whether the means employed be medicine or miracle," says Dr Dearmer, and none will challenge his statement. The only question is, whether *both* miracle *and* medicine be accessible to the sufferer? For if so, there can be little doubt which he will

saying that he had no wish to alter the Christian creed. Matthew Grimley, 'Henson, Herbert Hensley (1863-1947)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 (<<http://www.oxforddnb.com/view/article/33825>>, accessed 10 February 2005), p. 3. See also Owen Chadwick, *Hensley Henson: A Study in the Friction Between Church and State* (Oxford: Clarendon Press, 1983).

⁶³ Anson, *Spiritual Healing*, p. 125.

choose. As a curative method, miracle has evident advantages over medicine. It is surer, pleasanter, and also - cheaper.⁶⁴

The vast majority of orthodox religious commentators were then broadly and volubly uncomfortable with the idea that the Christian churches should be expected to provide any kind of rival alternative to professional medicine. 'No sick person must look to the clergyman to do what it is the physician or surgeon's duty to do,' declared the 1924 Lambeth Conference committee report in an ambiguously placatory statement of the kind which critics such as Henson found vague and confusing.⁶⁵

The Anglican authorities, and the healers working closely within their patronage, were also in general far less willing to explicitly criticise orthodox medicine than many of the other healers discussed in this thesis. As part of the Establishment, the Church of England could not move so easily against Establishment authority. Anglican healers were thus far more likely to be critical of radical healers than they were of doctors. The Bishop of London in 1924 for example, while acknowledging the lessons of Christian Science, nevertheless declared himself 'a reactionary over the whole question' and made it clear that he 'had no use for the ignorant fanatic who would scrap all the learning, skill, and

⁶⁴ Henson, *Notes on Spiritual Healing*, p. xxxi. Taken from the introduction written by Herbert Dunelm. The Reverend Percy Dearmer, an Anglo-Catholic (favouring ritualism and tracing the history of the church back to Christ rather than to the Protestant Reformation) and the vicar of St. Mary the Virgin, was the founding chairman of the Guild of Health and wrote the influential book *Body and Soul*. Dearmer was not himself a healer, and it is interesting that Dunelm chose to attack his work since his views were extremely moderate. He denied the existence of the supernatural and claimed that all spiritual healing and all miracles could be explained by natural law. He believed spiritual healing to be more potent than materialist psychology, but only because religious belief evoked a more greater suggestive power. Percy Dearmer, *Body and Soul: An Enquiry into the Effects of Religion Upon Health, with a Description of Christian Works of Healing from the New Testament to the Present Day* (London: Sir Isaac Pitman & Sons, 1909). For background information on Dearmer see Donald Gray, *Percy Dearmer: A Parson's Pilgrimage* (Norwich: Canterbury Press, 2000).

⁶⁵ *The Ministry of Healing*, p. 18.

practice of the medical profession'.⁶⁶ As we have seen, few healers of any religious persuasion, except perhaps for Christian Scientists, actually went so far as to promote spiritual healing as replacement for orthodox medicine, but Anglican contributors tended to be far more vocal in their moderation. Thus W. F. Cobb, the Rector of St. Ethelburgha and an advocate of the healing ministry, was in his 1914 study of the subject more critical of what he saw as the unhelpful 'provocation frequently given' by spiritual healers than what he described as the 'necessary conservatism' of the medical profession. Both the Christian churches and the medical profession were, he believed, 'trustee[s] of the public' and were therefore bound to a cautious and reactionary approach.⁶⁷

The Christian churches and Christian advocates of spiritual healing thus together charted a rather precarious middle road between the materialism of orthodox medicine and psychology and the generally more extreme and more outspoken religiously unorthodox healers. The Church of England had its credibility to uphold, but this had to be balanced against the public need for spirituality and wonder in religion evidenced by the popularity of such movements as Christian Science and Spiritualism. In attempting to meet this demand themselves however, the Anglican Church in particular were hampered by their awareness - and fear - of the judgement of the secular establishment. Unlike less mainstream movements, the Anglican Church's spirituality increasingly could not afford to discount materialism. For example, while chaplain Harold Anson extolled sensorarily imperceptible spiritual virtues such

⁶⁶ Report of the opening session of the May Convocation of Canterbury. *The Times*, 7 May 1924, p. 19, column a.

⁶⁷ '[C]learly it is not to be expected that medical authority should accept without much careful inquiry a proposal which, though old enough in itself, is to it officially new.' W. F. Cobb, *Spiritual Healing* (London: Bell, 1914), p. 4-5. Cobb was a moderate within the Church, a conservative evangelical, suspicious of modernist thought.

as 'Love, Justice, Wisdom, [and] Temperance' as being nobler and more vital than the solely material world revealed by the senses, he also warned his readers not to discount or despise materiality:

The Spiritual is made known to us through the Material, and each speck of matter is full of the glory of God's self-manifestation. Matter is not the opposite of Spirit, but is the way in which Spirit manifests itself to us in our present condition.⁶⁸

Both spirit and matter thus held virtually equal importance in Anson's thinking, an interesting comparison to the fierce exaltation of the spirit visible in the philosophies of most religious less orthodox healers and in particular in that of Christian Scientists.

Whether or not the trend towards secularisation had begun by the early twentieth century, and historians have fiercely debated this, the Church by this time was clearly apprehensive of secular appraisal. The Lord Bishop of Winchester, modernist Herbert Ryle, in 1911 called for the medical profession to define spiritual healing scientifically, a task for which he considered the ecclesiastical authorities unqualified. Without such scientific guidance he feared that clergymen would be driven towards unwise 'unscientific generalisations'.⁶⁹ Indications that the Anglican Church would willingly subordinate itself to scientific judgement was echoed in many other Anglican treatises of the period, both official and individual. The 1924 Lambeth Conference Committee Report, for example, while claiming to 'sanction methods of religious treatment of bodily disease' nevertheless committed the Church to accepting the 'full weight [of] the scientific discoveries of those who are investigating the interrelation of spirit,

⁶⁸ Anson, *Spiritual Healing*, pp. 87-88.

⁶⁹ Quoted in 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *BMJ Supplement*, 15 July 1911, p. 127.

mind, and body'.⁷⁰ Harold Anson likewise warned advocates of spiritual healing to 'hold fast to the important distinction [between] what might ideally be and what actually has been'. He did not believe, as some more radical commentators claimed, that the power of spiritual healing was limitless, but he was himself reluctant to delineate its limits.⁷¹ Even as late as the 1950s religious commentators were still warning that spirituality should not be seen as 'an adequate substitute for knowledge'. Spiritual healing, wrote Arthur Dakin in 1952, should never be used as a 'short cut' for ministers to 'by-pass ... scientific principles and the knowledge and training required for their application'.⁷²

This deference to science and medicine in regard to spiritual healing from within some quarters of the Church can be seen as part of a wider trend towards Anglican modernism, perhaps the most dominant theological position of the 1920s. Modernists wanted to reconcile religious doctrine with modern science to produce a credible Christianity, and thus constructed God as immanent within nature and 'had, above all, no time for miracles'.⁷³ Leading modernist William Ralph Inge, who from 1911 until 1934 served as the Dean of St Paul's, wrote in 1930, for example: 'Miracle is the bastard child of faith and reason, which no parent can afford to own.'⁷⁴ Scientific-religious debate surrounding higher law and theological miracles has a long and somewhat chequered history, dating back

⁷⁰ *The Ministry of Healing*, p. 18.

⁷¹ Anson thought it would be 'very unwise' to limit the efficacy of spiritual healing to functional disease, but acknowledged that few cases of organic cure by spiritual means had ever been reliably recorded. Anson, *Spiritual Healing*, pp. 176 & 179-180.

⁷² Arthur Dakin, *Spiritual Healing: An Address Delivered at the Annual Meeting of the Baptist Ministers' Fellowship at Bloomsbury Chapel on Wednesday 20th April 1952* (London: Kingsgate Press, 1952), p. 6.

⁷³ Adrian Hastings, *A History of English Christianity 1920-1990* (London: SCM Press, 1990), p. 231. For historical perspectives on the Anglican modernist movement see also Bowler, *Reconciling Science and Religion* and Alan Stephenson, *The Rise and Decline of English Modernism* (London: S.P.C.K., 1984).

⁷⁴ William Ralph Inge, *Christian Ethics and Modern Problems* (London: Hodder & Stoughton, 1930), p. 198.

to the controversial pre-Enlightenment mechanistic philosophies of thinkers such as Robert Boyle and Rene Descartes and the rational Enlightenment philosophy of thinkers such as Benedict Spinoza and David Hume. Spinoza, for example, argued that the Bible should be viewed as any other book 'as a work of authorship'. Claimed miracles for Spinoza were to be treated with suspicion, and presumed as being attributable to some - perhaps as yet undetermined - natural law.⁷⁵ The nineteenth century furthermore saw what historian John Hedley Brooke has termed a 'revolution in attitudes towards the Bible', both within and outside the Anglican Church, of which Darwin's theory of evolution was only an individual part.⁷⁶ The precursor to the Anglican modernism of the 1920s can then be found in the evolutionary natural theology of the late-nineteenth century, which constructed God as immanent within evolution and left little room for the supernatural.⁷⁷ It was thought by the twentieth-century modernists that the appeal to science would help to revitalise the Church in a scientific age, although the power of theological modernism had waned significantly by the 1930s and 1940s. It is telling that many of those who advocated the use of spiritual healing within the Church, at least to some extent, extolled the rationality of modernist position, and this perhaps helps to explain their predominately scientifically-deferential stance.

Most commentators within the Anglican Church were then predominantly unwilling to take the responsibility for its utilisation of spiritual healing solely

⁷⁵ John Hedley Brooke, *Science and Religion: Some Historical Perspectives* (Cambridge: Cambridge University Press, 1991), p. 264. Brooke's book provides an excellent introduction to many of these philosophical characters and debates.

⁷⁶ *ibid*, p. 273. For more information on the Victorian and Edwardian Church and attitudes to religion see especially Owen Chadwick, *The Victorian Church*, 2 vols. (London: A. & C. Black, 1966 & 1970) and E. R. Norman, *Church and Society in England 1700-1970* (Oxford: Clarendon Press, 1976).

⁷⁷ See Stephenson, *The Rise and Fall of Anglican Modernism*.

upon itself, and it was for this reason that Anglican leaders and organisations were patently far more interested in establishing medical-religious co-operation than any kind of rivalry. Most of the genuinely open pleas for unity between spiritual healing and medicine came from within the Anglican Church. The Clerical and Medical Report of 1914, the Lambeth Conference Committee Report of 1924, the Church Medical Union, the Society of Emmanuel, the Guild of Health, and the Churches' Council of Healing all advocated the need for the collaboration and guidance of the medical profession in regard to spiritual healing. '[M]uch good might be done by the appointment of a permanent Committee of clergy, doctors, and psychologists to advise the authorities of the Church,' commented the Lambeth Conference committee report in 1924.⁷⁸ The medical profession never acted to take up such offers on anything like a formalised permanent basis, and the sustained caution of the Anglican healing ministry can be at least partly seen as a reaction by Anglican authorities to the continuing collaborative disinclination of the medical establishment.

The intermittent medical-religious collaboration that did exist was anyway always overtly unequal, with the Church predominately accepting medical strictures, medical language and medical explanations. The reason for this inequality was that the Church proved to be far more anxious to attain secular medical approval than the medical establishment was to give such approval. In order to preserve their credibility and establishment authority the Anglican Church judged that their healing ministry required medical backing to a significantly greater extent than the medical profession would ever have believed that they required any religious involvement in medicine. Thus the Anglican

⁷⁸ *The Ministry of Healing*, p. 21.

Church without fail requested medical participation in their periodic official discussions about spiritual healing. The 1910 Clerical and Medical Committee of Inquiry, the 1920 Lambeth Conference Committee, and the Churches' Council of Healing from 1944 all contained almost equal numbers of doctors and churchmen, and most Anglican reports on the subject sought detailed medical advice.⁷⁹ As a result of this need for medical approval, and as will become apparent in chapter six, Anglican healers were far more likely almost than any others to accept the common medical argument that the efficacy of spiritual healing could be explained materially through psychological suggestion. The 1924 Lambeth Conference committee report acknowledged that 'so far as purely physical healing [went], faith work[ed] irrespectively of the ground on which it rest[ed]', thus stripping the physical effects of spiritual healing of any true Christian divinity.⁸⁰ Even in terms of psychological healing the Committee were not prepared to ascribe any particular distinctiveness to spiritual treatment, and stated that they had found 'no evidence of any cases of healing which [could] not be paralleled by similar cases wrought by psychotherapy without religion'. The furthest that they were prepared to go was to suggest that where 'the religious influence [was] of a wise and reasonable kind' religious methods might be expected to produce 'greater and more permanent results'.⁸¹ The powerful influence of medical members and a cautious religious subordination to medical authority is apparent throughout the Lambeth Conference committee report, and

⁷⁹ The British Medical Association's 1956 pamphlet *Divine Healing and Co-operation Between Doctors and Clergy*, which considered differing conceptions of spiritual healing and its efficacy as a medical treatment, and published the results of questionnaires filled in by willing doctors, was prompted by a request for guidance from the Archbishop of Canterbury's Commission on Divine Healing in January 1954. There are many such examples of clerical requests for medical guidance.

⁸⁰ *The Ministry of Healing*, p. 10.

⁸¹ *The Ministry of Healing*, p. 16-17.

its ostensible reluctance to say anything definitive was one of the reasons why it was widely criticised by religious, medical, and lay commentators alike.⁸²

It was, however, not only Anglican authorities that were apparently willing to subordinate spirituality to medicine, for many individual Anglican commentators did likewise. The American cleric Samuel McComb, perhaps drawing on his experience of the American Emmanuel Movement, in 1921 declared absolutely that the Church could not 'commit itself to any medical practice that conflict[ed] with the established conclusions of medical knowledge'. He furthermore averred that doctors alone were sufficiently qualified to diagnose and recommend particular types of treatment, and he hoped only that the medical profession would retain spiritual healing as a treatment option.⁸³ Anglican contributors to the debate predominately seem to have been willing, and even desirous, for spiritual healing to become a medical auxiliary akin to nursing, anaesthetics and massage. As such, it would become a treatment prescribed by doctors, and would be under medical regulation rather being an independent entity in its own right. Thus the Reverend M.R. Newbolt thought spiritual healing should only be used in 'exceptional cases' where material remedies had proved unavailing,⁸⁴ and the Guild of Health in common with most Anglican healing organisations remained unwilling to treat patients without the

⁸² For example, despite appearing to agree that the clergyman had some role to play within psychology and despite claiming to believe in the efficacy of spiritual healing, the Report also pointed out the dangers inherent in the unqualified use of psychotherapy, advising that only clergymen with 'considerable medical experience and ... working in close connection with a well-qualified physician' undertake any kind of analytical work. *The Ministry of Healing*, p. 12-13 & 19. The *BMJ* echoed a general sense of disappointment when wrote of the Report: 'We have felt bound to deal with [it] in a somewhat critical spirit, because it seems to lack proper definition of terms and an ordered presentation of the subject. No evidence is produced, and the conclusions are ambiguous.' 'Spiritual Healing in the English Church', *BMJ*, 19 January 1924, p. 121.

⁸³ McComb, 'Spiritual Healing and the Church', p. 674.

⁸⁴ Spiritual Healing, wrote Newbolt, could thus never expect to be 'the senior partner in the healing world. Newbolt, *Healing*, p. 72.

approval and observation of their doctors.⁸⁵ Few orthodox religious healers attempted to refute medical claims that spiritual healing functioned through medical suggestion and, like the 1924 Lambeth Conference Committee Report, most simply proposed that because of the potency of religious belief, the power of suggestibility wielded by clergymen might be greater than that wielded by doctors.⁸⁶ The quasi-legitimacy and medical tolerance afforded by an acceptance of medical psychological principles came, however, at the price of the very spirituality and mysticism the Church was trying to revive. The Reverend Percy Dearmer, the founder Chairman of the Guild of Health, for example, even went so far as to declare himself 'prepared to [accept that] Christ's miracles were by suggestion, if that word was properly understood'.⁸⁷

It should be noted at this juncture that not all Anglican advocates of spiritual healing were as willing to accept medical subordination as the official reports seemed to suggest. James Moore Hickson's more extremist spiritual views have already been discussed, and he believed himself to be operating unproblematically within the Anglican Church. Hickson moreover was by no

⁸⁵ See the evidence of the Reverend Francis Boyd and the Reverend Percy Dearmer in the summary of the evidence of the witnesses to the 1914 Clerical and Medical Committee of Inquiry Report. *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry into Spiritual, Faith and Mental Healing* (London: Macmillan, 1914), pp. 35 & 37-8. In 1924 Harold Anson invited anyone wishing to discuss or experience spiritual healing to come to his parish church, St. Martin-in-the-Fields, but stated explicitly that medical observation and treatment was a compulsory pre-requisite to receiving religious treatment. If after discussion anyone expresses a desire for what is covered by the phrase 'Spiritual Healing' it would be made a necessary condition that they should produce a certificate from their doctor to say that they were either physically sound or under proper treatment; if not already under medical advice arrangements could be made for them to see a qualified practitioner, who could advise them.' *The Times*, 2 April 1924, p. 9, column c.

⁸⁶ Harold Anson, for example, wrote: 'Those who really believe that God knows all their needs, and that, as they were created in love, so their ultimate purpose and destiny is to be united to the eternal love of God, have in that belief a tremendous and powerful basis for the practice of suggestion.' Anson, *Spiritual Healing*, p. 117. This view was a common one within the Church. For a more in depth consideration of the Anglican acceptance of spiritual healing as psychological suggestion, see chapter six of this thesis.

⁸⁷ Quoted in the summary of the evidence of the witnesses to the 1914 Clerical and Medical Committee of Inquiry Report. *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, p. 38.

means alone in his conviction of the almost limitless possibilities and power of spiritual healing. The Reverend John Maillard, a London priest and a Warden of the Divine Healing Fellowship was in his 1925 book *The Sacrament of Healing* far more outspoken and confrontational than many of the Anglican healers so far discussed:

The author cannot commit himself, as bishops and other clergy often do, to unqualified approval of medical science. ... He cannot pretend to believe that injecting animal matter and poisonous substances into the human body is the best way of doing God's work. ... If we have sufficient faith to be healed by the activity of forces on the spiritual plane, then there is no need to resort to forces on the material plane.⁸⁸

Such arguments were, however, comparatively rare within the Church, and Anglican authorities did their best to mitigate the effects of those that existed primarily by refusing to pay them very much attention. Maillard, like Hickson, was neither asked to sit on any Anglican committees nor to submit his case studies for their perusal. There is some evidence to suggest that even some of those who held much more moderate views were at least uncomfortable with the idea yielding too much of the Church's influence to medicine. Geoffrey Rhodes, for example, who in 1910 was the Honorary Secretary of the peaceable Church Medical Union, advocated 'close collaboration' between doctors and clergymen and accepted 'the laws revealed ... by psychological investigation', but did not believe that the Church should be expected to 'completely subjugate herself to the practice of medicine'.⁸⁹ But even such restrained pronouncements as this

⁸⁸ John Maillard, *The Sacrament of Healing, etc.* (London: Morgan & Scott, 1925), p. 54. Unsurprisingly Hickson very much approved of Maillard's work and wrote the introduction to his book.

⁸⁹ Quoted by 'Mental Healing', *BMJ*, 18 June 1910, p. 1495. See also Geoffrey Rhodes, *Medicine and the Church: Being a Series of Studies on the Relationship Between the Practice of Medicine and the Church's Ministry to the Sick* (London: Kegan Paul, 1910).

were far less common than the explicitly materialistic-appeasing viewpoints delineated above.

It could be argued that the carefully restrained caution of the Anglican Church towards spiritual healing made its stance somewhat weaker and less attractive than that of healers who were not afraid to be extremist or revolutionary, and who were willing to openly challenge the authority of orthodox medicine. Bishop Herbert Hensley Henson realised that there was an undeniable strength in the uncompromising fanaticism that admitted no doubt which made it difficult for the critic to challenge. A dogma, he wrote, that believed itself

armed with proof texts from an infallible Scripture, is immune from criticism. Against the certitude of the believer what avail all the reasonings of history, science, criticism, and common experience?⁹⁰

The Anglican Church never had this power, and indeed would not have wanted it. But its clear reluctance to unconditionally embrace spiritual healing regardless of medical judgment left its healing ministry ambiguously undefined and without any real sustained momentum. As historian Graham Richards has commented, religion in the twentieth century has often been most successful where it has provided an alternative to the scientific worldview rather than where it has attempted any kind of compromising coalescence with it.⁹¹ Certainly less orthodox spiritual healers sometimes regarded the orthodox Christian churches as more of an enemy than an ally; thus Dr Lascelles, the spirit guide of medium Charles Adam Simpson, for example, in 1929 criticised the churches for desiring

⁹⁰ Henson, *Notes on Spiritual Healing*, p. 99.

⁹¹ Richards, 'Psychology and the British Churches', p. 75.

spiritual ignorance and collaborating in what he saw as the Establishment prejudice against spiritual healing.⁹²

However, precisely because of its attitude of placatory restraint the Anglican Church was arguably able to wield rather more influence over the medical profession than any other advocates of spiritual healing ever managed. How much the medical profession listened to churchmen, and how much they were willing to incorporate religious findings within new psychology philosophies is seriously questionable, but doctors certainly paid more attention to clergymen than they did to spiritual healers in general. In the periodic investigative reports conducted by the medical establishment, it was by and large always orthodox Anglicans who were asked to contribute. The British Medical Association's 1911 Report on the Subject of Spiritual Healing and their 1956 *Memorandum of Evidence* submitted to the Archbishop's Commission on Divine Healing both apparently sought only clerical evidence and advice. It is telling moreover that almost all consideration of spiritual-medical co-operation was framed only in terms of the possibility of a closer alliance between doctors and clergymen. Furthermore, both these reports claimed to be responding specifically to developments and interest in spiritual healing from within the Anglican Church rather than to any peripheral factors.⁹³ The Anglican Church might have at least in part been responding to external pressures in its advocacy

⁹² Rosa M. Barrett (ed.), *Beyond: A Continuation of "The Seekers", Further Talks by "Dr Lascelles"*, 3rd edition (London: Daniel Co., 1934, first published 1929), p. 64.

⁹³ The 1909 British Medical Association sub-committee was formed after the Metropolitan Counties Branch of the Association had noted that the Bishop of London had been asked to form as Central Church Council in London in order to consider spiritual healing. As a result of this, the Metropolitan Branch informed the central committee of the British Medical Association that they believed 'the subject was of sufficient importance to the profession as a whole to merit careful consideration'. The 1954 special committee was formed in consequence of a direct request for guidance from the Anglican Church. 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *BMJ Supplement*, 15 July 1911, p. 125; *Divine Healing and Co-operation*, p. 5.

of spiritual healing, but in their official examinations of the subject Anglican authorities clearly attempted to limit participation solely to the clerical and medical professions. For the Church, medical participation accorded their considerations a degree of legitimacy and respect, and for the medical establishment, involvement with moderate and often malleable churchmen was both easier and safer than tackling more individually radical and hostile healers head-on. Doctors often claimed that they had no quarrel with spiritual healing that was concerned solely with the spiritual side of man,⁹⁴ and the Anglican Church's willing deference allowed an intermittent but nevertheless productive dialogue to develop between the two professions. It is worth noting, for example, that the periodic but quite substantial correspondence debate about the position and value of spiritual healing that took place in the columns of *The Times* newspaper from the early twentieth century onwards involved almost exclusively only clergymen and doctors. Their collaboration, perhaps intentionally, thus isolated and marginalised non-Christian healers.

However, Graham Richards is nevertheless perhaps ultimately correct when he suggests that in the final analysis the Church of England's appeasement of medicine and psychology should be seen as more of a failure than a success. By utilising a psychological framework and predominately accepting both psychology's medical importance and its materialistic explanations of spiritual healing, Richards argues that the Anglican Church conceded important elements of its own 'territorial base' to medicine. Another profession was suddenly

⁹⁴ For example, in 1956 the British Medical Association declared themselves more than willing to work with clergy who regarded their 'sphere of helpfulness as that pertaining solely to the spiritual life of the patient' but vehemently opposed to healers who acted virtually as 'unregistered medical practitioner[s] ... publicis[ing] themselves and ... profess[ing] to make ... diagnos[es] and to provide physical and mental therapy in accordance with their views and convictions.' *Divine Healing and Co-operation*, p. 27.

permitted to take a pivotal role in explaining human nature, hearing confessions, and moral re-education.⁹⁵ The Church's virtual acceptance of psychology's denial of spiritual healing's divinity, moreover, certainly helped to erode its mysticity and spiritual power. Oddly therefore, the attempted revival of spiritual healing within the Anglican Church was perhaps demonstrative not so much of a spiritualistic revival but of the growing materialist trend within orthodox religion. It is telling, for example, that Bishop Herbert Ryle, in 1911 felt it necessary to speak out against the 'eager and perhaps too credulous section of the community' who were willing to accept the veracity of claimed spiritual cures without adequate proof.⁹⁶ The Church did not, could not, any longer disregard the judgement of science.

This materialistic trend had implications that reached far beyond healing. Harold Anson and Percy Dearmer were among a growing number of churchmen who more generally doubted both the literal existence of divine miracles and the verbal accuracy of the Bible. 'Miracles,' wrote Dearmer in 1911, 'are not contrary to nature but only contrary to what we know about nature.' Spiritual healing, he believed, was categorically not supernatural. 'Nothing is, and nothing ever was.'⁹⁷ It is clear then that by the early twentieth century the very idea of the supernatural had come to have decidedly derogatory associations for many sections of the Church. In 1941 the *BMJ* noted with approval that psychology had helped to prompt a radical re-thinking of the Christian creed:

Today it would be impossible for the publication of Mrs Humphrey Ward's *Robert Elsmere*, with its Arnoldian dictum "Miracles do not happen," to arouse the furore it did in the

⁹⁵ Richards, 'Psychology and the Churches', pp. 70, 72 & 74.

⁹⁶ Quoted in 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *BMJ Supplement*, 15 July 1911, p. 127.

⁹⁷ Quoted in 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *BMJ Supplement*, 15 July 1911, p. 128.

[1880s]. On the one hand Christianity is no longer regarded as rooted in miracles, and on the other there is now a much better comprehension of the interaction of mind and body.⁹⁸

It seems evident however, that these concessions to materialism helped to diminish the power of orthodox religion and contributed to the gradual decline of the Church. Both spiritual healing and the Church's reaction to it are thus demonstrative of broader social and cultural trends. While the existence and popularity of spiritual healing into the 1950s implied an enduring popular belief in the spiritual and the supernatural, the ambiguous and often uneasy place it held within the Anglican Church is suggestive rather of the Church's waning spirituality.

⁹⁸ 'Faith Healing', *BMJ*, 6 September 1944, p. 338.

Chapter Five

'The Faith Cure Requires No Mind and the Mind Cure No Faith'¹: The Medical Establishment and Spiritual Healing c.1870-1900

The final three chapters of this thesis will explore in detail the complex shifting relationship between the medical establishment and the spiritual philosophies of healing delineated in previous chapters. In the late-nineteenth and early- to mid-twentieth centuries spiritual healing functioned as an almost unique point of intersection between medical science and religion, and more specifically as well between new psychology and spirituality. The medical debates surrounding the subject thus provide an important indicator of the fundamental changes taking place within medical theory during this period, and of the varied chronological interaction between science and religion on a broader level - something that has often been neglected in terms of the twentieth century.² Medical attitudes towards spiritual healing during the period under consideration can be broken down within four distinctive chronological periods. This chapter will consider

¹ 'Faith Cures', *BMJ*, 15 November 1890, p. 1140.

² The relationship between science and religion has been well-documented for the Victorian period, but has traditionally been neglected by historians in terms of the twentieth century. It has often been assumed that by the end of the nineteenth century that the two disciplines were tending irrevocably towards polarisation, and that religion was on a steady slope to decline. To some extent this picture is now changing. Various modern historians have attempted to unlock the scientific-religious dialogue of the early- to mid-twentieth century, and the final chapters of this thesis are important in demonstrating that a very open dialogue did exist in terms of spiritual healing after the turn of the century. For more information on the relationship between science and religion in the nineteenth and twentieth centuries see especially Peter Bowler, *Reconciling Science and Religion: The Debate in Early-Twentieth Century Britain* (Chicago: Chicago University Press, 2001); John Hedley Brooke, *Science and Religion: Some Historical Perspectives* (Cambridge: Cambridge University Press, 1991); Callum Brown, *The Death of Christian Britain: Understanding Secularisation 1800-2000* (London: Routledge, 2001); Adrian Hastings, *A History of English Christianity 1920-1990* (London: Collins, 1986); Graham Richards, 'Psychology and the Churches in Britain 1919-39: Symptoms of Conversion', *History of the Human Sciences*, Vol. 13, No. 2 (2000), pp. 57-84; F. Turner, *Between Science and Religion: The Reaction to Scientific Naturalism in Late Victorian England* (New Haven: Yale University Press, 1974) and Robert M. Young, *Darwin's Metaphor: Nature's Place in Victorian Culture* (Cambridge: Cambridge University Press, 1985).

the period c.1870-1900, characterised primarily by medical ridicule and virtual outright dismissal of spiritual philosophies of healing, which were at this time generally individualistic and religiously unorthodox in nature. Chapter six will consider the very significant period c.1900-1925, which was characterised by orthodox religious participation in spiritual healing and by the growing interest and involvement of the medical profession in investigating and explaining claimed spiritual cures. Chapter seven will then go on to consider the periods c.1925-1940, during which time interest in spiritual healing significantly receded, and the period c.1940-1955, characterised by a revival of both medical and orthodox religious involvement, but also of a general movement towards religious-scientific impasse on the subject.

Medical interest in spiritual healing in the early-twentieth century was stimulated by the growing medical acceptance of the power that the mind could wield over the body,³ and spiritual healing therapeutics often had a good deal in common with much twentieth-century new psychology and suggestive psychotherapeutic techniques. Psychotherapy and suggestion are terms with their background in eighteenth and nineteenth century mesmerism and Enlightenment psychiatry,⁴ although psychotherapy was first coined as a term in 1887.⁵ By the 1890s and into the twentieth century the two words had become almost synonymous, and were used to refer to the non-hypnotic 'talking'

³ See E. Gellner, *The Psychoanalytic Movement: The Cunning of Unreason* (London: Fontana Press, 1993); Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997); Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London: Virago, 1988) and Michael H. Stone, *Healing the Mind: A History of Psychiatry from Antiquity to the Present* (London: Pimlico, 1998).

⁴ See Adam Crabtree, *From Mesmer to Freud: Magnetic Sleep and the Roots of Psychological Healing* (London: Yale University Press, 1993), Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: The Free Press, 1992), pp. 245-161, and Alison Winter, *Mesmerized: Powers of Mind in Victorian Britain* (Chicago: University of Chicago Press, 1998) for detailed discussion of the development of the terms suggestion and psychotherapy.

⁵ Crabtree, *From Mesmer to Freud*, p. 73.

treatment used to resolve psychological conflict and unearth psychological trauma. As within mesmerism, and indeed within much spiritual healing, it was widely accepted that the personal relationship between practitioner and patient was of paramount importance.⁶ In this way, as will be demonstrated in these chapters, orthodox medicine came gradually to assimilate some of the fundamental tents of spiritual healing. However, increasingly it also became clear that there was a definite limit to any medical-spiritual co-operation. While the so-called 'mind cure' therapeutics of spiritual healing and medical psychology might have overlapped to a considerable degree, philosophical explanations of its efficacy, as the title quotation above suggests, remained fundamentally diametric. Healers remained predominately reluctant to accept that all spiritual healing could be explained by materialist suggestion and doctors remained actively hostile to any trace of mysticism or superstition. Medical attempts to define and quantify spiritual healing and doctors' calls for healers to provide controlled scientific corroboration of their cures were increasingly frustrated by healers, and especially the less religiously orthodox, who refused to submit to medical authority and did not share medicine's need for material proof. Most spiritual healers, orthodox religious practitioners perhaps excepted, did seem to covet medical acknowledgement, but as will become clear acknowledgement was not at all the same thing as subordinated legitimacy.

Spiritualism and Spiritual Healing

There is comparatively little to be said about the relationship between orthodox medicine and spiritual healing in the late-nineteenth century,

⁶ Shorter, *From Paralysis to Fatigue*, p. 249.

principally because it did not arouse very much medical interest at this time. Before orthodox religious involvement, spiritual philosophies of healing were marginalised and individualistic, which largely prevented the medical establishment from engaging with them in any serious way.⁷ As historian Alex Owen has pointed out, spiritual healing was to some extent associated with the Spiritualist movement of the late-nineteenth century.⁸ However, the informality and the decentralised nature of Spiritualism during this period means that it has left behind relatively little historical evidence, making such healing difficult for the historian to unlock. It is likely that spiritual healing did play some role within many domestic Spiritualist circles, but the inherently informal and private nature of such circles created few records and did not seek out public attention. Nor is there very much evidence to suggest that healing was generally considered to be a primary facet of Spiritualism in general, although there is much scope here for further research in carefully analysing the publications and documentation of the Spiritualist movement in general to shed more light on the relationship between Spiritualism and spiritual healing. However, where the subject appears in the autobiographies of Spiritualist mediums it is usually

⁷ In the late-nineteenth century the medical establishment were apparently more concerned about the unorthodox distribution of proprietary medicines than the comparatively less threatening individualistic spiritual philosophies of healing that were being promulgated in this period. See P. W. J. Bartrip, *Mirror of Medicine: A History of the British Medical Journal* (Oxford: Clarendon Press, 1990), pp. 189-197.

⁸ Owen dedicates a chapter to 'Women Healers in the Spiritualist World' in her book *The Darkened Room: Women, Power and Spiritualism in Late Victorian England* (London: Virago, 1989), pp. 107-138. However, some of the healers she considers were by no means truly Spiritualist. Healer Chandos Leigh Hunt's connections to Spiritualism were slight, and she considered herself more a holistic, mesmeric healer than a Spiritualist. See Chandos Leigh Hunt, *Physianthropy or The Home Cure and Eradication of Disease*, 8th edition (London: Philanthropic Reform Publishing Office, 1901, 1st published 1883). For information on the connection between Spiritualism and spiritual healing in the late-nineteenth century see also Logie Barrow, 'Anti-Establishment Healing: Spiritualism in Britain' in W.J. Sheils, *The Church and Healing: Papers Read at the Twentieth Summer Meeting and the Twenty-First Winter Meeting of the Ecclesiastical History Society* (Oxford: Blackwell, 1982), pp. 225-247.

limited to only a single isolated chapter, suggesting that it was probably not considered a major part of either mediumship or Spiritualism at this time.⁹

Having said that however, such medical attention as spiritual healing did receive in the late-nineteenth century was often linked with the negative medical reactions to Spiritualism. Alienist Lyttleton Stewart Forbes Winslow, operator of two private asylums in Hammersmith and editor of *The Journal of Psychological Medicine and Mental Pathology*, equated mesmerism and supernatural healing with the American mid-nineteenth-century advent of Spiritualism in his famous anti-Spiritualism polemic *Spiritualistic Madness*, published in 1877. Andrew Jackson Davis,¹⁰ whom Winslow credits with being ‘the originator of “Spiritualism”’ first came to attention in his tour of America in which he, according to Winslow, ‘pretended to reveal diseases and prescribed wonderful remedies for their cure’. This ‘mission of humbug’, in Winslow’s words, gained him nationwide fame and a platform from which to promulgate his more nebulous spiritual philosophies.¹¹ This perceived connection between spiritual healing and Spiritualism was not entirely undeserved, for nineteenth-century spiritual healers do generally seem to have been either individuals with at least some connection to Spiritualism, such as the holistic and magnetic healer Chandos Leigh Hunt, or Spiritualist mediums who practised spiritual healing as a

⁹ See, for example, Gladys Osborne Leonard, *My Life in Two Worlds* (London: Cassell, 1931), pp. 280-286; Estelle Roberts, *Forty Years a Medium* (London: Herbert Jenkins, 1959), pp. 38-49 and B. Upton, *The Mediumship of Helen Hughes* (London: Spiritualist Press, 1946).

¹⁰ Davis was a prolific writer on Spiritualism from the 1840s until his death in 1910. Most of his works were dictated to him through clairaudience or during clairvoyant visions. He was also renowned for being able to diagnose illness and prescribe treatments during this clairvoyant state. See, among his other publications, *The Great Harmonia: Being a Philosophical Revelation of the Natural, Spiritual and Celestial Universe* (Boston: Bela Marsh, 1864).

¹¹ Lyttleton S. Forbes Winslow, *Spiritualistic Madness* (London: Baillière, Tindall, and Cox, 1877), p. 7. Winslow was the alienist involved in the notorious Georgiana Weldon case of the 1870s and 1880s. Winslow and Weldon’s husband attempted to confine Georgiana in an asylum for being a Spiritualist, but she escaped and subsequently conducted a very public campaign against the two men. See Owen, *The Darkened Room*, chapter seven, and Judith R. Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (London: Virago, 1992), chapter six.

part of their Spiritualist repertoire. Historian Logie Barrow actually goes so far to describe Spiritualism during this period as a 'religion of healing'.¹²

Nineteenth-century (and indeed twentieth-century) medical hostility to Spiritualism has been well-documented by historians.¹³ Its elevation of the irrational and the supernatural, associations with insanity, undermining of orthodox Christianity, and connections to controversial social reform movements¹⁴ were among the ways in which the religion was widely seen to threaten social order. Mediums, as historian Jenny Hazelgrove notes, were often viewed as 'dangerous, deluded or mad'.¹⁵ Spiritualist power and the spiritual laws which were widely held to exist by its advocates, were not fully understood even by those who claimed them and were thus not subject to either scientific objectivity or finite control, which marked them as both fraudulent and dangerous in the minds of detractors.¹⁶ Even some Spiritualists themselves admitted that there was a risk 'to body and soul' inherent in Spiritualist activities.¹⁷ Dr Lascelles, the healing spirit guide of medium Charles Adam Simpson, for example, warned:

¹² He means this both literally and metaphorically, arguing that Spiritualism was constructed as a way of 'healing the great divide between the physically dead and living' as well as of 'the latter's' ills and miseries'. Barrow, 'Anti-Establishment Healing', p. 233. As is suggested above (p. 211) this thesis would not really agree with Barrow's conceptualisation.

¹³ See Jenny Hazelgrove, *Spiritualism and British Society Between the Wars* (Manchester: Manchester University Press, 2000); Geoffrey K. Nelson, *Spiritualism and Society* (London: Routledge & Kegan Paul, 1969); Janet Oppenheim, *The Other World: Spiritualism and Psychical Research in England, 1850-1914* (Cambridge: Cambridge University Press, 1985); Owen, *The Darkened Room* and Vieda Skultans, *Intimacy and Ritual: A Study of Spiritualism, Mediums and Groups* (London: Routledge, 1974).

¹⁴ Spiritualists were associated with various social reform movements such as socialism, temperance, pacifism, anti-vivisection, anti-vaccination, etc. which emphasised their deviance. However, it should be remembered that it is not really possible to talk about the social attitudes of Spiritualists in general, for they were far from being a coherent or unified group.

¹⁵ Hazelgrove, *Spiritualism and British Society*, p. 110.

¹⁶ See pp. 58-60 of this thesis for conceptualisations of spiritual law.

¹⁷ Rosa M. Barrett (ed.), *Beyond: A Continuation of "The Seekers", Further Talks by "Dr Lascelles"*, 3rd edition (London: Daniel Co., 1934, first published 1929), p. 63.

People sit among forces so great they might be crushed. ... Uncontrolled spiritual development, like uncontrolled drink is very dangerous, but if the spirits are of God you can use them for a great work.¹⁸

The idea that there was a possibility the controlling spirits might not be of God did nothing to make Spiritualism appear any safer or any more benign.

Communing with spirits, mediumship, and spiritual healing, particularly for profit, remained technically illegal throughout the majority of the extended period under discussion, although enforcement of the law varied with changing social attitudes and conditions. Acts relating to supernatural practices included the 1735 Witchcraft Act which made it unlawful to try and heal the sick through the invocation of spirit aid and the 1824 Vagrancy Act which assumed the fraudulence of all psychic ability and classed Spiritualists with vagabonds, rogues and sexual perverts and thus liable for conviction and imprisonment without right to appeal or trial by jury. It was not until 1951 that the new Fraudulent Mediums Act amended the 1735 and 1824 Acts and legally recognised for the first time the existence of genuine mediumship. Spiritualism then was not looked kindly upon by the authorities, and Spiritualists commonly found themselves under attack from many different sides. From religion, where in Catholic discourse attendance at a séance was considered a sin,¹⁹ from medicine, which widely represented Spiritualists as criminal or insane deviants, and from the state.

It was, however, perhaps in the late-nineteenth century that medical hostility towards Spiritualism was at its height. Alex Owen argues that Spiritualists' harshest critics in this period were generally medical men, who

¹⁸ *ibid*, p. 63.

¹⁹ Hazelgrove, *Spiritualism and British Society*, p. 110.

tended to represent mediums and healers alike 'as either dishonest frauds, in which case they were immoral pariahs, or insane - which often amounted to almost the same thing'.²⁰ Alienist Henry Maudsley's 1886 polemic *Natural Causes and Supernatural Seeming* condemned Spiritualists outright as fraudsters:

There have always been individuals more wise than the multitude, who, making the natural use of their superiority to gain advantages for themselves, have fooled and duped it for their own profit.²¹

Lyttleton Forbes Winslow similarly criticised Spiritualism as both foolish and dangerous. 'It is painful to witness so much misery caused by belief in such an absurd creed, formed upon no sound basis, and which can never be universal or enduring', he wrote.²² The objective, scientific view in the late-nineteenth century was thus generally perceived to be one of outright repudiation of Spiritualist claims. The *BMJ* were no less dismissive. In 1871 the *Journal* reduced most 'spiritualistic manifestations' to 'a particular nervous temperament, and to certain forms of disease which have been long recognised and are thoroughly understood by the medical profession'.²³ As will become clear in chapters six and seven this explanatory psychologising of Spiritualism and of spirituality in general was to continue to characterise medical reactions to both Spiritualism and spiritual healing for the next hundred years.

Scientific and medical minds often constructed both Spiritualism and spiritual healing, during this early period in particular, as a reversion to a primitive state of being, in which antiquated superstition overrode modern

²⁰ Owen, *The Darkened Room*, p. xvii.

²¹ Henry Maudsley, *Natural Causes and Supernatural Seemings* (London: Kegan Paul, 1886), pp. 90 & 47. Maudsley was the leading alienist of his generation, famous for his staunch views on the hereditary nature of mental illness. As well writing prolifically and practising privately, he was joint editor of the *Journal of Mental Science* from 1863 to 1878 and Lecturer on Insanity at St Mary's Hospital.

²² Winslow, *Spiritualistic Madness*, preface & p. 30.

²³ 'Spiritualism Tested, Part One', *BMJ*, 15 July 1871, p. 72.

rationality. Lyttleton Forbes Winslow, for example, talked in terms of a 'resurrection ... of the beliefs which prevailed epidemically in the Middle Ages'.²⁴ Superstition is here constructed both as an archaic ignorance and, at the same time, as an epidemic illness. Closely echoing Winslow's argument, Henry Maudsley a decade later also described Spiritualism as a 'reversion to the old beliefs of savages':

With the exception of a comparatively small number of persons, many of them endowed with that intense and narrow mental temperament ... all the civilised world has ceased to believe in the visible appearance of spirits and ghosts, or to occupy itself with their concerns.²⁵

It is no co-incidence that both Maudsley and Winslow, perhaps the most prominent of Spiritualism's nineteenth century medical detractors, were psychologists. Scientific thought was increasingly constructed by such men as the product of a superior elevated mind, and it was with evident hopeful satisfaction that Maudsley noted that even modernist Christian ministers of the late-nineteenth century no longer demanded 'literal belief' in 'the mysteries of Christian religion ... [and] the events of the supernatural world'.²⁶

Spiritual healing was often targeted specifically during this early period by Spiritualist detractors as a tangible example of the primitivism inherent in extreme spiritual beliefs. Spiritual healing, explained the *BMJ* in 1890 for example,

is a survival from the early history of man, who in his savage state saw in every misfortune a token of the anger of his deity. As the ignorant savage and the untutored child hear in the

²⁴ Winslow, *Spiritualistic Madness*, p. 18.

²⁵ Maudsley, *Natural Causes and Supernatural Seemings*, pp. 161 & 140.

²⁶ Some Christian ministers, he continued 'now speak [rather] of them for the most part in a style of vague and distant generality ... while some abandon such histories as altogether fabulous'. *ibid*, p. 140. The Christian modernist movement of the late-nineteenth and early-twentieth century sought to reconcile Christianity with science by eradicating superstition and re-interpreting the Bible in terms of modern scientific thought. For further discussion of Christian modernism see in particular Bowler, *Reconciling Science and Religion*, chapters eight and nine.

rumble of the thunder the wrathful mutterings of their offended God, so do many highly intelligent and good Christian people at the present time consider the maladies to which human beings are subject proofs of their want of faith in, or of complete love for, the Supreme Being who is correcting them.²⁷

Even mid-nineteenth century medical mesmerist William Gregory accepted the idea that 'people more susceptible to mesmerism ha[d] more primitive brains'.²⁸ It is perhaps somewhat ironic then that only a few years later parts of the Christian church were to seize on spiritual healing precisely because it was a reversion to the dogmas of the early church. Some ministers were to come to see such reversion as a means of revitalising Christianity and as a counter to the materialism of the modern world. Prior to the turn of the twentieth century, however, most church leaders were as hostile to the tenets of Spiritualism, including spiritual healing, as were their medical counterparts. Nineteenth-century healer Chandos Leigh Hunt was thus equally scathing of the 'weak, cramped and limited' so-called men of science and the 'bigoted and self-interested theologians', both of whom she viewed as enemies of her non-interventionist holistic system of health.²⁹ Historian Rhodri Hayward has furthermore argued that mesmeric and Spiritualistic phenomena of the late-nineteenth and early-twentieth century were often rationalised and opposed by the church in terms of satanic and demonic possession.³⁰

²⁷ 'Faith Cures', *BMJ*, 15 November 1890, p. 1140.

²⁸ William Gregory, *Animal Magnetism or Mesmerism and its Phenomena*, 5th ed. (London: Nichols, 1909, 1st published 1851). Gregory was a medical doctor and surgeon and was Professor of Chemistry at the University of Edinburgh. He wrote *Animal Magnetism* as a supportive treatise on the therapy.

²⁹ Chandos Leigh Hunt, *A Treatise on All the Known Uses of Organic Magnetism, Phenomenal and Curative* (London: J. Burns, 1876), pp. 3 & 7. On holistic medicine more generally see among others James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (Oxford: Oxford University Press, 2002).

³⁰ Rhodri Hayward, 'Demonology, Neurology, and Medicine in Edwardian Britain', *Bulletin of the History of Medicine*, Vol. 78 (2004), p. 46.

What for the church seemed evidence of the modern endurance of demonic possession, for the medical profession indicated the presence of mental weakness. The most common medical criticism of both Spiritualism and spiritual healing in the late-nineteenth century was that it positively encouraged hysteria and produced insanity in its adherents.³¹ Alex Owen quotes the medical lunacy commissioners who were involved in incarcerating a female medium in a mental asylum in 1870 as having observed: 'All Spiritualists are mad.'³² This was not an uncommon pronouncement among doctors and psychologists, and alienist Lyttleton Forbes Winslow similarly described Spiritualism in his book *Spiritualistic Madness* as 'the curse of our age, and one of the principal causes of the increase of insanity in England'.³³ Many case studies were published indicating the delusional nature of Spiritualist beliefs and its apparently treatability by rationalist medicine. The following somewhat typical example appeared in the *BMJ* in 1871:

A married lady ... had for some months suffered from hallucinations of sight and hearing. She had merely to think of some particular person, living or dead, when she immediately saw his image; and he spoke to her, wept, walked about the room, or did whatever other thing she imagined. At first she fully believed that she really saw the spirits of the persons of whom she happened to think; but in the course of time she learnt ascribe her visions to their true cause - disease. On examination, it was found that she had other symptoms of hysteria besides the hallucinations. There was hysterical paralysis of motion and sensation in the right leg, so that she could neither move it nor feel a pin thrust through the skin. There were

³¹ See Nelson, *Spiritualism and Society* and Owen, *The Darkened Room* for in-depth discussion of the perceived connection between Spiritualism and insanity during this period.

³² James Wilkes & Robert Lutwidge, quoted by Owen, *The Darkened Room*, p. 189. The medium in question was Louisa Lowe, to whose story Owen dedicates a chapter. Lowe's husband had her committed with her Spiritualist beliefs forming the majority of charges against her. See *ibid*, chapter seven.

³³ Winslow, *Spiritualistic Madness*, p. 5.

tonic contractions of various muscles, and other symptoms indicating the true nature of her case. Under suitable treatment, she entirely recovered.³⁴

As Henry Maudsley explained in 1886, for medicine 'apprehending as external that which has no existence at all' - among examples of which he included spiritual healing, hearing voices, seeing spirits, etc. - was merely a sign of 'disordered operations of the mind'.³⁵ Virtually all religious experiences were thus reduced to indicators of delusion and mania.

The perception of Spiritualists as insane was an enduring one.³⁶ In 1916 George M. Robertson, the Superintendent of the Morningside Royal Asylum was still advising those who had a possible hereditary 'latent tendency to nervous disorders' to have nothing whatever to do with 'practical inquiries of a spiritualistic nature' lest they should awaken 'a dormant proclivity to hallucinations within their brains'.³⁷ How far Spiritualist beliefs really did induce insanity is of course open to question, and even in the late-nineteenth century the *BMJ* were forced to admit that asylum admissions did not reflect the claimed high levels of spiritualistic madness. In reply to a letter from a doctor inquiring how many of America's 14,550 inmates of state asylums were insane by reason of belief in Spiritualism, for example, the *BMJ* in 1879 replied that after studying the annual reports of American asylums they could find only four

³⁴ 'Spiritualism Tested, Part Two', *BMJ*, 22 July 1871, p. 98. Both Maudsley and Winslow published similar case studies. Winslow wrote: 'I could quote many such instances where men of the highest ability have, so to speak, neglected all, and followed the doctrines of Spiritualism, only to end their days in a lunatic asylum.' Winslow, *Spiritualistic Madness*, p. 29. He published six extensive case studies in his book.

³⁵ Maudsley, *Natural Causes and Supernatural Seemings*, pp. 163-165 & 239. Maudsley openly affirmed his belief in the insanity of the Muslim prophet Mohammed, arguing that his claimed ascendance into heaven, his angel visitations and his assertion that the Koran was dictated to him supernaturally were simply 'too preposterous to be worthy of serious refutation by any person of sense'. Presumably the same logic could have been used to deny the divinity of Jesus, but even Maudsley refrained from such a blunt damning of the Christian religion, perhaps fearful of the controversy and offence it would undoubtedly provoke.

³⁶ See Hazelgrove, *Spiritualism and British Society*, especially chapters four and six.

³⁷ Quoted from the Morningside Annual Report, 1916, by 'Spiritualism and Sanity', *BMJ*, 14 July 1917, p. 46.

recorded cases.³⁸ And this was despite the common British representation of America as being a terrible warning in terms of their numbers of insane Spiritualists, religious extremists and medical quacks.³⁹ Undaunted by the figures however, the *BMJ* maintained that it was surely 'important to ascertain how many ... [were] insane by reasons of their addiction to Spiritualism, and how many had become Spiritualists by reason of their insane tendencies'.⁴⁰ Spiritualism and insanity thus remained inseparably linked in the minds of the medical profession. Even William Gregory, a physician who wrote a book in support of mesmerism in 1851, suggested that the insane were perhaps just people in a 'peculiar mesmeric state' in that they had a 'consciousness distinct from their ordinary consciousness'. His personal interpretation of this state was sympathetic, but his theories nonetheless connected what he termed 'odylic sensitiveness' with medical insanity.⁴¹

Spiritual healing was also itself often thought to pose a specific threat to mental stability in the late-nineteenth century. In 1888, for example, the *BMJ* reported the case of a Dunoon woman who had been afflicted with post-natal hysterical paralysis:

[A] local clergyman, with one of his deacons, visited the woman, and prescribed the faith-healing cure. The woman was accordingly prayed over, and anointed. The cure however, failed, and the poor woman went mad, and is now an inmate of Lochgilphead Asylum, suffering from religious mania.⁴²

³⁸ 'Spiritualism and Lunacy', *BMJ*, 15 February 1879, p. 256.

³⁹ Winslow, for example, claimed that '[spiritualistic delusion] is very prevalent in America, and the asylums contain many of its victims; nearly ten thousand persons having gone insane on the subject are confined in the asylums of the United States'. Winslow, *Spiritualistic Madness*, p. 6.

⁴⁰ 'Spiritualism and Lunacy', *BMJ*, 15 February 1879, p. 256.

⁴¹ Gregory, *Animal Magnetism*, pp. 108-109.

⁴² 'Faith-Healing', *BMJ*, 5 May 1888, p. 973.

The *Journal* refrained from any open castigation of the clergyman involved on this occasion, but their inference is clearly that the ignorant well-intentioned spiritual healer might easily do as much harm as the cunning fraudster. Hypnotism and mesmerism were considered no less dangerous than faith healing proper at this time. In 1910 for example, the eminent surgeon Sir Henry Morris, while admitting that hypnotic suggestive techniques could produce a state of drug-free anaesthesia, was still claiming that they could nevertheless not be used in surgical cases for fear of 'permanently enfeeble[ing]' the willpower of the patient involved.⁴³ It was also feared that spiritual healing might be dangerous to physical health if it caused material remedies to be ignored. In 1890 the *BMJ* published an American case study of a 'certain well-known citizen' of Toronto, a diabetic who 'thought he would give himself the benefit of the newest fashion' and accordingly placed himself in the hands of a spiritual healer. Under her instruction he discontinued his medical dietetic restrictions, and as a consequence 'speedily died of diabetic coma'.⁴⁴ Interestingly, many of the *Journal's* pronouncements on the subject during this early period concern America, demonstrating the enduring perception of Americans as being more susceptible to medical quackery and religious extremism as well as the enduring fear that Britain might swiftly follow their example.

All of this is not to deny that there were some medical advocates of Spiritualism and spiritual healing even during the late-nineteenth century, but to take such an attitude was very much risking the ridicule and censure of the

⁴³ Sir Henry Morris, "'Suggestion' in the Treatment of Disease", *BMJ*, 18 June 1910, p. 1458. See also Alan Gauld, *A History of Hypnotism* (Cambridge: Cambridge University Press, 1992). Morris was President of the Royal College of Surgeons in 1910 and was a widely published surgical author. His *Human Anatomy* (1898) was a seminal work, which remained influential for the next half a century.

⁴⁴ The healer, a Mrs Steward, was subsequently indicted for manslaughter. 'Manslaughter by a Faith Healer', *BMJ*, 4 October 1890, p. 820.

scientific community and very few were willing to stick their heads so conspicuously above the parapet. Dr William Gregory's *Animal Magnetism or Mesmerism and its Phenomena* (1851) has already been discussed, and although Gregory was quick to deny that there was any supernatural element to his techniques, he nevertheless in his preface did particularly 'commend the book to the attention of Spiritualists'.⁴⁵ Some scientific men were famously won over to the cause of Spiritualism during this period, such as the British physicists Sir Oliver Lodge and Sir William Crookes. Crookes was the editor of the *Quarterly Journal of Science* and was described by the *BMJ* in 1871 as 'a distinguished Fellow of the Royal Society'. His experiments with Spiritualist medium Daniel Home were duly reported in the *Journal*, who passed no comment on his claim that the phenomena produced by Home 'appear[ed] conclusively to establish the existence of a new force in some unknown manner connected with the human organisation which ... may be called Psychic Force'.⁴⁶ However, many of the contemporaries of Gregory, Crookes and Lodge were more outspoken in their criticisms. Professor Allen Thomson in his inaugural lecture to the Department of Anatomy and Physiology of the British Association in 1871 for example, castigated those scientific men, who in his words had 'surrendered their judgement' to a belief in 'foolish dreams':

The natural tendency to a belief in the marvellous is sufficient to explain the ready acceptance of such views by the ignorant ... but ... it is ... surprising that persons, otherwise appearing to be within the bounds of sanity, should entertain a confirmed belief in the

⁴⁵ Gregory's wife was a committed Spiritualist. Gregory, *Animal Magnetism*, pp. v & 67.

⁴⁶ 'Spiritualism Tested, Part Two', *BMJ*, 22 July 1871, p. 98. The *Journal* was quoting a paper given by Crookes. For further information on scientific interest in Spiritualist phenomena in this early period see Oppenheim, *The Other World*, especially chapter eight; D. B. Wilson, 'The Thought of Late Victorian Physicists: Oliver Lodge's Etherial Body', *Victorian Studies*, Vol. 15 (1997), pp. 29-48; Bryan Wynne, 'Physics and Psychic: Science. Symbolic Action and Social Control in late Victorian England', in Barry Barnes and Steven Shapin (eds.), *Natural Order: Historical Studies of Scientific Culture* (London: Sage Publications, 1979), pp. 167-87.

possibility of phenomena, which, while they are at variance with the best established physical laws, have never been brought under proof by evidence of the senses, and are opposed to the dictates of sound judgement.⁴⁷

Those who could not be condemned as insane were thus rebuked for their foolishness. Winslow similarly elucidated his 'wonder' that the 'rapid progress of science and education' had not banished a belief in Spiritualism. For him, the advance of Spiritualism was a national scandal, and the well-publicised conversion of a few scientific and educated men was a serious disgrace.⁴⁸

Medical-Spiritual Opposition

In the late-nineteenth century there was a definite tendency within orthodox medicine to want to keep medicine and religion strictly separate from each other. The strong ancestral link between them, discussed in the introduction to this thesis,⁴⁹ by the end of the nineteenth century had dissipated to such an extent that they were frequently conceptualised as being entirely distinct. Doctors were thus in general during this period extremely suspicious of all types of spiritual healing, regarding them as little more than outright quackery.⁵⁰ 'It has been well said that the faith cure requires no mind and the mind cure no faith', wrote the *BMJ* in 1890 for example, summarising their rigid either / or attitude.⁵¹ Towards the extreme of such a position was Henry Maudsley whose 1886 book *Natural Causes and Supernatural Seemings* advocated the triumph of

⁴⁷ Professor Allen Thomson's inaugural lecture to the Department of Anatomy and Physiology of the British Association, 2 August 1871, reviewed by the *BMJ*, 12 August 1871, p. 188. Thomson was a surgeon, and a renowned teacher at Glasgow University from 1848 until 1877. He edited several textbooks and was heavily involved in anatomical and embryological research.

⁴⁸ Winslow, *Spiritualistic Madness*, pp. 12-13 & 30.

⁴⁹ See pp. 4-7 of this thesis.

⁵⁰ See Bartrip, *Mirror of Medicine* and W. F. Bynum, & Porter, Roy (eds.), *Medical Fringe and Medical Orthodoxy* (London, Croom Helm, 1987) for exploration of the general medical hostility to all forms of quackery and unorthodox medicine in the nineteenth century. See especially the negative medical reactions to mesmerism at this time

⁵¹ 'Faith Cures', *BMJ*, 15 November 1890, p. 1140.

reason over superstition and attempted to discredit the whole basis of religion, which he considered a relic of primitivism and hurtful to human progress. He described the 'history of the coming into being and ... the stable growth of medical knowledge' as a welcome transition 'from fictions of imagination to facts of observation'.⁵² Although Maudsley's intense materialism is perhaps unrepresentative compared to many scientifically-minded men in the late-nineteenth century,⁵³ his attitude does demonstrate the animosity that was often inherent in the growing division between the scientific and religious worldviews. Deliberating on the evidence for spiritual healing in 1887 then, the *BMJ* concluded:

[S]ince [its] successes ... have for their necessary starting point self-deception and misapprehension, they must be treated with the gravest suspicion, perhaps even with reprehension, by the members of our profession, whose proudest boast it has ever been, and still is and whose beacon light it must always remain, that they are seekers after truth.⁵⁴

The very fact that its basis lay in faith then, for the medical profession in the late-nineteenth century made spiritual healing immediately deserving of criticism, if not of outright condemnation.

The unsympathetic attitudes of the medical profession were, however, far from being solely responsible for the distinct lack of anything approaching a compromise between spiritual healing and orthodox medicine during this period. Before the advent of new psychology and the moderating involvement of the Church of England, spiritual healing was itself very much characterised by

⁵² Maudsley, *Natural Causes and Supernatural Seemings*, pp. 55-56, 161 & 361.

⁵³ Some historians have argued that scientific-religious opposition in the late-nineteenth century was not as antithetical as has sometimes been assumed. See for example Young, *Darwin's Metaphor*. See also Bowler, *Reconciling Science and Religion* and Brooke, *Science and Religion*.

⁵⁴ 'Faith Healing - Ancient and Modern', *BMJ*, 22 October 1887, p. 894.

extremism and aggressive non-interventionism. In her 1876 virulently anti-vaccination polemic for example, healer Chandos Leigh Hunt wrote:

[Doctors] have not yet been able to discover or show one single specific medicine or absolutely scientific mode of treatment for any single given case of disease ... [W]e think we are [therefore] warranted in concluding that they are, without exception, the most stupid, unscientific, helpless, good-for-nothing, and God-forgotten set of men the world has ever groaned under.⁵⁵

Vaccination was described by Hunt as the 'Essence of Satan',⁵⁶ the use of drugs as 'inorganic ... poisoning', and surgery as 'crim[inal] ... torture'.⁵⁷ Hospitals she referred to as 'Experimental and Vivisectional Buildings'.⁵⁸ Nor was she alone; historians Logie Barrow and Alex Owen have both commented on the mutual searing animosity that existed between Spiritualist healers and doctors during this period.⁵⁹ Not only was there no real attempt by healers to gain medical respectability, but spiritual healing during the late-nineteenth century was rather often constructed as the diametric opposite of orthodox medicine. Hunt's was thus 'an absolute science of natural medicine',⁶⁰ and adherents were advised among other things to eschew meat, alcohol, 'drugs of every description' and all medical intervention.⁶¹

Such polemicism helped to cause the entrenchment of both sides, and it is probably unsurprising that the medical profession should have been highly critical of philosophies such as Hunt's which excluded orthodox medicine

⁵⁵ Chandos Leigh Hunt, *Vaccination Brought Home to the People* (London: J. Burns, 1876), p. 76

⁵⁶ *ibid.*, p. 35.

⁵⁷ Hunt, *A Treatise on All the Known Uses of Organic Magnetism*, pp. 19-20.

⁵⁸ Hunt, *Physianthropy*, p. 4.

⁵⁹ See Barrow, 'Anti-Establishment Healing', pp. 225-247, and Owen, *The Darkened Room*, especially chapters five and six.

⁶⁰ Hunt, *Vaccination*, p. 13.

⁶¹ Hunt, *Physianthropy*, pp. 120-122

completely. In 1890, for example, the *BMJ* cited an advertisement for a Christian governess that had recently appeared in *The Christian*:

As every member of the family trusts the Lord for everything, including bodily health without doctors or medicine, the children must be trained in the same faith.

Commenting on this requirement, the *Journal* questioned somewhat sarcastically why 'it should be considered a want of faith to use medical means for restoring health, when Providence [was] not trusted to provide [the] teaching' of the children.⁶² This derisive reaction was fairly typical of medical approaches to spiritual healing during the late nineteenth century. Doctors for the most part ignored their spiritual counterparts, and where they did consider them their tone was often one of humorous ridicule. In 1878 for example, the *BMJ* quoted the following paragraph verbatim from the *New York Medical Record*, seemingly solely for the amusement of their readers:

There may now be the consolation to certain unlucky practitioners who don't get along very well in this world, that they may have a chance to retrieve their fortunes in the next. In the recognised organ of the Spiritualists, the *Banner of Light*, published in Boston, there appears the advertisement of a certain Mrs Danskin, of Baltimore, from which we learn that the late distinguished Benjamin Rush, of Philadelphia, is still pursuing the vocation upon which he reflected so much honour during his terrestrial career, and that he seems to have entered into a sort of professional partnership with the lady named. Her card reads as follows. "During fifteen years past, Mrs Danskin has been the pupil of, and medium for the spirit of Dr Benjamin Rush. Many cases pronounced hopeless, have been permanently cured through her instrumentality. She is clairaudient and clairvoyant. She reads the interior condition of the patient, whether present or at a distance; and Dr Rush treats the case with a scientific skill which has been greatly enhanced by his fifty years' experience in the world of spirits.

⁶² 'Faith Cures', *BMJ*, 15 November 1890, p. 1140.

Application by letter, enclosing consultation fee of two dollars and two stamps, will receive prompt attention.”⁶³

The *Journal* offered no comment upon this snippet, but their dismissive humour is palpable.

The sporadic and patchy attention paid by the medical profession to spiritual healing before the turn of twentieth century, and the attitude of light disdain with which it was generally treated, suggests that it was for the main part at this time considered beneath the notice of doctors. The subject appears only very infrequently in the main medical newspapers prior to 1908. The fact that there were few truly harsh or even serious critiques of the methods and tenets of spiritual healing before this date seems to indicate that it was not considered even a remote threat to the monopoly of orthodox medicine. There were several reasons for this. As has already been discussed, in this early period spiritual healing seems to have been considered by the medical profession to be a primarily American and therefore primarily foreign phenomenon. Furthermore, like Spiritualism, healing was feminised and most of the overt criticism of spiritual healers voiced in medical publications at this time was of, usually faintly ridiculous, female healers. ‘The community of believers contains a large proportion of weak-minded hysterical women,’ wrote Lyttleton Forbes Winslow in 1877, and although he was talking more generally about Spiritualism his comments could equally have been applied specifically to spiritual healing. Lacking any kind of basic cohesion or organisation and characterised by individualistic extremism, spiritual healing in the late-nineteenth century was simply neither threatening nor interesting to orthodox medical practitioners.

⁶³ Quoted by ‘Spiritual Medicine’, *BMJ*, 28 September 1878, p. 489.

This, however, was soon to change with the advent of new psychology and the involvement of the Church of England.

Chapter Six

‘Nothing in Life is More Wonderful Than Faith’¹: The Medical Establishment and Spiritual Healing c.1900-1925

In the first two decades of the twentieth century there was an explosion of interest in spiritual healing, both on a popular level and within the medical and religious bureaucracies. The medical profession both contributed and responded to this interest by taking the claims of spiritual healers far more seriously than they ever had before. This chapter will explore in depth the reasons for and the nature of this medical involvement in spiritual philosophies of healing, and will consider the implications of the increased dialogue both in terms of orthodox medical theory and in terms of the broader relationship between science and religion in this period. Modern historians have argued that the late-nineteenth and early-twentieth centuries saw a decline of the trenchant scientific materialism of earlier decades, leading to an increased spirit of scientific-religious reconciliation in the first three decades of the twentieth century. ‘There is much in the scientific and philosophical thinking of our time which provides a climate more favourable to faith in God than has existed for generations’, wrote the Anglican bishops optimistically to the 1930 Lambeth Conference, for example.² This reconciliatory approach was to some extent apparent within both the scientific and religious literature of this period, although historian Peter Bowler

¹ William Osler, ‘The Faith That Heals’, *BMJ*, 21 June 1910, p. 1470.

² Quoted from *The Lambeth Conference, 1930: Encyclical Letter from the Bishops with Resolutions and Reports* (London: Society for the Promotion of Christian Knowledge, 1930), p. 19 by Peter Bowler, *Reconciling Science and Religion: The Debate in Early-Twentieth Century Britain* (Chicago: Chicago University Press, 2001), pp. 12-13. See also Peter Bowler, ‘Evolution and the Eucharist: Bishop E. W. Barnes on Science and Religion in the 1920s and 1930s’, *British Journal for the History of Science*, Vol. 31 (1998), pp. 453-467 and Robert M. Young, *Darwin’s Metaphor: Nature’s Place in Victorian Culture* (Cambridge: Cambridge University Press, 1985).

argues that it was largely failing by the 1930s.³ The new medical-religious dialogue surrounding spiritual healing in the early-twentieth century does to some extent fit within these wider theories. Increased medical interest in and understanding of the psychological certainly helped to soften medical attitudes towards the spiritual and to encourage very significant interchanges between orthodox medicine and spiritual healing. However, as will become clear, there were also palpable limitations to any co-operation, for medical interest generally extended only as far as psychological explanation, limiting spiritual healing in a way that most spiritual healers were unwilling to accept.

Increased Medical Interest

The change in the general attitude of the medical establishment towards spiritual healing after the turn of the twentieth century was both very conspicuous and very significant. As was demonstrated in the previous chapter in the late-nineteenth century spiritual philosophies of healing were largely either ignored or ridiculed by the medical profession. However, during the years after 1908, when healing was first discussed by religious luminaries at the Anglican Lambeth Conference, hardly an edition of the *BMJ* or the *Lancet* appeared without some reference to spiritual healing and the topic began increasingly to be discussed at medical assemblies throughout the country.⁴ The extent of this newly awakened medical interest is perhaps best demonstrated by the fact that an entire edition of the *BMJ* was dedicated to the subject on 18 June 1910. This

³ Bowler, *Reconciling Science and Religion*, pp. 3 & 50.

⁴ The 1911 BMA report on spiritual healing was prompted by a request from the Metropolitan Counties Branch of the Association. The *BMJ* and the *Lancet* reported on many medical meetings c.1908-1925 which discussed faith or spiritual healing.

edition, under the editorship of Dawson Williams,⁵ contained various articles on faith healing, spiritual healing, mental healing, suggestion, religious healing movements, healing miracles, the occult, and the interactions of mind, body and soul, by such well-respected medical personages as Sir Clifford Allbutt,⁶ Sir Henry Morris,⁷ Sir Henry Trentham Butlin,⁸ and physician Sir William Osler.⁹ Physicians, surgeons, psychologists and even the Honorary Secretary of the Anglican organisation the Church Medical Union were all represented, and in total some 120 pages were filled by editorials, articles and correspondence. The writers held varying views on the subject, but all agreed that orthodox medicine undeniably had something to learn both from spiritual healing philosophies themselves and from the growing popularity of spiritual forms of treatment. The editorial read:

The body of opinion which we have been able to collect deserves attention from all who are interested ... in the relief of human suffering. It serves as an authoritative reminder that

⁵ Dawson Williams was editor of the *BMJ* from 1898 to 1928, and is widely regarded as having made the *BMJ* both more erudite and less controversial than his charismatic predecessor Ernest Hart. See P. W. J. Bartrip, *Mirror of Medicine: A History of the British Medical Journal* (Oxford: Clarendon Press, 1990), pp. 181-184.

⁶ The illustrious Allbutt, having been both a highly successful physician and a London lunacy commissioner during the late-nineteenth century, was from 1892 (and still in 1910) Regius Professor of Physic at Cambridge. He published his influential eight volume *System of Medicine* between 1896 and 1899, and later in 1920 became both president of the British Medical Association and a member of the privy council.

⁷ See p. 225 of this thesis.

⁸ Butlin was an eminent surgeon and prolific surgical and medical writer, and in 1910 was president of both the BMA and the Royal College of Surgeons. However, he died shortly afterwards in 1912.

⁹ Osler was a clinical physician prolific medical writer who during his career taught both in England and America, and in 1910 was Regius Professor of Medicine at Oxford University. He was a renowned teacher and writer. See Michael Bliss, *William Osler: A Life in Medicine* (Oxford: Oxford University Press, 1999). The articles in this remarkable edition of the *BMJ* were the editorials 'A Philosophy of Mental Healing', *BMJ*, 18 June 1910, pp. 1501-1503; 'Medicine and Miracles', *BMJ*, 18 June 1910, pp. 1500-1501; and 'Mental Healing', *BMJ*, 18 June 1910, pp. 1483-1497; the articles Sir Clifford Allbutt, 'Reflections on Faith Healing', *BMJ*, 18 June 1910, pp. 1453-1457; H. T. Butlin, 'Remarks on Spiritual Healing', *BMJ*, 18 June 1910, pp. 1466-1470; Sir Henry Morris, '"Suggestion" in the Treatment of Disease', *BMJ*, 18 June 1910, pp. 1457-1466; William Osler, 'The Faith That Heals', *BMJ*, 18 June 1910, pp. 1470-1472; Geoffrey Rhodes, 'Health Values', *BMJ*, 18 June 1910, pp. 1497-1498; James Rorie, 'Abstract of a Lecture on Psycho-Pneumatology, or The Interactions of Mind, Body, and Soul', *BMJ*, 18 June 1910, pp. 1477-1478; T. Clay Shaw, 'Considerations on the Occult', *BMJ*, 18 June 1910, pp. 1472-1477 and three pages of correspondence on the subject.

there are bodily ills which cannot be cured by pills and potions, but which yield to methods which, for want of a better word, may be called "mental"; that cures which in a former day would have been denied by unbelievers and accepted as miracles by the faithful really happen, and that they can be explained without invoking supernatural intervention. Someone has described a metaphysician as one groping in a dark room for a black hat which is not there. Though we are still groping in a dark room, we have learnt to know that the hat is, or at any rate may be, there. The problem is to find it.¹⁰

Although still evidently uncomfortable with any suggestion of supernatural influence in healing, the attitude here represented clearly marks a rather revolutionary departure from the profession's utter dismissiveness of only a few years previously. The *Journal* themselves realised this, and prided themselves on their new open-mindedness.¹¹

It appears furthermore that this spirit of inquiry was for the most part welcomed by the *Journal's* medical readers, and a lengthy correspondence on the subject ensued in subsequent editions.¹² 'I am glad to know that a reaction is going on today against the materialistic monism which is still enunciated by some psychologists', wrote John Ward Cousins of Southsea, for example.¹³ Even those who remained decidedly sceptical as to the medical worth of spiritual healing generally welcomed the discussion. One correspondent for example, although personally against allowing religion any role in healing, nevertheless approved of the new dialogue, believing that spiritual healing had for too long been 'shunned by the profession as a *terra incognita*, and avoided as a bourne from which no traveller return[ed] as sane'. He hoped that increased discussion of the subject would invoke changes within orthodox medicine and so make

¹⁰ 'Medicine and Miracles', *BMJ*, 18 June 1910, p. 1500.

¹¹ See *ibid*, p. 1500.

¹² Similar medical correspondence about spiritual healing took place in both the *Lancet* and *The Times* at varying points during the period 1910-1925.

¹³ Letter from John Ward Cousins, 'Faith Healing', *BMJ*, 2 July 1910, p. 48.

unorthodox spiritual healing obsolete.¹⁴ This was an argument that was increasingly to be echoed in years to come and demonstrates that despite the new dialogue there were clear limits to medical-spiritual co-operation.

This dramatic increase in discussion about spiritual healing in medical circles in the early-twentieth century to some extent subverted traditional medical and scientific unwillingness to deliberate openly on religious matters. This philosophical shift was also being echoed in some parts of the wider scientific community during this period.¹⁵ Many medical contributors, however, remained extremely uncomfortable with the idea of discussing personal spirituality or being forced to pronounce judgement on matters of religious faith. At the beginning of a paper on spiritual healing written in 1910, for example, the eminent physician Sir Clifford Allbutt wrote of his 'deep personal reluctance ... to argue about spiritual experience'.¹⁶ As a specific point of intersection between religious belief and scientific medicine, spiritual healing made the philosophical segregation of the scientific from the religious almost impossible to maintain. Doctors to some extent attempted to circumvent the religious element by constructing the debate in psychological terms, but religious adaptation of the theories of new psychology¹⁷ made such avoidance very difficult. Some medical commentators realised that even reducing spiritual healing to mental suggestion did not prevent the debate from touching upon controversial religious questions:

¹⁴ Letter from Dr A. Christie Reid, 'Faith Healing', *BMJ*, 25 June 1910, p. 1575.

¹⁵ See Bowler, *Reconciling Science and Religion*, pp. 27-28, 60-61 & 93.

¹⁶ Sir Clifford Allbutt, 'Reflections on Faith Healing', *BMJ*, 18 June 1910, p. 1453. Allbutt was Regius Professor of Physic at the University of Glasgow.

¹⁷ See, for example, O. Hardman (ed.), *Psychology and the Church* (London: Macmillan, 1925); W. I. Inge, *Lay Thoughts of a Dean*, 2nd ed. (London: Putnam, 1933, 1st published 1926), pp. 230-242 & 323-336; Leslie D. Weatherhead, *Psychology, Religion and Healing*, 2nd ed. (London: Hodder & Stoughton, 1952, 1st published 1951) and Elwood Worcester, Samuel McComb & Isador H. Coriat, *Religion and Medicine: The Moral Control of Nervous Disorders* (New York: Moffat, Yard & Co., 1908). See also Graham Richards, 'Psychology and the Churches in Britain 1919-39: Symptoms of Conversion', *History of the Human Sciences*, Vol. 13, No. 2 (2000), pp. 57-84.

Was there, apart from the bodily tissue, a something independent of it which could operate on and be affected by this body, and which could be used by the patient for his own advantage? What was the controlling agency that was to whip up or put the brake on the dormant or the perverted will? Was there a higher will somewhere in the background? The religious party said there was and this was what they called the Deity, and He must be petitioned to give power to use the will in the right direction. Did the hypnotist, then, or the suggestor make himself into a *dues ex machinâ*? ... If there was no such spiritual world, no such Deity, then millions of men had been for ages and now were mistaken and immeasurable oceans of blood had been spilt over a myth. The teaching of the Church in all its forms was by suggestion and – what was linked with it – by authority.¹⁸

Professional medical journals in this period charted a fine line between rationality and offending the personal religious sensibilities that many of their members retained. In August 1910, for example, following the edition of the *BMJ* dedicated to the subject of spiritual healing, the *Journal* found themselves forced to apologise to a Catholic reader who contacted them to complain about what he saw as the derogatory remarks made about the shrine of Lourdes by one of their correspondents. They did so unreservedly and stated their desire to ‘keep the *Journal* free from any tinge of theological controversy’.¹⁹ Spiritual healing thus transgressed the perceived subjectivity of religion and objectivity of science, forcing a dialogue, if often an uneasy one, between the two worldviews.

Explaining Medical Interest

Before examining the changing relationship between orthodox medicine and spiritual healing in any more detail it is perhaps pertinent first to consider

¹⁸ Comments made by Dr Claye Shaw at a meeting of the Harveian Society 28 October 1909. Medical men, said Shaw, could hardly avoid discussing spiritual healing and mental suggestion ‘with regard to *spiritual* life because it was with this that suggestion was concerned’. Quoted by ‘The Mind as a Therapeutic Agent’, *BMJ*, 6 November 1909, p. 1353.

¹⁹ ‘Modern Miracles of Healing’, *BMJ*, 20 August 1910, p. 479.

why this change in approach was brought about. The years after the turn of the twentieth century saw a massive growth in both popular awareness of spiritual healing and in the number of spiritual healing groups, so much so that by 1910 the *BMJ* were moved to describe spiritual healing as 'one of the most notable features of the present day'.²⁰ Movements ranged from the formal extremism of Christian Science groups, which began to proliferate in Britain after about the turn of the century, to the generally more moderate psychology-influenced Anglican organisations such as James Moore Hickson's Society of Emmanuel and Percy Dearmer's Guild of Health, founded in 1905 and 1904 respectively, to the continuing but more nebulous interest in the subject shown by Spiritualist and New Thought movements. Combined with the formal attempts to revive the healing ministry within the Anglican Church after 1908, these groups provided for the first time both an organised challenge to orthodox medicine and a respectable discussion base for medical-spiritual-psychological interchange.

Of all the factions that promoted spiritual healing - generally, it might be said, entirely independently, for spiritual healing groups were fragmented by philosophy and more likely to regard each other as enemies than allies²¹ - Christian Science was perhaps the most significant. It was arguably Christian Science which was at the root of most of the escalating popular, medical, and religious interest in spiritual healing during this period. An American phenomenon, the popularity of Christian Science threatened both orthodox religion and orthodox medicine²² and galvanised interest in non-material

²⁰ *ibid*, p. 479.

²¹ See pp. 18-19 of this thesis for further discussion of this point.

²² Christian Science was accused of causing both medical and orthodox Christian defections. Elwood Worcester and Samuel McComb, the American founders of the psycho-religious healing organisation the Emmanuel Movement claimed in 1909 for example that Christian Science was 'sweeping thousands and tens of thousands from the medical profession and from the Church'.

methods of healing, precisely because its doctrines were so dogmatically anti-interventionist. Christian Science first appeared from a British point of view in the British medical journals in 1898 when it was reported in the *BMJ* that a Major Cecil Lester had died after dismissing his military physicians and seeking Christian Science treatment for his tuberculosis peritonitis. The healer, Mrs Esther Grant, had charged Lester a guinea per week for absent healing through prayer and 'right thought', and the case was cited by the *Journal* as a 'depressing exhibition of folly and cruelty'.²³

What primarily concerned the medical profession about Christian Science was its entire disavowal of orthodox medicine. Patients were strongly advised *not* to seek medical attention. As Christian Science advocate Charles Herman Lea pointed out in 1913, Christian Science and orthodox medicine were 'entirely distinct from, and contrary to, one another'.²⁴ Christian Scientists held that all matter, and consequently all physical disease and pain, was illusory and that the maintenance of health required only an acceptance of the wholly spiritual nature of man, thus denying the whole basis of physical science and medicine. Medical detractor Stephen Paget described this gulf between medicine, religion and Christian Science simply and clearly when he wrote:

Toothache is real, because it is realised as an object. In the language of religion, God is, therefore the toothache is. But Christian Science would put it thus: God is, therefore the toothache is not.²⁵

Quoted by Raymond J. Cunningham, 'The Emmanuel Movement: A Variety of American Religious Experience', *American Quarterly*, Vol. 14, No. 1 (1962), p. 50. For more information on the orthodox religious reaction to Christian Science, see chapter four of this thesis.

²³ 'Faith-Healing', *BMJ*, 15 October 1898, p. 1187.

²⁴ Charles Herman Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science and a Challenge to its Critics*, 2nd ed. (London: Dent, 1915, 1st published 1913), p. 67.

²⁵ Stephen Paget was a qualified surgeon, although he ceased to practise medicine in 1910, feeling himself to be too much in the shadow of his eminent father, surgeon James Paget. He was also a prolific writer and biographer, and a staunch anti-vivisection campaigner. Quoted by George Gordon Dawson, *Healing: Pagan and Christian* (London: Society for Promoting

Charles Spencer, an advocate of the 'absolute truth' of Christian Science thinking, thus described medicine, 'the study of the details of disease', as 'a study of falsehood and error, and therefore unscientific, since it is a study of *that which is not*'. In typical Christian Science language, he advised patients to 'shatter, destroy, all your imaginary troubles in the silent power of truth.'²⁶

Medical reactions to such claims remained generally-speaking roundly and loudly dismissive. Doctors constructed Christian Science philosophies both as utterly absurd and as a real danger to public health. In this they were following the earlier lead of their American counterparts. The American Medical Association had denounced Christian Scientists in 1899 as 'molochs to infants, and pestilential perils to communities'.²⁷ In Britain this reaction took another ten years to germinate,²⁸ but when it came it was equally virulent. Even in the series of *BMJ* articles given over the subject of spiritual healing in 1910 there can be found little or no sympathy for the tenets of Christian Science. Surgeon Sir Henry Morris described the movement as 'a snare and a pitfall', and wrote:

It is really difficult to study Christian Science with patience and composure, or, indeed, without impatience and mental irritation. It is quite possible to read about the miraculous

Christian Knowledge, 1935), p. 265. For more information on Christian Science and the reaction it provoked in both Britain and America see Willa Cather & Georgine Milmine, *The Life of Mary Baker G. Eddy and the History of Christian Science* (Lincoln: University of Nebraska Press, 1993, 1st published 1909); Raymond J. Cunningham, 'The Impact of Christian Science on the American Churches, 1880-1910', *The American Historical Review*, Vol. 72, No. 3 (April 1967), pp. 885-905; Mary Baker Eddy, *Science and Health With Key to the Scriptures* (Boston: Christian Science Publishing Society, c.1934, 1st published 1875 and Rennie B. Schoepflin, *Christian Science on Trial: Religious Healing in America* (Baltimore: John Hopkins University Press, 2003).

²⁶ Charles N. Spencer, *Spiritual Healing: Its Philosophy, Science, Religion and Practice* (London: Danby & Co., 1904), pp. 7, 13 & 22. Spencer claimed not to be a Christian Scientist himself, but his philosophy clearly parallels Christian Science thought.

²⁷ From the *Journal of the American Medical Association* in October 1899, quoted by Raymond J. Cunningham, 'The Impact of Christian Science', p. 902. Cunningham describes in detail the virulent hostility of the American medical reaction to Christian Science.

²⁸ Mary Baker Eddy, the American founder of Christian Science, did not dispatch the first Christian Scientist lecturer to England until 1897. Cited by Stuart Mews, 'The Revival of Spiritual Healing in the Church of England, 1920-26' in W. J. Sheils (ed.), *The Church and Healing: Papers Read at the Twentieth Summer Meeting and the Twenty-First Winter Meeting of the Ecclesiastical History Society* (Oxford: Basil Blackwell, 1982), p. 310.

cures at Lourdes with toleration and even with interest, however incredulous one may be; but the reading and study of Christian Science are simply insufferable.²⁹

In the same series of articles Sir Clifford Allbutt similarly constructed Christian Science philosophies as no more than a rather bizarre defiance of knowledge and 'refus[al] to face facts',³⁰ and physician Sir William Osler saw them as comedic evidence of the 'plastic and receptive' credulousness of human nature.³¹

Despite the slightly humorous and mocking tone evident in such pronouncements, there was a new serious edge to these medical discussions. The *BMJ* may have attempted to dismiss Christian Science as 'a repulsive subject' which demonstrated only 'the depths of degradation to which the human mind [could] sink under the weight of superstition', but the swift proliferation of medical comment and the virulence of the general tone demonstrate a clear awareness of the danger that Christian Science posed, not only to the health of patients as doctors generally argued, but also to the monopoly of the medical profession itself.³² Some contemporary observers realised this, one medical correspondent commenting in 1909, for example, that the medical profession's unrelenting scorn and ridicule of Christian Science strongly suggested that 'the profession [was] at least slightly uneasy' about the competition it presented.³³ The organisation and rapidly increasing popularity of the movement forced doctors to enter into a debate, not only about Christian Science itself, but also about the relationship between the mind and the body and about spiritual healing

²⁹ Sir Henry Morris, "'Suggestion" in the Treatment of Disease', *BMJ*, 18 June 1910, pp. 1463 & 1465.

³⁰ Sir Clifford Allbutt, 'Reflections on Faith Healing', *BMJ*, 18 June 1910, p. 1454.

³¹ William Osler, 'The Faith That Heals', *BMJ*, 18 June 1910, p. 1472.

³² 'Mental Healing', *BMJ*, 18 June 1910, p. 1494.

³³ Letter from Dr H. Torrance Thomson, 'Christian Science and Spiritual Healing', *BMJ*, 6 November 1909, p. 1382. Thomson was critical of what he saw as orthodox medicine's neglect of 'the mental side' of illness, which he felt was responsible for the popular prominence of unscientific philosophies such as Christian Science.

in general. Less aggressive forms of spiritual healing suddenly seemed worthy of medical attention and appeared almost noble in comparison to Christian Science. Thus in 1910 the *BMJ* were moved to comment that Christian Science 'seem[ed] to love the darkness ... instead of courting the light as other [spiritual] methods do'.³⁴ The profession may have resolutely ignored Scientist demands for a 'thorough and unbiased investigation of Christian Science',³⁵ but they could not so easily ignore the spiritual demand that the movement's popularity portended.

Although Christian Science was undoubtedly an important catalyst for the substantially increased medical interest in spiritual healing after the turn of the twentieth century, other factors also had an important part to play. The involvement of the Anglican Church and the inauguration of more moderate spiritual healing groups in the first decade of the century - also in their own ways reactions to the popularity of Christian Science philosophies - were essential in creating a respectable discussion base where issues such as the influence of spirituality on health and the boundaries between religion and medicine could be calmly and rationally debated. Again the immediate and most powerful spur was an American one. The very influential Emmanuel Movement was set up in 1905 in Boston, Massachusetts by the Reverend Dr Elwood Worcester, rector of the Emmanuel Episcopal Church in the city. It claimed a - medically supervised -

³⁴ 'Mental Healing', *BMJ*, 18 June 1910, p. 1494.

³⁵ Charles Herman Lea wrote his book *A Plea for the Thorough and Unbiased Investigation of Christian Science and a Challenge to its Critics* in 1913 precisely because, he claimed, he had tried to arrange with the British Medical Association 'for a medical investigation to be conducted into Christian Science healing', but had been constantly rebuffed. He challenged his chief detractors, who he defined as Sir Henry Morris, Stephen Paget, Cannon Scot Holland, the Rev. Dr Frank Ballard, a Wesleyan minister, and the Rev. Dr Horton, to either 'prove the philosophy of Christian Science to be ... unsound, or failing that, [to] withdraw from further publication their books and papers written against Christian Science'. Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science*, pp. 63-64 & xii-xiii.

role for the church in the treatment of psychological illness.³⁶ The Movement spread quickly throughout America and internationally to England, Ireland, Australia, South Africa and Japan,³⁷ and was widely credited with stimulating medical interest in psychotherapy.³⁸ Although the Movement was not without its vocal medical critics, its attempt to unite religion and medicine in the treatment of nervous disorder was lauded as nothing short of revolutionary.³⁹

British medical reaction to the Emmanuel Movement was at first somewhat sceptical, and in 1908 the *BMJ* called it a 'dangerous enterprise' for ministers to act as 'unqualified medical practitioners of mental therapeutics', although they noted with relief that its founders eschewed all connection with the hated Christian Science.⁴⁰ The treatment of the Emmanuel Movement by the medical presses - and indeed of their treatment of religious healing in general - swung backwards and forwards between cautious approval and outright condemnation over the next ten years,⁴¹ but there is no doubt that the

³⁶ Samuel McComb, 'Spiritual Healing and the Church', *The Contemporary Review*, No. 665 (1921), pp. 670-676; Lyman Powell, *The Emmanuel Movement in a New England Town: A Systematic Account of Experiments and Reflections Designed to Determine the Proper Relationship Between the Minister and the Doctor in the Light of Modern Needs* (New York: Putnam, 1909; Elwood Worcester, *Life's Adventure: The Story of a Varied Career* (New York: Charles Scribner's Sons, 1932); Elwood Worcester & Samuel McComb, *The Christian Religion as a Healing Power: A Defense and Exposition of the Emmanuel Movement* (New York: Moffat, Yard & Co., 1909) and Elwood Worcester et al., *Religion and Medicine*. See p. 12 of this thesis for an overview of the Emmanuel Movement.

³⁷ Cunningham, 'The Emmanuel Movement', p. 57. In Britain the Movement was known as the Church and Medical Union.

³⁸ For example, H. Addington Bruce in the American publication *Outlook* (1909) claimed that 'with some noteworthy exceptions, the medical men of the country have signally failed to profit by the discoveries of the psychopathologists' and that it 'ha[d] remained for the Emmanuel Movement to galvanise them into belated action'. Quoted by *ibid*, p. 61.

³⁹ Worcester in his letter of resignation, published in his autobiography, described the project as 'radically new and original' in that 'educated men, university scholars and critical students of the Bible had been willing to undertake it, and that they had induced scientifically-trained physicians to work with them. In the history of "spiritual healing" this had not happened before. Elwood Worcester's autobiography *Life's Adventure*, p. 355. Also, see Cunningham, 'The Emmanuel Movement', pp. 52 & 59-60.

⁴⁰ 'Religion and Medicine', *BMJ*, 21 November 1908, p. 1580.

⁴¹ For example, just a week after the first article was published on the Emmanuel Movement, another article appeared claiming that it was right and proper for medicine and religion to be 'mutually complementary' and that there were 'many diseases in which the medicine of the soul

Movement's inauguration was a definite spur to the medical discussion of spiritual healing in Britain. Prior to the 1908 article in the *BMJ* when the Emmanuel Movement was first discussed, the *Journal's* treatment of spiritual healing had been sporadic and generally hostile, but after 1908 the number of articles dedicated to the subject of spiritual healing quickly proliferated and claimed spiritual cures began to be investigated more seriously and more thoroughly. Its importance is also demonstrated by the detailed discussion it received at the Clerical and Medical Committee of Inquiry set up in October 1910 to investigate spiritual healing and 'consider and report upon the best methods of closer co-operation between the two professions'.⁴² Similar British-founded groups such as Percy Dearmer's Guild of Health and James Moore Hickson's Society of Emmanuel also helped to galvanise medical interest in the subject and, unlike Christian Science, declared themselves likewise willing to accept medical intervention and guidance.⁴³

The Anglican Church itself was also of course also an important factor in helping to moderate medical interest and raise awareness of spiritual healing during this period. As was discussed in more detail in the previous chapter, the official involvement of the Church following the Lambeth Conference of 1908 was not something that could have been easily dismissed by the medical profession, even if they had still been of a mind to do so. Unsurprisingly doctors proved far more willing to engage in sensible debate with respectable clergymen

is a powerful adjuvant in the treatment of the body'. 'Ministries of Healing', *BMJ*, 28 November 1908, p. 1634.

⁴² *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry into Spiritual, Faith and Mental Healing* (London: Macmillan, 1914). The Reverend Dr Samuel McComb gave detailed evidence about the Emmanuel Movement to the Committee.

⁴³ See Percy Dearmer, *Body and Soul: An Enquiry into the Effects of Religion Upon Health, with a Description of Christian Works of Healing from the New Testament to the Present Day* (London: Sir Isaac Pitman & Sons, 1909) and James Moore Hickson, *Heal the Sick* (London: Methuen, 1924).

than they ever had been to answer the demands and criticisms of vocal but radical individuals. Clerical calls for investigation into the claims of spiritual healing were taken seriously by the medical profession and, although most of the joint committees and councils were formed at the request of Anglican Church rather than the medical authorities, that eminent doctors did time after time agree to play a formal part in such discussions is significant. In many ways the two professions attempted to forge an alliance against any forms of spiritual healing that they felt to be characterised by too great a degree of extremism, and thus Christian Science was resolutely excluded from the remit of both the 1910 Clerical and Medical Committee of Inquiry and the 1920 Lambeth Conference Committee. The 1911 *British Medical Association Report on the Subject of "Spiritual Healing"* also failed to even mention Christian Science, and claimed that the interest of the Association in the subject had been prompted only by the involvement of the Anglican Church and 'the indefinite kind of recognition' it seemed to have afforded spiritual healing in recent years.⁴⁴ Most other spiritual healing organisations and sects were considered in these medical-religious reports, including interested clergymen and psychologists, the Guild of Health, the Emmanuel Movement and the Clerical and Medical Union. This exclusion was noted amongst the Christian Science community, and advocate Charles Herman Lea argued angrily that the omission of Christian Science from the Clerical and Medical Committee of Inquiry report for one rendered it 'entirely misleading ... absolutely dishonest, untrue, and even hypocritical'.⁴⁵ He may

⁴⁴ 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *Supplement to the BMJ*, 15 July 1911, p. 126.

⁴⁵ You can see his point when you consider that it was Christian Science that had prompted the renewed interest in spiritual healing and that it was at that time the biggest spiritual healing organisation in existence. Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science*, pp. 81-82.

have had a point, but as a negative catalyst the contribution of Christian Science in opening up the channels of medical-spiritual discussion remained principally unacknowledged.

Spiritual Healing and New Psychology

Changes within the medical profession itself during this period also contributed to the changing attitude of orthodox medicine towards spiritual healing. The early-twentieth century saw the dawn of what has been termed 'new psychology'. Freud, psychoanalysis and psychological theories regarding the power of the human sub-consciousness began to have an increasingly marked impact upon medical thought in the years after the turn of the twentieth century.⁴⁶ Such issues, although they remained decidedly controversial in the years preceding the First World War, undoubtedly brought aspects of spiritual healing and orthodox medicine closer together on an abstract level than they probably had ever been in the modern period. Some commentators even gave spiritual healing movements the credit of spurring medical interest in new psychology and psychotherapy,⁴⁷ but in truth it is difficult to tell whether doctors began to take more notice of spiritual healing because new awareness of the power that the mind could wield over the body seemed to suggest that there was something in the claims of healers, or whether the threat of anti-medical sects such as Christian Science galvanised doctors into finding some explanation for the apparent efficacy of such methods. Both suggestions are in their own way probably partly

⁴⁶ See E. Gellner, *The Psychoanalytic Movement: The Cunning of Unreason* (London: Fontana Press, 1993); Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997); Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London: Virago, 1988) and Michael H. Stone, *Healing the Mind: A History of Psychiatry from Antiquity to the Present* (London: Pimlico, 1998).

⁴⁷ See Cunningham, 'The Emmanuel Movement' and Cunningham, 'The Impact of Christian Science' for details of contemporary American commentators who argued this point.

true. What this section of this chapter will do is to examine briefly what the new psychological and psychotherapeutic theories meant for medical thought, how they impacted upon medical attitudes towards spiritual healing, and the way in which lay healers themselves responded in this period. The philosophical connections between spiritual healing and psychotherapy in particular will also be expanded upon.

In the first two decades of the twentieth century all medicine was increasingly acknowledged by doctors to have a psychological aspect to it. Resolute materialism became something to be avoided rather than the accepted mode of thought, and faith ceased to be a word unworthy of medical attention. This is made clear both in the markedly altered attitude of the respected medical presses and in the writings of eminent medical commentators themselves. Thus in 1910 in an article entitled 'The Faith That Heals' William Osler, the Regius Professor of Medicine at the University of Oxford, could write:

Nothing in life is more wonderful than faith – the one great moving force which we can neither weigh in the balance nor test in the crucible. Intangible as the ether, ineluctable as gravitation, the radium of the moral and mental spheres, mysterious, indefinable, known only by its effects, faith pours out an unfailing stream of energy while abating not jot nor tittle of its potency.⁴⁸

These are remarkable words, for while Osler clearly did not believe that healing through faith was in any way supernatural and rejected as ridiculous the aggressive claims of Christian Science, he did believe that psychological spiritual healing was possible and even desirable. He described, for example, the

⁴⁸ William Osler, 'The Faith That Heals', *BMJ*, 18 June 1910, p. 1470.

Reverend Worcester's Emmanuel Movement as 'an honest attempt to bring back the angelical conjunction ... of physic with divinity'.⁴⁹

Nor was Osler alone in this stance. The *BMJ* itself began during this period to speak seriously about 'the active agent [of] faith',⁵⁰ and even criticised doctors who argued too vehemently against spiritual healing of 'los[ing] sight of the[ir] patient[s]'.⁵¹ 'After all,' the *Journal* admitted in 1912, 'medicine, even at the present day is largely groping in the dark':

This being the case, our attitude towards anything that promises relief which is not obtainable by following the doctrines of the schools should be one of sympathetic readiness to welcome help from whatever quarter it may come, rather than the self-complacency which asks, "Can any good come out of Nazareth?"⁵²

There is in such proclamations an almost palpable lessening of the medical arrogance that nineteenth-century unorthodox healers had found so objectionable,⁵³ as doctors considered and adapted both to the new medical understandings of the relationship between the mind and the body and to the external challenges facing the profession. 'Without the faculty of inspiring faith in the patient, learning counts for little,' admitted the *BMJ* in 1910, suggesting that they were ceasing to place themselves so exaltedly above their lay healing counterparts.⁵⁴ The old egotistic materialism was increasingly criticised. 'Life,' wrote Dr H. Crichton Miller somewhat theatrically in 1922 for example, 'is

⁴⁹ *ibid*, pp. 1471-1472. Osler's approval of the Emmanuel Movement was, he made clear, based on its adhering to its self-declared mandate of treating only functional diseases.

⁵⁰ 'Mental Healing', *BMJ*, 18 June 1910, p. 1483.

⁵¹ 'Medicine and the Church', *BMJ*, 9 March 1912, p. 554. The *BMJ* in this instance were criticising Dr Charler Buttar, who had strongly counselled against medical sympathy for spiritual healing on the basis that spiritual healing's emphasis on the supernatural was responsible for turning people away from orthodox medicine, and that while spiritual treatment might relieve some symptoms it could not offer any permanent cure.

⁵² *ibid*, p. 554.

⁵³ See pp. 76-79 of this thesis.

⁵⁴ 'Medicine and Miracles', *BMJ*, 18 June 1910, p. 1501.

primarily an art, and the sooner the scientific psychologist recognises his limitations the less likely he will be to expose himself to criticism'.⁵⁵

This new attitude gradually began to permeate every part of medicine. For example, during the First World War qualified masseuses who helped in the treatment of the wounded began to be instructed that although the injuries they would be treating were organic that 'mental treatment was quite as important as physical'. Instructor Miss Agnes Emilie Keen thus advised her students to

make the [patient] keep always before him the mental picture of himself *quite well*, and according to the clarity of this picture so will the results be.⁵⁶

In this way, the old rigid intellectual boundaries between what constituted organic and functional disease were gradually being broken down, so much so that by 1927 physician Dr F. G. Crookshank could argue that the words had become mere 'verbal symbols, whose original significance ha[d] been forgotten' and who 'had outlived whatever usefulness they once had'.⁵⁷ By 1955 psychiatrist and consultant physician J. Burnett Rae was even contending that in the majority of all medical cases 'the disorder [was] not in the body or in the mind, but in a breakdown of relationship between the two'.⁵⁸ Spiritual healers, as was explained in detail in chapter one, had long tended to explain illness as a matter of mental-physical-spiritual imbalance, and thus through the language of

⁵⁵ H. Crichton Miller, 'The Psychic and Endocrine Factors in Functional Disorders', *BMJ*, 23 September 1922, p. 551. Miller's paper was first given at an annual meeting of the British Medical Association in Glasgow in July 1922.

⁵⁶ Agnes Emilie Keen, 'Nerve Injuries, Especially With Regard to the Wounded', *Journal of the ISTM*, Vol. 1, No. 1 (July 1915), pp. 9-10. The italics are hers.

⁵⁷ Crookshank's background was as a hospital clinician, but his experiences as a military doctor during the First World War encouraged a lasting interest in psychology and the impact of the psychological on health. F. G. Crookshank, 'Spiritual Healing and Medical Theory: A Paper Read at a Meeting of the Hunterian Society on November 9th, 1925, in the Course of a Debate Opened by the Right Reverend the Bishop of Kensington' in F. G. Crookshank, *Diagnosis and Spiritual Healing* (London: Kegan Paul, 1927), pp. 80-81.

⁵⁸ J. Burnett Rae, 'A Doctor's Comment' in D. Caradog Jones, *Spiritual Healing: An Objective Study of a Perennial Grace* (London: Longmans, 1955), p. 124. It should be pointed out that Rae was Vice-Chairman of the Churches Council of Healing and was therefore particularly sympathetic to the claims of spiritual healing.

new psychology the philosophies of spiritual healing and orthodox medicine began, at least to some extent, to converge. Anglican healer Harold Anson for example wrote of the 'great importance' of establishing 'a right relation' between mind and body without which he did not believe either mental or physical health was possible,⁵⁹ and Spiritualist medium and healer Eileen Garrett similarly denied that there was any such thing as a 'purely physical' malady. '[I]s not what we call the physical part of ourselves inter-penetrated by other facets of our personality?' she questioned.⁶⁰ It was not so very far from these assertions to those of twentieth-century doctors who began to openly state their belief that 'every case of illness ha[d] some mental element, ready to react to suitable suggestion'.⁶¹

The theories and experiences of new psychology and psychotherapy in short lent the claims of spiritual healing a new element of authenticity that virtually forbade medical ridicule. It is telling for example that the 1914 Clerical and Medical Committee of Inquiry report into spiritual healing noted that however sceptical its members might have been as to possibility of spiritual healing being able to induce the cure of organic disease, 'the value of religious and mental influences as contributory to recovery was not questioned'.⁶² This change in attitude may not have been total, but nor should it be underestimated. From their nineteenth-century ridiculing of spiritual healing as ludicrous quackery, the medical profession had almost within the space of a decade altered both their perspective and their attitude to such an extent that by 1910 the *BMJ* was warning its readers:

⁵⁹ Harold Anson, *Spiritual Healing: A Discussion of the Religious Element in Physical Health* (London: University of London Press, 1923), p. 90.

⁶⁰ Eileen J. Garrett, *Life is the Healer* (Philadelphia: Dorrance & Company, 1957), p. 80.

⁶¹ Letter from Dr Otto May, *The Times*, 20 October 1924, p. 20, column d.

⁶² *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, p. 13.

Whatever exorcises the demon of Fear and brings to the sick man's bed the Angel of Hope is a powerful aid to medical treatment. It is therefore as unscientific as it is inhuman to put aside faith healing as mere superstition.

Even claimed miracles were apparently no longer to be rejected without due investigation.⁶³ Some spiritual healers themselves remarked on this apparent about-turn with appreciation. In 1925 healer James Moore Hickson, for example, reported that he felt a 'marked change in the medical world towards the work of spiritual healing' and claimed to have been invited to address both the students of 'a large medical university' and the staff of a London hospital on the implications of his healing work.⁶⁴ However, Hickson's optimism was perhaps a little overstated, as is demonstrated by the fact that when recounting his remarks the *BMJ* made no comment except to once again note the lack of evidence of his supposed cures.⁶⁵

Nevertheless, in the main during the period 1908 until at least 1925 the majority of the medical profession seemed to have begun to favour the careful investigation of spiritual healing over any outright denunciation of its claims (except perhaps where Christian Science was concerned). Doctors began increasingly to accept that there was some active agent that gave spiritual treatments efficacy, and medical sympathisers of spiritual philosophies of healing began to approach the subject with noticeably more confidence during this period. Dr Alexander Robertson, for example, a physician to the Glasgow Royal Infirmary, wrote to the *BMJ* in 1909 in order to share his medical use of what he referred to as 'psychic force' with the profession. He had, he said, been using a

⁶³ 'Medicine and Miracles', *BMJ*, 18 June 1910, p. 1501.

⁶⁴ Quoted by 'Spiritual Healing in Bradford', *BMJ*, 7 November 1925, p. 858. See also Hickson, *Healing the Sick*.

⁶⁵ 'Spiritual Healing in Bradford', *BMJ*, 7 November 1925, p. 858. For further exploration of the question of proof see chapter seven of this thesis.

method - which was in fact tantamount to psychotherapy - for some ten years and had found it remarkably efficient in treating 'the slighter forms of derangement of the nervous system'.⁶⁶ Robertson clearly regarded his being able to impose his dominant will on hysterical patients as quite revolutionary at this time, and his actual method is here less important than his terming of the active component as 'psychic force'. It is certainly significant that he had waited until 1909 to report publicly on the success of his methods. Nor was he alone. Dr J. F. Woods similarly reported to a Harveian Society meeting in 1909 that he found he had been able to permanently cure a patient of long-term sciatica by simply 'plac[ing] his hand upon her hip, outside her dress'.⁶⁷ Once again the cure had taken place more than ten years previous to the reporting, in 1897. Even the President of the Royal College of Surgeons in England, Henry Butlin, was by 1910 not only willing to openly criticise his contemporaries for holding 'too narrow a view of spiritual healing' but was furthermore prepared to admit that his interest in the subject came at least partly from the fact that a member of his family was 'said to have the gift of healing by faith'.⁶⁸ Such examples demonstrate that some degree of belief in, or even overt connections with, spiritual healing were no longer considered to be incontrovertibly shameful.

⁶⁶ Robertson described his treatment thus: 'Sitting down opposite the patient, if in bed, or standing opposite her - for in most, but by no means all cases it is a woman - if on foot, I require her to look steadily into my eyes. ... Then continuing in a firm tone of voice and decided manner, I address her somewhat in the following terms: "You understand that these seizures, if subject to spasmodic or other form of attack, must stop." This I repeat, often modifying the remark, till I get the patient to say, "Yes, sir." Daily or every second day, at gradually increasing intervals, this formula is gone over, and even after the patients have left the infirmary I have required them to return once a week for several weeks, so as to maintain the controlling and fortifying influence on the mind and brain. The results in most cases have been immediately successful and have been observed by medical practitioners as well as students.' Letter from Dr Alexander Robertson, 'Ministries of Healing', *BMJ*, 2 January 1909, p. 63.

⁶⁷ Quoted from the *BMJ*'s report on a discussion of the Harveian Society on 28 October 1909. 'The Mind as a Therapeutic Agent', *BMJ*, 6 November 1909, p. 1355.

⁶⁸ H. T. Butlin, 'Remarks on Spiritual Healing', *BMJ*, 18 June 1910, p. 1466.

Rather than ridiculing the claims of spiritual healers, some doctors during this period actually began to ridicule the approach of their own profession towards such issues, demonstrating again how substantially attitudes had changed. For example, Dr F. G. Crookshank, at a meeting of the Hunterian Society in November 1925, began his call for toleration and open-mindedness in matters of healing with the following humorous parody of medical posturing:

[M]any doctors, when asked what is their opinion of Spiritual Healing, reply murmuringly that it is to be explained by suggestion if it is true don't you know which it probably isn't and anyway the cases cured by Faith-healers are not cases of organic disease at all for if they were they wouldn't be cured because only doctors can cure cases of organic disease ... some of these psycho-analyst fellows and Christian Scientists do seem to get [patients] better though that really never proves anything except that the case was functional all the time and even if some doctor had said that the case was one of organic disease and not likely to live well there are fools in every profession and we all make mistakes not that there isn't something in this notion of mind having a great influence over matter for the great thing is to have confidence in the man you go to ... but as for this rot about miracles and the rest of it and getting people well by prayer it ought to be put a stop to and it will too when we have a proper doctor at the Ministry of Health who will do what the British Medical Association wants him to do.⁶⁹

Crookshank was somewhat to the extreme of his medical contemporaries in his complete disavowal of medical monopoly,⁷⁰ but his inclusive broadening of medical horizons is indicative of the age in which he was writing. He had no problem with the theoretical idea of even miraculous organic cure, arguing that if salamanders were capable of re-growing lost limbs then he could see nothing to exclude the possibility that higher life-forms were capable of similar feats.⁷¹ As

⁶⁹ Crookshank, 'Spiritual Healing and Medical Theory', pp. 78-80.

⁷⁰ He wrote that the medical profession had 'no right whatsoever to regard the business of healing as our prerogative'. *ibid*, p. 90.

⁷¹ *ibid*, pp. 91-92.

will be seen later in this chapter doctors in general remained quite uncomfortable with such seemingly immoderate suggestions, but there were during this period at least a few scattered medical voices willing to accept such expanded theoretical possibilities. M. D. Eder, for example, wrote to the *BMJ* in 1923 to argue along the same lines as Crookshank that the spiritual cure of organic disease might be feasible 'inside the domain of science' if only thinkers could open themselves up to the possibility of the enlargement of 'certain biological concepts'.⁷²

As was suggested in the introduction to this chapter this more open and investigative attitude was part of a wider movement within science as a whole during this period.⁷³ The medical establishment itself realised this, the *BMJ* writing in 1910 for example:

Now science is less cocksure about a great many things, and men are not so ready as they were ... to declare that what they do not know is not knowledge.

The *Journal* believed that the altered attitude of the medical profession towards spiritual healing was 'one of the most remarkable results of this recognition of the limits of science'.⁷⁴ It was during this period that many old scientific absolutes, particularly in the realm of physics, were being questioned or overturned, first with the ether theories of late-nineteenth century physicists, and then in the 1920s with new discoveries such as the splitting of the atom and the new theory of relativity. In such an atmosphere the idea that the spiritual was able to impact upon the physical, although it remained decidedly controversial, did not seem so ridiculous as it once had. This is particularly evident in scientific

⁷² Letter from M. D. Eder, 'Spiritual Healing', *BMJ*, 29 September 1923, p. 587.

⁷³ See pp. 233-234 of this thesis.

⁷⁴ 'Medicine and Miracles', *BMJ*, 18 June 1910, p. 1500.

participation in psychical research.⁷⁵ Scientific advances, Sir Francis Galton argued in 1910, '[were] fast obliterating the distinction between the material and non-material,' narrowing the gulf between scientific and spiritual philosophies.⁷⁶ What had once been conceptualised a matter of diametric black and white, truth and fraud, became decidedly more convoluted and grey. The laws of nature seemed suddenly far less inviolable than they had been, and in 1910 the *BMJ* thus found themselves arguing that miracles could and did happen because 'human observation ... often erred', endowing understandings of natural law with a fluidity that demanded constant re-evaluation.⁷⁷

All of this is not to deny that the claims of both spiritual healing and psychical research more generally remained decidedly controversial. As will be seen later in this chapter there were - on all sides - definite limits to all forms of co-operation and investigation, and just as there were doctors who sympathised with spiritual healing philosophies so there were those who remained resolutely opposed and utterly inconvincible. The surgeon Sir Victor Horsley, for example, told the Clerical and Medical Committee in July 1911 that there was 'no such thing as a special sort of healing' and insisted that what was known as faith healing could only ever be effective in some cases of functional disorder. A fellow witness, healer Edward G. H. Montagu, the Earl of Sandwich, disparaged what he saw as the arrogance of these remarks, noting:

Sir Victor Horsley appears to think that he and his British Medical Association can overrule the teaching of our Lord, of St. John, of St. Paul, and the experiences of believers in all ages.

⁷⁵ See Jenny Hazelgrove, *Spiritualism and British Society Between the Wars* (Manchester: Manchester University Press, 2000), chapter seven and Janet Oppenheim, *The Other World: Spiritualism and Psychical Research in England, 1850-1914* (Cambridge: Cambridge University Press, 1985).

⁷⁶ Letter from Francis Galton, *The Times*, 31 May 1910, p. 9, column f. Further discussion of the impact of science on spiritual philosophies of healing can be found in chapter two.

⁷⁷ 'Mental Healing', *BMJ*, 18 June 1910, p. 1483. See also Bowler, *Reconciling Science and Religion*.

'Truth cannot die,' he wrote somewhat confrontationally, 'even if rejected by the medical profession'.⁷⁸ Even the *BMJ*, for all its new spirit of inquiry, retained some elements of its old dismissive hostility. Its special spiritual healing edition of June 1910, for example, contained an article which once again criticised those scientific men who maintained an 'uncritical acceptance of spiritualistic pretensions,' accusing them, as it had many times in the past, of 'mental atavism'.⁷⁹ However, it is significant that here, unlike in most of the other articles in the edition, the *Journal* were commenting on the need to find physical explanations of Spiritualist phenomena rather than specifically on spiritual healing itself. It thus seems that, in terms of medical interest and involvement, spiritual healing in the early-twentieth century definitely benefited from a greater disassociation from the Spiritualist movement brought about by the moderating participation of orthodox Christianity and the religious establishment.

This is also evident in the way that many of the more moderate spiritual healers themselves began to encourage philosophical connections with new psychology and psychotherapy. The varying theoretical bases of spiritual healing were examined in detail in chapter one, and it is not proposed to analyse them again here in any depth. However, it is worth noting that twentieth-century healers often and increasingly used very psychological, and often Freudian, language in their writings, thus bringing their work openly within the remit of medical interest. This is especially true of the more temperate healers, who

⁷⁸ Horsley's comments were recorded by Montagu in his autobiography. Edward G.H. Montagu (Earl of Sandwich), *My Experiences in Spiritual Healing* (London: Arthur L. Humphreys, 1915), pp. 51-52 & 59. Horsley was a surgeon and physiologist, a prolific and polemic medical writer who both served on the General Medical Council and was very active within the BMA. See John Benignus Lyons, *The Citizen Surgeon: A Life of Sir Victor Horsley* (London: Peter Dawnay, 1966).

⁷⁹ 'Somnambulism and Mysticism', *BMJ*, 18 June 1910, p. 1499. The article was a sympathetic review of Dr L. Loewenfeld of Munich's 1907 book *Somnambulismus and Spiritismus* which attempted to explain some Spiritualist phenomena through somnambulistic processes.

tended be from an orthodox religious background, perhaps because it was often specifically these healers who wanted to make their philosophies as accessible as possible to medical intervention and assistance. Lyman Powell's 1909 explanation of the American Emmanuel method, for instance, contained patent correlations with both religious confession and medical psychotherapy:

[The patient is] invited to be seated in a reclining chair, taught to relax all his muscles, calmed by soothing words, and in a state of physical relaxation and mental quiet the unwholesome thoughts and the untoward symptoms are dislodged from his consciousness, and in their place are sown the seeds of more health-giving thoughts and habits.⁸⁰

Harold Anson, the chairman of the Anglican Guild of Health from 1908 until 1928, wrote in even more decidedly psychotherapeutic terms of the treatment he undertook. Gaining control of the 'subconscious level' of the mind, he stated at one point for example, often required 'the opening up and recollection of the memories and misunderstandings of the past'.⁸¹

Historian Graham Richards has argued that religious contributions to medical psychology such as these helped to simplify and popularise 'knowledge of psychological ideas' in the first half of the twentieth century.⁸² Although in general terms, as can be seen above, this argument seems sensible, spiritual

⁸⁰ Powell utilised the system himself. Powell, *The Emmanuel Movement in a New England Town*, pp. 12-13. See also Cunningham, 'The Emmanuel Movement', pp. 54-55 and Alison Falby, 'The Modern Confessional: Anglo-American Religious Groups and the Emergence of Lay Psychotherapy', *Journal of the History of the Behavioural Sciences*, Vol. 39, No. 3 (2003), pp. 251-267. When Powell's words are compared with those of medical proponents of psychotherapy at about the same time the similarities are often striking. For example, in 1928 the eminent Dr William Brown gave a paper at the British Medical Association annual meeting in Glasgow entitled 'Mental Analysis and Psychotherapy' in which he expounded thus: 'Mental analysis must be followed by mental reconstruction, the patient being encouraged in a Socratic form of instruction to discuss his problems, to debate alternative courses, and eventually to make his own decision with the help of his adviser, though not under his control.' Brown is not explicit about who the 'adviser' should be in this scenario, but he appears to leave room for the sort of religious treatment described by Powell. Reported in *BMJ*, 15 September 1928, p. 498. See also William Brown, *Mind, Medicine and Metaphysics: The Philosophy of a Physician* (Oxford: Oxford University Press, 1936).

⁸¹ Anson, *Spiritual Healing*, p. 94.

⁸² Graham Richards, 'Psychology and the Churches', p. 64. It should be noted that this thesis does not doubt the general truth of his argument.

healers were certainly not inexorably more intelligible than medical treatises. The Reverend W. F. Cobb, the Rector of St. Elelburga's in London for example, in 1914 published an *apologia* of spiritual healing that was quite as technical and difficult to understand as anything published within academic medicine. His book liberally employed complex quasi-medical jargon as it described the significance of the 'supraliminal consciousness' and talked about the 'barriers ... erected physically and psychically between [man's] empirical Ego and himself as a transcendental Subject'.⁸³ This blending of religious philosophy with medical psychological terminology and frameworking can perhaps be seen as an attempt by lay healers themselves to narrow the linguistic and philosophical gulf between spiritual healing and scientific medicine.

Moreover, some healers went further even than the borrowing of psychological frameworks. Samuel McComb, a principal in the American Emmanuel Movement, in his evidence to the 1910 Clerical and Medical Committee of Inquiry openly applied the label 'psychotherapy' to his work. He preferred, he said, to steer clear of terms such as spiritual and mental healing which he felt were used 'in connection with [too] many doubtful theories'.⁸⁴ Nor was it unusual at this time for spiritual healers to refer to their work in such a way. Many of the spiritual healing advertisements to be found in spiritual healing journals in the early-twentieth century employed terms such as 'mental and psycho-therapeutics', often in combination with others more explicitly spiritual and unorthodox such as 'absent divine healing'.⁸⁵ A typical such advertisement in *The Rally*, 'the official organ of New Thought extension work', for example, read:

⁸³ W.F. Cobb, *Spiritual Healing* (London: Bell, 1914), pp. 159 & 234.

⁸⁴ *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, p. 42.

⁸⁵ The examples used are taken from the November 1915 edition of *The Rally*.

Mental Therapeutics. A Lady, skilled in above science, receives into her well-appointed private house a limited number of patients for above treatment.⁸⁶

The reference to science is interesting here and, as has already been argued in chapter two, demonstrates a not uncommon attempt by the healer to claim some measure of quasi-scientific legitimacy. It was then not only orthodox religious proponents of spiritual healing who utilised psychological terminology and frameworks during the first half of the twentieth century. Less conventionally respectable commentators such as New Thought and Spiritualist theorists also did so. Thus Spiritualist medium and healer Eileen Garrett explicitly delineated and incorporated Freud's tri-constitutional theories of the human mind into her self-help book *Life is the Healer* in the 1950s,⁸⁷ and Spiritualist writer Reginald Lester was still encompassing Spiritualist 'psychotherapists' within his depiction of spiritual healers as late as 1956.⁸⁸

Psychotherapy and spiritual healing were then, and at least to some extent continued to be, surprisingly closely correlated, with theoretical structures and terminology to some extent exchanged and interwoven between them. This was possible partly because psychotherapy remained somewhat controversial and marginalised within orthodox medicine during this period, and partly it was because the ramifications of new psychology extended beyond medicine into the sphere of spiritual philosophy where science had no natural monopoly. As historian Edward Shorter has argued, psychotherapeutic theories were on some level distinctly threatening to orthodox medicine, and in particular to psychiatry, because while they impacted upon medical practice their working did not

⁸⁶ *The Rally: Being the Official Organ of the New Thought Extension Work* (London), No. 14 (November 1915), p. 16.

⁸⁷ Garrett, *Life is the Healer*, chapter five.

⁸⁸ Reginald M. Lester, *Towards the Hereafter: With a Special Inquiry into Spiritual Healing* (London: Harrap, 1956), p. 32.

intrinsically seem to require a medical background or distinctly medical training to execute.⁸⁹ Laymen could, and did, usurp them. This perhaps explains why even general theories of applied medical psychology were much slower to infiltrate medical education and practice than medical discussion,⁹⁰ and why in 1921 the *BMJ* were still describing psychoanalysis as a 'fashionable craze' whose medical good was in constant peril of being corrupted by 'every sort of charlatan, crystal-gazer, palmist, and clairvoyant'.⁹¹ As will be seen subsequently this chapter, it took time for discussion to translate into practical effect, and the early medical reactions to 'shell-shock' during the First World War demonstrated that theories of the power that the mind could wield over the body were very far from being paramount in medical thought by 1914.⁹² The War was to act as an important catalyst for more in-depth theoretical change within medical psychiatry, but pre-War reactions to spiritual healing demonstrate that the basic foundations had already been laid.

Co-operational Limitations

There were, however, definite limitations to the investigative interest of the medical profession in spiritual healing in the early-twentieth century, as this section will now make clear. The advent of new psychology and Freudian

⁸⁹ Shorter, *A History of Psychiatry*, p. 146.

⁹⁰ Some medical commentators in the early-twentieth century were critical of the lack of psychology in medical curriculums. For example, Dr Alfred T. Schofield similarly to the *BMJ* in 1910 to 'earnestly request the heads of our medical schools to consider whether the time has not come for the definite and systematic study of applied medical psychology as an integral part of a doctor's education'. Letter from Dr Alfred T. Schofield, 'The Teaching of Applied Medical Psychology', *BMJ*, 25 June 1910, p. 1576. See also the *BMJ*'s report on the meeting of the Harveian Society on 28 October 1909 and 'The Mind as a Therapeutic Agent', *BMJ*, 6 November 1909, p. 1354.

⁹¹ 'Quack Psycho-Analysis', *BMJ*, 22 January 1921, p. 133. For more information on medical reactions to psychoanalysis and comparison with spiritual healing, see chapter seven of this thesis.

⁹² See Showalter, *The Female Malady*, chapter seven, pp. 167-194 and Anthony Babington, *Shell-Shock: A History of the Changing Attitudes to War Neurosis* (London: Leo Cooper, 1997) for more information on the impact of shell-shock upon psychiatry.

psychoanalysis might have lent the assertions of spiritual healing a new legitimacy, but they also made them more of a threat to orthodox medicine. Much of the medical discussion on the place of faith and religion in healing during this period retained at least palpable undertone of resentful suspicion. For all their new interest in spiritual healing, for example, the medical presses remained watchful for any indication that clergymen were threatening to 'usurp the function of ... physician[s]',⁹³ and it is likely for this reason that the profession proved generally averse to the idea of any sort of permanent formal collaboration between religion and medicine in matters of healing. Doctors actively participated in the intermittent orthodox religious committees set up to discuss spiritual healing, but always eschewed suggestions of any prolonged alliance until the Churches' Council of Healing was formed in 1944.⁹⁴ In a commonly-echoed medical stance the BMA sub-committee appointed to consider spiritual healing in 1909 maintained that any formal alliance between clergymen and medical practitioners along the lines of the American Emmanuel Movement '[was] to be depreciated'. It would, the sub-committee feared,

[be] certain to set up, in the minds of both the clergy and the public, erroneous ideas as to the nature of the education and qualifications necessary for the proper treatment of disease.⁹⁵

Some doctors went so far as to demand that orthodox medical monopoly actually be extended to encompass spiritual healing. One physician, Dr A. Christie Reid, for example, suggested in 1910 that any spirituality and faith that was required in

⁹³ 'Faith Healing', *BMJ*, 25 June 1910, p. 1575.

⁹⁴ Both the Clerical and Medical Committee of Inquiry Report of 1914 and the Lambeth Conference Committee Report of 1924 advocated the need for closer formalised co-operation between clergyman and doctors, but the medical profession never moved to act on these calls. *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, p. 13; *The Ministry of Healing: Report of the Committee Appointed in Accordance with Resolution 63 of the Lambeth Conference, 1920* (London: Society for Promoting Christian Knowledge, 1924), p. 21.

⁹⁵ 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *BMJ Supplement*, 15 July 1911, p. 126.

medicine should be supplied by the medical profession itself rather than by clergymen. The physician, he wrote, '[was] surely justified in joining his appeal to that of Faith, if satisfied that the reflex influence of that appeal (prayer) [was] the only way in which recovery [might] be brought about'. 'No third party is required.' Rather than allowing religion to encroach on medicine, Reid thus advocated that medicine should encroach on religion and to this end advised doctors to use prayer as a therapeutic medical tool.⁹⁶ This statement was further than most doctors were willing to go, but it is telling that the *BMJ* did not feel it necessary to criticise his argument.⁹⁷

In this way, despite the substantially altered medical attitude towards spiritual healing during the early twentieth century, it appears that the practical role that the medical profession were actually willing to allow religion in healing dwindled as it the prospect of it became more real. As was demonstrated in the early part of this section, the medical establishment were on an abstract level often quite sympathetic to the idea of medical-religious collaboration in healing. The *BMJ* had argued in 1908, for example, that instead of being regarded as 'mutually antagonistic' medicine and religion should rather be regarded as 'mutually complementary'. 'There are many diseases in which the medicine of the soul is a powerful adjuvant in the treatment of the body', they wrote, apparently acknowledging the value of religious treatment within orthodox medicine.⁹⁸ Likewise, in 1912 the *Journal* described the collaborative American

⁹⁶ Letter from Dr A. Christie Reid, 'Faith Healing', *BMJ*, 25 June 1910, p. 1575.

⁹⁷ The editor commented only that 'while allowing that prayer inspired by a living faith may be a force working for good, we [have] nowhere expressed unqualified approval of the Emmanuel Movement. The danger of this and similar movements is, as we have repeatedly pointed out, that the clergyman may usurp the function of the physician.' 'Faith Healing', *BMJ*, 25 June 1910, p. 1575.

⁹⁸ 'Ministries of Healing', *BMJ*, 28 November 1908, p. 1634.

Emmanuel Movement as 'praiseworthy in its conception'.⁹⁹ Its reality, however, proved to be a rather different matter, and the *Journal* quickly began to fear that

the close alliance with the medical profession which the Church Medical Union [the English branch of the Emmanuel Movement] professes to desire may easily be used as a means of "covering" unqualified practice.¹⁰⁰

This somewhat inconsistent attitude permeated medical reactions to spiritual healing throughout the period under consideration as psychology-inspired interest vied with innate suspicion of unorthodox medicine. In a letter to *The Times* in 1923, for instance, a Dr W. McAdam Eccles declared himself roundly in favour of 'the combined ministration of the minister and the doctor' and argued that the spiritual element in illness was 'far too often neglected'. However, in practical terms, he maintained that diagnosis should without fail remain solely in 'the hands of the doctor' and that 'only in certain cases should treatment [ever] be solely in the hands of the clergyman'. The best that might be achieved through spiritual healing, he finally concluded, was in helping 'the sense of loss of symptoms', thus actually allowing little formal or practical role for religion in medical treatment.¹⁰¹

Doctors remained predominately uncomfortable with any idea of practical medical-religious convergence, as is demonstrated by the fact that during this period they often continued to conceptualise the two as belonging to broadly separate spheres. 'The doctor and the clergyman have each their definite and distinct sphere,' wrote the *BMJ* in 1909 for example, 'and the intrusion of the one

⁹⁹ 'Medicine and the Church', *BMJ*, 9 March 1912, p. 533.

¹⁰⁰ 'The Priest and the Physician', *BMJ*, 24 April 1909, p. 1023. The Emmanuel Movement engendered as much medical opposition as medical support in both America and England during the early twentieth century. See Cunningham, 'The Emmanuel Movement', pp. 60-62 for more information on the American medical reaction to the Movement.

¹⁰¹ Letter from Dr W. McAdam Eccles, *The Times*, 4 September 1923, p. 11, column f.

into the other's domain can only lead to harmful consequences.'¹⁰² The medical establishment may have been willing to admit that they had something to learn from the popularity of spiritual forms of healing in the early-twentieth century, but in doing so they were concerned primarily with the issue of what this meant for their own internal theories and practices. The increased medical interest in spiritual healing did not automatically indicate any particular enthusiasm for practical collaboration. Thus while doctors were increasingly willing to allow the psychological value of the spiritual solace clergymen¹⁰³ could offer the sick, they remained very reluctant to endorse any infringement on their treatment of the physical body. As Dr Hugh Crichton Miller argued in 1924, from a medical perspective the role of religion in healing was in 'interpret[ing] ... suffering as an aspect of Christian philosophy', rather than in attempting to usurp medicine's role of providing physical relief.¹⁰⁴ This was a fairly common medical assertion at this time - that while medicine's function was to prolong and restore life, religion's was more nebulously to imbue that life with meaning - which of course allowed religion only a vague philosophical role in the treatment the sick.

Partly doctors were protecting their monopoly in such pronouncements. Once the power of psychotherapeutic suggestion began to be widely appreciated, the medical profession increasingly began to fear the danger of its uncontrolled use by the unqualified. They generally constructed this danger in terms of patient welfare, but their concern for their own professional primacy formed a

¹⁰² 'Spiritual Healing', *BMJ*, 20 February 1909, p. 491.

¹⁰³ The word 'clergymen' has been used here and elsewhere in this chapter because within orthodox medicine discussion of spiritual healing was almost always framed in this way, in terms of orthodox religious involvement in medicine, almost to the complete exclusion of more religiously unorthodox philosophies of healing and forms of treatment. This was probably because, of all the groups and types of spiritual healers discussed in this thesis, Christian clergymen were customarily the most moderate and subservient in their claims and thus the least offensive to the medical establishment. See chapter four of this thesis for further discussion of orthodox religious conservatism and desire for medical collaboration.

¹⁰⁴ Letter from Dr H. Crichton Miller, 'Spiritual Healing', *BMJ*, 26 January 1924, p. 169.

conspicuous undertone to discussions on both sides of the Atlantic, as is evident in the mixed medical reaction to the various Anglican healing movements set up in the early-twentieth century. Asked about the proliferation of the Emmanuel Movement in 1908, for example, Dr J. J. Putnam, Professor of Nervous Diseases at Harvard University, told the *Boston Sunday Herald* that a 'crowd of untrained and unfitted clergymen ... at once ready to jump into the role of medicine and preach and practise what they call psychotherapeutics' threatened only to 'do great harm [and was] an injury to the public welfare'.¹⁰⁵ The Movement, American doctors warned their British counterparts, 'ha[d] bolted with its promoters and [was] running riot'.¹⁰⁶ Partly no doubt in response to such counsel, the BMA spiritual healing sub-committee in 1911 likewise argued that 'the diagnosis and treatment of disease should be confined to those who ha[d] been trained with that end in view':

Occasional cases of alleviation, or even apparent cure, of disease are not a sufficient set-off to the risks which must be run when unqualified persons meddle with things which they cannot, from want of the appropriate training, understand.

Any involvement of clergymen 'or other persons whose influence over the patient [was] likely to be ... effective' in suggestive treatment, the sub-committee recommended, should be left to the physician's express discretion.¹⁰⁷ The idea of expansive religious involvement in medical treatment clearly made doctors decidedly nervous, and it is therefore important to note that the new spirit of medical investigation in the early-twentieth century did not necessarily imply any lasting medical sympathy for the claims of spiritual healing. Rather doctors

¹⁰⁵ *Boston Sunday Herald*, 27 December 1908, quoted in 'Spiritual Healing', *BMJ*, 16 January 1909, p. 171.

¹⁰⁶ Letter from Dr Waller L. Burrage of Boston, *ibid*, p. 171. Burrage wrote to inform *BMJ* readers of a *Boston Sunday Herald* inquiry into medical opinion of the Emmanuel Movement.

¹⁰⁷ 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *BMJ Supplement*, 15 July 1911, p. 126.

quickly began to proclaim themselves anxious that 'the public should understand the limitations, as well as the possibilities' of such treatment.¹⁰⁸

However, orthodox medicine's enduring uneasiness with spiritual philosophies of healing went deeper than mere self-preservation. Religiosity often limited the common ground between doctors and spiritual healers on a philosophical level just as professional jealousy did so on a practical level. Inherent in most medical discussions of spiritual healing at this time was evidence of an intense scientific dislike of the emotionality upon which all religion is fundamentally based. The potent suggestible power of religious belief generally made doctors roundly uncomfortable, even while they increasingly began to acknowledge its force. This uneasiness was especially evident in medical reactions to Christian Science and to the more radical charismatic healers such as James Moore Hickson. Commenting upon Hickson's reported 'triumphant progress' though Australasia in 1924, for example, the *BMJ* attempted not only to cast doubt upon the authenticity of his claimed cures, but also on the long-term psychological effects of his methods:

What is the aftermath of these "revivalist" outbursts? ... Does it perchance happen that the religious exaltation associated with this search for physical health is followed by a period of great depression and the withering of a faith which has failed to move the mountain of incurable disease?¹⁰⁹

Hickson commonly held mass healing services with sometimes hundreds of patients present, and doctors remained so uncomfortable with the atmosphere of hysterical emotional suggestibility thus created that they in general avoided any

¹⁰⁸ Letter from Dr Otto May, *The Times*, 20 October 1924, p. 20, column d.

¹⁰⁹ 'Spiritual Healing in Australasia', *BMJ*, 26 January 1924, p. 157.

serious consideration of his claims just as they did with Christian Science.¹¹⁰ Medical psychotherapy endeavoured to strip mental suggestive treatments of religion's often hysterical emotionality and contain and explain them within rational scientific boundaries. Moreover, as will be seen in the next section, these medical explanations were in the end to seriously limit medical-spiritual accord.

Traditional religious philosophy also proved to be a hindrance to lasting co-operation and amity. This is perhaps best demonstrated in the fact that many spiritual healers maintained medically-antiquated theories of demonic possession to explain mental illness even into the 1950s and beyond. Both Christian and Spiritualist healers continued throughout the period covered by this thesis to talk about the casting out of demons, consciously echoing the language of Jesus in the New Testament. Not all did so of course. Spiritualist healer Harry Edwards for one believed mental illness rather to be evidence of a personal imbalance in the individual's 'spirit mind', which he treated primarily through absent healing when, in his words, 'the healing intelligence [was] able to deal with the condition on its own plane of activity'.¹¹¹ This position was very much in line with Edwards' non-Christian law-governed Spiritualism, but seems to have been comparatively unusual. For, as erudite analyst Leslie Weatherhead pointed out in 1951, belief in the authenticity of spirit possession automatically pointed towards a belief that the controlling spirit might be evil as well as good.¹¹² Christian-Spiritualist Margaret Frayling, for example, in 1951 was still explicitly defining the cause of insanity and epilepsy as 'actual possession of a personality

¹¹⁰ Hickson was not called to give evidence at any of the pre-1925 medical-religious committees, and the 1924 Lambeth Conference Committee Report stated that he had been actively and deliberately excluded due to his doubtful extremism. *The Ministry of Healing*, pp. 17-18.

¹¹¹ Harry Edwards, *The Science of Spirit Healing* (London: Rider, 1945), pp. 75-76.

¹¹² Weatherhead, *Psychology, Religion and Healing*, p. 106.

by “unclean spirits””.¹¹³ Estelle Roberts, a healing medium and contemporary of Edwards and Frayling, also frequently performed exorcisms as a remedy for mental illness. She described her treatment of a young girl who she believed to be possessed by a ‘coarse-featured, foul-mouthed’ man thus:

I came to where he was sitting and ... under Red Cloud’s guidance, placed my two hands on the creature’s forehead. The cry this action produced can be described only as a scream of terror, followed by sobbing entreaties to leave him alone. Again I urged him to leave the girl’s body. Again, he refused. I felt my hands beginning to move under some gentle compulsion until the thumbs met in the middle of the forehead and the fingers, stretched to their fullest extent, curved round the head and partially encircled it. Again came the cry of terror, followed by the frightened sobs. Then came silence, broken a few minutes later, by the voice of Red Cloud breaking into my consciousness with the words: “All is over. He will return no more.”¹¹⁴

In treating mental illness Roberts clearly saw herself as more exorcist than psychologist, although in some of her case studies the two functions were to some extent amalgamated.¹¹⁵

Moreover, orthodox religious healers remained just as likely as the less orthodox to speak in such terms. James Moore Hickson, for example, commonly treated mental depression by placing his hands on the patient’s head ‘and pray[ing] in Christ’s name that the evil should go’.¹¹⁶ The founder of the

¹¹³ Margaret Frayling, *The Quest for Spiritual Healing* (London: Rider, 1951), p. 60.

¹¹⁴ Red Cloud was Roberts’ principal spirit guide and, as his name suggests, had been in life a Native American Indian. Estelle Roberts, *Forty Years a Medium* (London: Herbert Jenkins, 1959), pp. 44-45.

¹¹⁵ For example, when treating a young man with a strong desire to kill his mother, she diagnosed diabolical possession and told him: ‘Two years ago you visited a house of ill repute in France, and when you left you did not come away alone. An evil spirit accompanied you in your aura, seeing in you a channel for the earthly expression of his own sinful desires.’ In this way, she both exorcised the patient and forced him to confront his repressed sense of guilt and shame. Interestingly, in this example, when Roberts treated the patient she did so by allowing the evil spirit to pass from the patient into her. *ibid*, p. 42.

¹¹⁶ The case study here was of a woman suffering from mental depression who had previously been incarcerated in Colney Hatch Asylum for a month. James Moore Hickson, *Healing by the “Laying on of Hands”* (London: privately printed, c.1907), p. 12.

Anglican Guild of Health, Percy Dearmer, in 1909 likened demonic possession to germ infection, drawing parallels between a man 'becom[ing] the host of innumerable protozoa' and his 'harbour[ing] beings that have not even a unicellular organism [which] have to be called spirits or demons'. He did not consider the one to be any the less plausible as a cause of illness than the other.¹¹⁷ Even Leslie Weatherhead, the famous Methodist healer, who was particularly concerned to promote unity between orthodox medicine and spiritual healing and wanted to discuss the subject in as rational and erudite a way as possible, refused to rule out the possibility of the existence of demonic possession in cases of mental disturbance. Writing in 1951, for example, he felt it necessary to point out that demonic possession was 'not incompatible with the tenets of the Christian religion or contradicted by any reputable scientific research'.¹¹⁸ Unsurprisingly, doctors increasingly constructed such theories as essentially primitive, a relic of the atavistic religious superstitions of the past, and instead began to increasingly define such phenomena in materialistic terms of schizophrenic disassociation and multiple personality.

In this way, the increasing medical interest in and acceptance of the power of the mind in medicine during this period did not necessarily even allow a role for the spirituality paramount in most spiritual healing philosophies. As was demonstrated in chapter one spiritual theories often constructed man as a trinity composed of body, mind and spirit, but scientific medicine often spoke rather in terms of a body-mind duality. Mind could therefore be conceptualised as something entirely separate from spirit, and the most materialistic of

¹¹⁷ Percy Dearmer, *Body and Soul* (1909), quoted by Rhodri Hayward, 'Demonology, Neurology, and Medicine in Edwardian Britain', *Bulletin of the History of Medicine*, Vol. 78 (2004), p. 56.

¹¹⁸ He did note however, that 'until modern times much disease ha[d] been *wrongly* attributed to demon possession'. Weatherhead, *Psychology, Religion and Healing*, pp. 106-108.

viewpoints maintained that mind could be fully investigated solely through the physical study of the human brain. The German medical professor Berthold Kern, for example, believed that psychology would ultimately become only 'an ideal physiology of the brain', thus eventually eliminating all distinctions between mental and physical processes.¹¹⁹ The *BMJ* in 1910 were not wholly convinced by Kern's arguments, suspecting them of idealised monism, but they nonetheless praised him for so completely 'remov[ing] the action of suggestion from the realm of the marvellous'.¹²⁰ As will be examined in more detail in the next section mental suggestion was the essentially physical way in which orthodox medicine came almost without exception to explain the phenomena of spiritual healing, and it is probably fair to say therefore that scientific medicine and psychology remained at their core essentially materialistic in nature. As was examined in the previous chapter, at its extreme medical psychology, rather than having any innate sympathy for spirituality, in fact threatened the very foundations of religious belief. A paper given at the Royal Society of Medicine in November 1934, for example, claimed that modern psychological understandings had served only to highlight the fundamental incompatibility of science and religion. Prayer, argued Dr David Forsyth in this paper, had been proved through scientific psychological investigation to be 'indistinguishable from the emotional state of auto-suggestion' and the soul revealed as no more

¹¹⁹ For Kern the concept of consciousness was not separate from mind and was 'nothing but the spread of all excitations in the central nervous system'. Spirit, soul, and mind, he believed, could all be reduced to an essentially physical level, and thus all theoretical distinctions between psychic and somatic therapy were entirely illusory. Berthold Kern, *Die Psychische Krankenbehandlung in Ihren Wissenschaftlichen Grundlagen* (1910), paraphrased and translated by the *BMJ*. 'A Philosophy of Mental Healing', *BMJ*, 18 June 1910, p. 1052.

¹²⁰ 'Mind and Body', *BMJ*, 18 June 1910, p. 1499.

than an antiquated illusion dating back to 'the implicit belief of savages in the reality of their dreams'.¹²¹

Greater medical investigation did not therefore either imply or initiate any particular generalised sense of medical approval of spiritual healing in the early twentieth century. Rather, as doctors began to analyse what it was that gave spiritual healing such efficacy as it possessed so they began to consider how this could be explained scientifically and integrated into orthodox medical-psychological theory. There was never any real medical desire to ensure the survival of spiritual healing in its religious form. The medical establishment were instead anxious 'by scientific analysis of the facts and critical weighing of the evidence' to 'separate the large element of superstition' they believed was inherent within all spiritual treatments 'from the[ir] active principle of truth'.¹²² Looking back on his experiences as chairman of the Guild of Health in 1938, Harold Anson thus recalled somewhat despondently that the alliance with orthodox medicine that the Guild had aimed to achieve had never quite materialised beyond very basic terms. Psychologists, he wrote, had been

inclined to look upon the religious side of our work as, at best, quite unnecessary, and at the worst, as positively dangerous.¹²³

Tellingly, in the final analysis Anson did not believe that the twenty-year healing gospel to which he had dedicated much of his clerical career could be said to have had any real measure of general success.¹²⁴

¹²¹ From a paper given by Dr David Forsyth at the Royal Society of Medicine on 13 November 1934, reported by 'Psychology and Religion', *BMJ*, 24 November 1934, p. 958.

¹²² 'Modern Faith Healing', *BMJ*, 27 November 1909, p. 1549.

¹²³ Harold Anson, *Looking Forward* (London: The Religious Book Club, c.1938), p. 208.

¹²⁴ *ibid*, pp. 178-179.

Psychology as Explanation

The early twentieth-century medical and religious investigations of spiritual healing quickly created a need within establishment circles for rationalist explanation. Nor was this only true of psychological-scientific reactions to spiritual healing, but of contemporary reactions to spirituality in general. Orthodox religious leaders increasingly began to criticise medical psychology for attempting to 'explain away' religious belief and thus 'refus[ing] any objective reality to the Christian conception of God and the spiritual world'.¹²⁵ As was argued in the previous chapter, this ominous tendency towards secularity was perhaps one of the reasons why the Anglican Church attempted so vigorously in this period to incorporate new psychology within traditional religious philosophy. Spiritualism too was increasingly subject to psychological explanation,¹²⁶ and historian Jenny Hazelgrove has argued that medical theories of 'dissociation' began from the early twentieth century onwards to be used to medically rationalise Spiritualist phenomena and mediumship. Such theories viewed a medium's spirit guides as their own multiple personalities, resulting most likely from repressed or unconscious memories and desires. Hazelgrove notes that these claims began increasingly to be taken seriously by psychical researchers and were reflected in inter-war mediumistic investigations.¹²⁷

¹²⁵ Hardman, *Psychology and the Church*, p. x. Taken from the introduction by Cyril Southwark, the Lord Bishop of Southwark.

¹²⁶ There had always been a tendency for doctors to explain Spiritualism in such terms of course. Henry Maudsley in 1886 had argued that as 'fables of the imagination' spiritualistic phenomena such as clairaudience, clairvoyance and fortune-telling belonged more 'to the domain of medical psychology' than to the realm of the supernatural. It was merely the case that into the twentieth century these types of explanations became more prevalent and more confidently-stated. Henry Maudsley, *Natural Causes and Supernatural Seemings* (London: Kegan Paul, 1886), p. 355.

¹²⁷ See Hazelgrove, *Spiritualism and British Society*, pp. 122-133. Mediumistic investigations began to test these theories by introducing double-blind experiments, and asking the possessing spirit to give information unknown either to the medium or the investigators.

Spiritual healing was principally explained in medical terms through the influence of mental suggestion, 'an innate quality in human nature' which, wrote the *BMJ* in 1910, 'is as old as humanity' itself.¹²⁸ 'In suggestion,' the profession were to continuously reiterate from this time onwards, 'lies the secret of faith healing'.¹²⁹ Medically, suggestion was defined in various ways and with varying degrees of complexity, but most definitions were ultimately reducible to that given by a Dr MacDougall at a 1909 meeting of the Harveian Society:

Suggestion is a process of communication resulting in the acceptance with conviction of the communicated proposition in the absence of logically adequate grounds for its acceptance.¹³⁰

Or, as spiritual healer and minister Leslie Weatherhead was to put it some forty years later, suggestion was 'the art of conveying an idea to the mind of another person in such a way as to make him entirely accept it, apart altogether from the *evidence* of his reason'.¹³¹ Spiritualist Eileen Garrett believed that it was a rather defective word for what it represented, suggesting as it did an 'aura of uncertainty [and] tentativeness' when its success as a therapeutic treatment was so dependent on it being a 'positive, forceful [and] dynamic' conviction.¹³²

So certain were doctors that the successes of spiritual healing could be ultimately reduced to the influence of mental suggestion that the issue was not really debated in medical circles. Rather discussions centred primarily around

¹²⁸ 'Mental Healing', *BMJ*, 18 June 1910, p. 1483.

¹²⁹ 'Medicine and Miracles', *BMJ*, 18 June 1910, p. 1501.

¹³⁰ Quoted from the *BMJ*'s report on a discussion of the Harveian Society on 28 October 1909. 'The Mind as a Therapeutic Agent', *BMJ*, 6 November 1909, p. 1352. Sir Douglas Powell, who was given the task of defining suggestion for the Clerical and Medical Committee of Inquiry of 1910 believed that 'any definition ... for universal acceptance [was] very difficult', but finally settled on the Century Dictionary definition which stated that it was the 'action of any idea in bringing another idea to mind, either through the power of association or by virtue of the natural connection of ideas'. *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, p. 22.

¹³¹ Weatherhead, *Psychology, Religion and Healing*, pp. 117-118. The italics are his. In his book Weatherhead provides a critique of contemporary medical definitions of suggestion, accusing Bernheim of over-simplicity and Janet of over-complexity.

¹³² Garrett, *Life is the Healer*, p. 128.

the limitations of suggestion's medical power, and whether its application should be restricted solely to the treatment of functional disorders or if it was actually capable of invoking the organic change that spiritual healers so often claimed. Most medical commentators during this period, however, seem to have agreed that as a psychological phenomenon suggestion was likely to be most, and only, effective in cases of psychological illness. The 1911 BMA *Report on the Subject of "Spiritual Healing"* thus concluded that while the types of suggestive treatment they had investigated were generally capable of 'cur[ing] functional disorders and alleviat[ing] pain ... no evidence ha[d] been forthcoming of any authenticated cure of organic disease'. The occasional improvement they had noticed in cases of organic disease they attributed solely to 'the spirit of hope and cheerfulness with which the patients [were] inspired', and warned of the

grave danger that this subjective improvement [might] buoy the patient up with false hopes and ... induce him to refrain from seeking proper treatment until it is too late.¹³³

Even those members of the medical profession apparently most sympathetic to spiritual healing in this period generally concurred that as a therapeutic treatment its utility had definite limitations. Sir Clifford Allbutt, for example, despite proclaiming that 'in medicine the spiritual [was] never wholly divested of the material, and the material ... never wholly withdrawn from the influence of the spirit', still believed that there was a need to 'distribute a certain range to each aspect of the compound function'. The 'lower' - that is to say the more physical - the trouble, the less effective he believed that spiritual treatment could be:

Speaking broadly, it is in the fields of functional disease that we shall anticipate, and that we find, the most striking effects of spiritual influences; and then to less and less degrees about the functional fringes of diseases more and more static.

¹³³ 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *Supplement to the BMJ*, 15 July 1911, p. 126.

He was anxious moreover to stress that even where 'the beneficent effect of "faith" seem[ed] indisputable' it should not be put down to anything miraculous, but rather to the unexplained influence of the 'mind upon the body'.¹³⁴ Allbutt's comments demonstrate once again that apparent rhetorical endorsement of some of the fundamental tents of spiritual healing did not always translate into practical accord.

To the scientific mind the idea of spiritual healing being able to cure organic disease was almost unthinkable, and this was to bring doctors into continual conflict with spiritual healers to whom the idea that any arbitrary limit could be placed on divine or spiritual power was equally unthinkable. 'I myself have seen blind people see', claimed the Reverend R. C. Griffith, the vicar of St. Benedict and of St. Martin-at-Palace in Norwich, in an address given at Westminster Abbey in 1923:

We have seen one woman with a withered arm for sixteen years hanging at her side suddenly shoot it out perfectly whole. We have seen cancers disappear in twenty minutes.¹³⁵

'It cannot be the patient's "faith" alone that induces a malignant growth to "dissolve" under the fingers of the healer', wrote Spiritualist Harry Edwards in 1945, similarly frustrated by the enduring dogmatism of medical explanations, '[and] nor can it be "faith" that restores, under the healer's hands, sight to the blind or hearing to the deaf'.¹³⁶ However, doctors increasingly began to believe that such feats might be possible within the remit of powerful mental suggestion, where, that is, the physical symptoms were at least in part functional in origin. 'Emotional excitement,' H. Rayner explained in a letter to *The Times* in 1923, for example, is known to 'result in [a] great increase of blood supply to the brain and

¹³⁴ Sir Clifford Allbutt, 'Reflections on Faith Healing', *BMJ*, 18 June 1910, pp. 1454-1455.

¹³⁵ Quoted by 'Spiritual Healing', *BMJ*, 8 September 1923, p. 428.

¹³⁶ Edwards, *The Science of Spirit Healing*, p. 33.

muscles,' enough perhaps to 'rouse to ordinary activity the sleeping nervous centres in the conditions of suspended function'.¹³⁷ In cases of actual organic lesion or existing tissue destruction however, doctors predominately continued to maintain that spiritual healing could be expected to have no physical effect.

The practical upshot of the psychological explanations attributed to spiritual healing were of course to decisively remove the supernatural element with which doctors were generally so roundly uncomfortable. 'Suggestion lies at the bottom of all forms of moral and religious teaching,' wrote the *BMJ* in 1909, taking issue with an intimation made by Dr Claye Shaw at a meeting of the Harveian Society that the successes of suggestive treatment might perhaps indicate evidence of a 'higher will' in operation,¹³⁸

but there is nothing more mysterious in it than the power exerted by a strong personality over one whose mind is open to its influence, spiritual or other.¹³⁹

Such proclamations demonstrate an enduring medical discomfort with the very idea of the mystical and the divine. When the 1920 Lambeth Conference Committee spoke in nebulous terms about medicine's 'mysterious partner, the *vis medicatrix naturae*, the real nature of which ... no scientific analysis can reveal', the *BMJ* was brusquely disapproving, writing: 'The assertion in these bald terms

¹³⁷ Letter from H. Rayner, *The Times*, 17 September 1923, p. 13, column f.

¹³⁸ Shaw was an eminent lecturer on psychological medicine, and the *BMJ* reported his claims thus: 'Interested medical men [can] scarcely avoid discussing [mental suggestion] with regard to the *spiritual* life because it was with this that suggestion was concerned. Was there such a thing? Was there, apart from the bodily tissue, a something independent of it which could operate on and be affected by this body, and which could be used by the patient for his own advantage? What was the controlling agency that was to whip up or put the brake on the dormant or the perverted will? Was there a higher will somewhere in the background? The religious party said there was and this was what they called the Deity, and He must be petitioned to give power to use the will in the right direction. Did the hypnotist, then, or the suggestor make himself into a *dues ex machinâ*? ... If there was no such spiritual world, no such Deity, then millions of men had been for ages and now were mistaken and immeasurable oceans of blood had been spilt over a myth. The teaching of the Church in all its forms was by suggestion and – what was linked with it – by authority.' Quoted from the *BMJ*'s report on a discussion of the Harveian Society on 28 October 1909. 'The Mind as a Therapeutic Agent', *BMJ*, 6 November 1909, p. 1353. Original Italics.

¹³⁹ 'The Mind as a Therapeutic Agent', *BMJ*, 6 November 1909, p. 1366.

cannot be accepted.’¹⁴⁰ The methods employed by spiritual healers were not therefore considered by the medical profession to be particularly significant as long as the right aura of emotional suggestibility was created. Some psychologists during this period openly acknowledged that religion was able to do this more effectively than medicine,¹⁴¹ but ‘where the active agent [was] faith’, as the *BMJ* wrote in 1910, doctors could not but believe that ‘the latent forces that produce[d] the effect [were] in the patient himself’.¹⁴²

For all that the medical establishment were apparently more willing to investigate claimed healing ‘miracles’ in the early-twentieth century then, ultimately science was not any more willing to believe in miracles than it ever had been. Doctors and psychologists in this period aimed to explain away the supernatural just as much as polemicists Henry Maudsley and Lyttleton Forbes Winslow had in the previous century. ‘There is a tendency to call that supernatural which we cannot understand,’ wrote Dr M. P. Leahy of London in 1925 neatly summarising contemporary medical views:

How does the spiritual healer work? *He* says by appealing to the Spirit. I say by appealing to the mind. He asks the patient to believe in God and cure will follow. He appeals to the patient’s belief. Belief is the real factor; and belief is an attribute of the mind.

¹⁴⁰ ‘Spiritual Healing in the English Church’, *BMJ*, 19 January 1924, p. 120. Despite the fact that medical men made up half of the Lambeth Conference committee, the *BMJ* were broadly critical about its conclusions. See pp. 296-298 of this thesis for more details.

¹⁴¹ J.A. Hadfield, a lecturer in psychology at King’s College, London, and Dr Leonard F. Browne, a physician to the Tavistock Clinic for Functional Nerve Cases, for example, in a religious volume on psychology in 1925 wrote that: ‘[T]reatment by suggestion relies very largely upon the credentials of the suggesting party; and a Church, as an organisation claiming to command the life and soul of men not only in this life, but in the next, has just that authority which carries suggestive power. Such suggestions given in the name and under the authority of God have just that power to create reverence and awe which is characteristic of such forms of suggestibility.’ They thus did not, it should be noted, attribute any divine or supernatural power to religious treatments. J. A. Hadfield & Leonard F. Browne, ‘The Psychology of Spiritual Healing’ in Hardman, *Psychology and the Church*, pp. 250-251. It is interesting to note that theirs was the only chapter to be written by members of the medical profession in the entire edited volume.

¹⁴² ‘Mental Healing’, *BMJ*, 18 June 1910, p. 1483.

Leahy noted that he had cured ailments so diverse as paralysis, sciatica, hay fever and insomnia entirely through mental suggestion. 'And often,' he wrote, 'the patient has said to me, "This is uncanny, supernatural, a miracle!"'. Like many other doctors during this period Leahy was anxious not to appear overly materialistic or anti-religious, but argued that by 'assuming the necessity for spiritual intervention' that spiritual healing over-complicated simple psychology and introduced spirituality where it had no real place being.¹⁴³ Others were more outspoken than Leahy, surgeon Sir Henry Morris for example damning all miracle healing, and specifically the Lourdes shrine, as nothing more than a 'creative lie'. 'How often the constructive rumour becomes the proclaimed belief!' he wrote scathingly in 1910.¹⁴⁴ The conception of healing miracles, past and present, thus continued to be rejected by the medical profession, albeit often in slightly softened language, as naturally explicable, as mistaken observation, as rumour, or as outright fabrication.¹⁴⁵

Explanations of spiritual healing were, somewhat unsurprisingly, far more important to doctors than to the majority of healers themselves. As was previously discussed in chapter one many healers could not explain their gifts, and felt no real compulsion to do so. Edward Montagu, the Earl of Sandwich, thus told the 1910 Clerical and Medical Committee of Inquiry that he was

¹⁴³ Letter from M.P. Leahy, 'Spiritual Healing', *BMJ*, 5 December 1925, p. 1092.

¹⁴⁴ Sir Henry Morris, "'Suggestion" in the Treatment of Disease', *BMJ*, 18 June 1910, pp. 1459-1462. Morris claimed that whatever the physical troubles apparently miraculously cured at Lourdes there would always have been some simple natural explanation of the shrine's efficacy. Either, he thought, the trouble was likely to have been hysterical in the first place, or it had been misdiagnosed, or it was caused by something relatively simple that would have righted itself anyway given simple physiotherapy and / or time.

¹⁴⁵ '[I]t is an otiose solution of the problem to dismiss [miracles] as impossible, and on that *a priori* ground to reject them ... without investigation,' wrote the *BMJ* in 1910. Nevertheless, they clearly did not anticipate that any investigation would prove their objective reality. 'The investigation is surrounded by pitfalls. Among the most serious of these are human fallibility, especially where the wish is father to the thought; and the tendency, noted by Huxley and others, and exhibited in many directions, to deliberate lying on the part of persons of the highest moral character.' 'Medicine and Miracles', *BMJ*, 18 June 1910, p. 1501.

‘perfectly conscious that the Committee could not understand his knowledge or his power, [and] nor could he explain to them what he himself did not understand’. His healing ability was to him a ‘Divine gift’, borne more of intuition than reason.¹⁴⁶ Mainly believing themselves to be channels for the divine or spiritual power that passed through them, healers generally did not feel any need to know how the process worked. ‘[The healer] needs no greater knowledge than was possessed by Christ himself,’ the Anglican Guild of Health told the 1909 BMA sub-committee. ‘Spiritual healing is therefore not so much a matter of study as of spiritual endeavour’.¹⁴⁷ Ultimately faith created something of an insurmountable gulf between healers and doctors, for the former were predominately willing to accept what the latter felt perpetually compelled to question and explain.

Faith is simply the ability to believe in the nothingness of every appearance that contradicts what, from the inner voice of consciousness and reason, you know to be true, wrote spiritual philosopher Charles N. Spencer in 1904.¹⁴⁸ Religious truths were thus not always the same as scientific truths and, as will be examined in more detail in the next chapter, the differing rationalities behind them meant that ultimately religious-scientific co-operation in terms of spiritual healing could only ever extend so far.

It should be noted at this juncture that medical awareness of the efficacy of faith and mental suggestion in treating illness, and especially in treating mental illness, was not unique to the twentieth century. The use and value of hypnosis had been a matter of much medical contention throughout the

¹⁴⁶ *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, pp. 47-48.

¹⁴⁷ Taken from a letter from the *Guild of Health Quarterly Magazine*, submitted by the Reverend W.F. Boyd, a Warden of the Guild, to the sub-committee. Quoted by ‘Report on the Subject of “Spiritual Healing”, Submitted by the Council’, *Supplement to the BMJ*, 15 July 1911, p. 130.

¹⁴⁸ Spencer, *Spiritual Healing*, p. 43.

nineteenth century,¹⁴⁹ and even as early as the eighteenth century Mesmer's cures were being attributed by the French commissioners who investigated his claims as being due in large part to the influence of the patients' imagination, which they believed was stimulated by Mesmer's charismatic theatricality. 'It is a well-known adage that faith saves in medicine [and that] this faith is the product of the imagination,' their 1784 report stated, clearly echoing many subsequent twentieth-century medical judgements of spiritual healing.¹⁵⁰ It may not have been until the twentieth century that the true therapeutic potential of suggestion began to be realised, but the frameworks of the debate did not change very much in the interim. Interestingly Mesmer completely rejected any idea that his cures could be explained psychologically, calling it a 'miserable objection' and pointing to the fact that he had successfully treated both unconscious patients and infants to disprove the theory.¹⁵¹

Twentieth-century healers were in general not much more enthusiastic than Mesmer had been about the suggestive explanations commonly applied to their work. Christian Scientists in particular vehemently refuted such a rationalisation, in accordance with their decidedly antagonistic attitude towards orthodox medicine. One Christian Scientist, for example, wrote angrily to the *BMJ* in 1909 to protest that Christian Science healing was 'a denial of the very process by which mental suggestion work[ed]':

¹⁴⁹ The word was first coined by Dr James Braid in 1841. Braid claimed at the 1841 British Medical Association Annual Congress to be able to cure rheumatism, paralysis, torticollis, migraine and epilepsy through hypnotism, although his contemporaries remained sceptical. Charcot at the Paris Salpêtrière in the 1870s and Liébault and Bernheim at Nancy in the 1880s all experimented and promulgated the use of hypnosis and suggestion, and until the advent of Freudian psychoanalysis and new psychology in the late nineteenth and early twentieth centuries hypnotism was the main method of medical psychological healing. It remained, however, hugely controversial in medical circles. See Alan Gauld, *History of Hypnotism* (Cambridge: Cambridge University Press, 1992).

¹⁵⁰ Quoted by 'The Secret of Mesmer', *BMJ*, 10 August 1912, p. 324.

¹⁵¹ Quoted by Frank A. Pattie, *Mesmer and Animal Magnetism: A Chapter in the History of Medicine* (New York: Edmonton Publishing, 1994), p. 2.

Does any intelligent being suppose that [Jesus] healed the sick, raised the dead, walked on water, stilled the tempest and fed the multitude by suggestion?

he wrote.¹⁵² Christian Scientists commonly denied that there was any suggestive element at all in their healing, principally because to them suggestion was a material - and therefore an essentially fallacious - process.¹⁵³ Other twentieth-century healers were often slightly more sympathetic to the idea that mental suggestion formed a part of their curative power, or at least they tended to be less aggressively dogmatic than Christian Scientists. Suggestion was, as Dr Lascelles, the spirit guide of medium Charles Adam Simpson, noted in 1929, one of the recorded healing methods used by Jesus in the Bible. Accordingly, it was in his opinion as valid a spiritual healing technique as prayer or the laying-on of hands, although it will be noted from this that he clearly did not view the latter methods as suggestive.¹⁵⁴ 'It is best,' wrote the Reverend M. R. Newbolt in similar terms,

to use the scientific theory, and let it take us as far as it can, for, like so many theories, it seems to be true in what it asserts, and only untrue in what it denies.¹⁵⁵

¹⁵² Letter from Mr Frederick Dixon, 'Christian Science and Suggestion', *BMJ*, 27 November 1909, p. 1588.

¹⁵³ Christian Science treatment does sound essentially suggestive, and it is thus interesting that of all the types and groups of spiritual healers Christian Scientists were by far the most opposed to the suggestive explanation. Scientist champion Charles Herman Lea, for example, himself wrote that Christian Science healing was dependent upon 'patients' acceptance of Christian Science teaching as true' - something that could be achieved with the help of a Christian Scientist practitioner or through independent study of Eddy's *Science and Health* - but he denied that this was in any way suggestive. Instead, he saw it as evidence of 'an ever-operative principle of good, or spiritual law, underlying all life'. 'In Christian Science treatment,' he wrote, 'the practitioner turns in thought to God alone, and thus loses, as far as possible, all thought of the patient and his illness, in his realisation of God and His manifestation. Moreover, he does not, in any sense, consciously or unconsciously convey his thoughts to the patient, or make any attempt to do so; nor does he desire it.' Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science*, pp. xv & 71-72.

¹⁵⁴ Rosa M. Barrett (ed.), *Beyond: A Continuation of "The Seekers", Further Talks by "Dr Lascelles"*, 3rd edition (London: Daniel Co., 1934, first published 1929), p. 122.

¹⁵⁵ Reverend M.R. Newbolt, *Healing* (London: Society for Promoting Christian Knowledge, 1924), p. 13.

Newbolt, like many other orthodox religious proponents of spiritual healing in this period, was thus more than willing to admit the proportional truth of medicine's suggestive thesis. Others thought mental suggestion merely more inadequate as terminology than explanation; Spiritualist medium and healer Eileen Garrett arguing in 1957 for example that 'the effect of self-realisation' was 'an infinitely more cataclysmic force than anything possibly implied by the weak term "suggestion"'.¹⁵⁶

However, if non-Christian Scientist spiritual healers were more willing to admit the efficacy of mental suggestion they remained predominately unwilling to accept it as an overarching explanation of their healing abilities. Mental healing, argued James Moore Hickson in his monthly periodical *The Healer* for example, demonstrated only 'the power of mind over matter' whereas spiritual healing he believed demonstrated 'the power of the spirit over both mind and matter', to him a very different and ultimately more potent effect.¹⁵⁷ Unlike in secular psychology then, for most spiritual healers the subconscious and the soul or spirit were not the same thing. Consequently, while spiritual healers might indeed admit to employing some mental techniques, they also believed, in the words of Australian vicar Samuel Bickersteth, that they were able to utilise 'something more':

Faith and suggestion are alike up to the point that they each must raise expectation of victory or fail; but faith always looks through the human to the Divine Healer.¹⁵⁸

This, healers commonly claimed, gave spiritual healing a greater potency than mental suggestion alone could explain. In short, they often believed that it

¹⁵⁶ Garrett, *Life is the Healer*, p. 87.

¹⁵⁷ Quoted by Newbolt, *Healing*, pp. 16-17. It should be noted that Newbolt, in line with the almost submissive moderation commonly evinced by Anglican proponents of spiritual healing, did not agree with Hickson's demarcation, and thought it rather meaningless to draw distinctions between the spiritual plane, the psychic plane and the mental plane.

¹⁵⁸ Letter from Samuel Bickersteth, *The Times*, 11 September 1923, p. 11, column f.

enabled them to affect organic as well as mental restitution, although they generally qualified this in this earlier period at least by stating that their primary aim was always spiritual. Spiritualist Harry Edwards thus maintained that suggestion could not apply 'to the many who have no knowledge of absent healing ... it cannot apply to incurables and it cannot apply to visible dissolutions of growths'.¹⁵⁹ It should be noted that Edwards' attempts to disprove medicine's suggestive theory here were made in decidedly similar terms to those of Mesmer, quoted above, writing nearly two centuries before him.

Mental suggestion was resisted as an inclusive explanation by spiritual healers in this way partly because it so clearly attempted to belie any supernatural element to their power. Many healers in the early-twentieth century criticised suggestion as nothing more than a materialistic cover-all term which, in the words of alienist James H. Hyslop in 1913, was used mostly 'for throwing dust in the eyes of the public' and thus obscuring what science could not otherwise explain.¹⁶⁰ Spiritual healers of all persuasions to some extent concurred on this point. Emmanuel cleric Samuel McComb wrote that suggestion was a term which 'cover[ed] ... ignorance with a pretence of knowledge',¹⁶¹ and Christian Scientist Charles Herman Lea argued that 'those who ha[d] written most learnedly' about suggestion by 1913 'ha[d] only succeeded in showing how little [was] known about it'.¹⁶² Suggestion was thus seen by healers, especially in the years preceding the First World War, to be merely another less scientifically-precarious name for spiritual healing. It was

¹⁵⁹ Edwards, *The Science of Spirit Healing*, p. 33.

¹⁶⁰ 'As a means of frightening away false ideas, [suggestion] is, and has been, useful,' wrote Hyslop, 'but as a means of explanation it is absolutely worthless'. James H. Hyslop writing in *Quest* in October 1913, quoted by Cobb, *Spiritual Healing*, p. 204.

¹⁶¹ McComb, 'Spiritual Healing and the Church', p. 671.

¹⁶² Lea, *A Plea for the Thorough and Unbiased Investigation of Christian Science*, p. 9.

also one that fundamentally limited their sphere of influence to psychological illness, a fact which healers also predominately resented. At a meeting called in London to discuss the Clerical and Medical Committee of Inquiry's 1914 report for example, one of the Committee's witnesses, the Reverend Percy Dearmer, took serious issue with their conclusion that spiritual healing was only suggestion by another name and that it could therefore be 'expected to be permanently effective only in cases of what are generally termed "functional" disorders'.¹⁶³ Indeed, he asserted somewhat indignantly, most spiritual healers 'would rather take a dozen organic diseases than one mental case', demonstrating that individual Anglican proponents of spiritual healing were not always as tentatively moderate in their proclamations as the Church's authorities.¹⁶⁴

As will be examined in more detail in the next chapter, healers became increasingly frustrated with medical disavowals of their claims to organic cure, for throughout the total period covered by this thesis doctors continued principally to investigate and deny such claims. The 1910 Clerical and Medical Committee of Inquiry, for instance, examined in detail six spiritual healing case studies where both pre- and post-treatment medical documentation was available. Five of these they found to be 'ordinary cases' in which spiritual healing had not been effective, and the sixth they rejected as a hysterical case of self-inflicted sores. Case Five, for example, read:

Enlargement of the thyroid gland. ... [T]he patient went "with the doctor's leave, for the laying-on of hands, and in a few days after the service was well". The doctor in attendance

¹⁶³ *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, pp. 15 & 17.

¹⁶⁴ Reported by *The Times*, 16 June 1914, p. 5, column b. Although Dearmer was principally critical of the report and especially of its reduction of spiritual healing to mental suggestion, he did believe nevertheless that the Committee had made some important admissions. They were, he said, 'grudging and given with reluctance' but were perhaps 'all the more valuable' for that.

considered that “the causes of the swelling were of a temporary character”, and that the thyroid gland quieted down and the swelling disappeared, as is frequently the case.¹⁶⁵

Both *BMJ* and the *Lancet* during this period were peppered with similar refutations.¹⁶⁶ In this manner claimed organic spiritual cures were often medically re-framed as cases of natural improvement, mistaken diagnosis or hysterical illness, and any effect of spiritual treatment that could not be explained through mental suggestion was generally attributed to natural biological processes wrongly conceptualised by the uninformed as miraculous.

It is important to note however that there is some evidence to suggest that the medical profession were softening a little on this issue towards the end of the first quarter of the twentieth century. Shortly before his death in 1922, for example, the eminent psychologist Dr William Rivers had argued that as ‘psychotherapeutic agencies’ had been proven to be able to effect organic change - in inducing the blistering of the skin without due cause for instance - that there was no reason to think that suggestion, whether given by doctor, layman or priest, might not be ‘capable of ... beneficial action upon organic disease’.¹⁶⁷ He

¹⁶⁵ *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, p. 30. The case studies are spread over pages 28-31.

¹⁶⁶ For instance, the *Journal* took issue with this case study published by the Right Reverend L.G. Mylene, the former Bishop of Bombay, in Hickson’s *The Healer* in March 1908: ‘Three eminent men told [the patient] without hesitation that he was suffering from a cancer growing on the vocal chords, and that nothing but their total excision could save his life. He was a hard-working priest of our Church, and, of course, the operation meant that he would never utter a word again. ... The doctors came; the throat was laid open; the operator had his knife in his hand to excise the vocal cords. He stopped dead. Instead of applying the blade of the knife, he took hold, between his thumb and the handle, of all he found there, and peeled it off just like the skin of a fruit. Between the diagnosis and the operation: the patient had been anointed with oil in the name of the Lord.’ The surgeon in question had been the eminent H.T. Butlin, who informed the *BMJ* that in fact the case had never been accurately diagnosed as cancer. It had appeared that way through the laryngoscope, he said, but on opening up the patient’s throat the growth had been found to be nothing more than ‘a patch of leukoplakia’ which was easily removed. Butlin thought it was a ‘very remarkable case’, but not by any means a miraculous one. The *Journal* subsequently criticised *The Healer* for being ‘unintentionally ... misleading’. ‘Spiritual Healing and Cancer’, *BMJ*, 22 May 1909, pp. 1253-1254; ‘Mental Healing’, *BMJ*, 18 June 1910, p. 1496.

¹⁶⁷ Rivers’ wartime work with shell-shocked patients also helped to convince him that mental causes could have very real physical effects. Why, he reasoned, could it then not work the other way around and organic diseases be affected by mental treatments? Rivers, ‘Psychotherapeutics

still did not accept such healing as miraculous of course, but he nonetheless allowed that organic change might result from solely spiritual treatment. Similarly, in a case study reported to the 1927 Archbishop of Canterbury's Advisory Committee of Spiritual Healing, a doctor testified that a woman suffering from 'a definite case of cardiac disease' had been materially benefited by religious anointing. The results had been temporary and had not changed the 'pathological condition of her heart', but the doctor nevertheless allowed that the 'increase of power' effected was 'over and above what might otherwise have been expected'.¹⁶⁸ Thus while medical explanations of spiritual healing did not change, medical commentators became gradually more willing to broaden the remit of mental suggestion and the claims of spiritual healers certainly had their part to play in compelling this recognition.

There was of course a wide-ranging spectrum of opinion amongst spiritual healers in their attitudes both generally to the medical profession and specifically to the profession's attempted explanations of their healing. If Christian Scientists with their outright rejection of the suggestive element were towards one end of this spectrum, then orthodox Anglican healers broadly tended furthest towards the other. The conservative and somewhat tentative approach of the Anglican Church towards spiritual healing in the first half of the twentieth century was discussed in detail in the previous chapter, and this conservatism made Christian healers - and certainly Anglican authorities - generally the most likely to accept medicine's suggestive thesis and to thus subordinate themselves

in Hastings', in *Encyclopaedia of Religion and Ethics* (1918), quoted by Herbert Henley Henson (Lord Bishop of Durham), *Notes on Spiritual Healing* (London: Williams and Northgate, 1925), pp. 82-83.

¹⁶⁸ Lambeth Palace Archives, unpublished report, G4337.A7, 'Archbishop of Canterbury's Advisory Committee of Spiritual Healing: Interim Report of Missions and Cases of Healing Investigated' (1928), p. 4.

to materialistic medical explanation. This is demonstrated by the findings of the various joint clerical and medical committees of this period which, as was discussed above, tended generally to minimize the divine or miraculous element in spiritual healing and to explain its effects principally through the influence of mental suggestion on functional disorder. 'So far as purely physical healing goes,' the doctors and clergymen of the 1920 Lambeth Conference committee agreed, for example, 'faith works irrespective of the grounds on which it rests'. Spiritual healing, they were careful to maintain, should consequently 'aim at something more than the cure of bodily illness'.¹⁶⁹ The idea that spiritual treatment should induce indefinable spiritual effect rather than physical change was of course comparatively unthreatening to orthodox medicine. This conciliatory attitude was due in large part to the Church's enduring concern for its establishment respectability, and the 1927 Archbishop's Advisory Committee of Spiritual Healing thus worried that the popular confusion between the expected spiritual and physical benefits of religious treatment would make the Church appear unscientific and foolish:

It is important to differentiate between spiritual help, which would be generally accepted as resulting from any true Mission of Healing, and the healing by spiritual means of some definite malady or disease.

The committee were resolutely critical of healers who claimed physical cure without providing requisite medical evidence, and broadly accepted medical judgements that cases where an improvement in the physical condition of a

¹⁶⁹ *The Ministry of Healing*, p. 10. Guild of Health Chairman Harold Anson agreed, writing that 'the object of faith' - be it religious anointing, a visit to Lourdes, Christian Science, or the laying-on of hands - was not at all important in physical healing as long as a strong 'expectation of cure' was invoked. Such pronouncements diminished the divinity of orthodox religious spiritual healing. Anson, *Looking Forward*, p. 177.

patient had been noted were more probably due to a 'changed attitude of mind' on the part of the patient than to divine intervention.¹⁷⁰

This materialistically-submissive attitude was examined and analysed in more detail in chapter four. What is interesting to note to here, however, is that even in terms of Anglican-medical co-operation there were limits to the theoretical accord. The issue that caused the most dissention in this context was that of prayer. Despite being predominately willing to accept that, as Archbishop Randall Davidson told the 1909 British Medical Association sub-committee, much of what was described as spiritual healing was 'really explicable in a more normal and conventional way',¹⁷¹ clergymen continued strongly to oppose the growing medical conviction that the efficacy of prayer could be similarly explained in terms of psychological auto-suggestion. In 1910 the *BMJ*, despite declaring it 'outside their province to discuss prayer from a psychological point of view', nevertheless went on to write:

[I]t is [however] unquestionable that prayer, inspired by a living faith, is a force acting within the patient which places him in the most favourable condition for the stirring of the pool of hope that lies, still and hidden, it may be, in the depths of human nature.¹⁷²

In all the medical-religious discussions of spiritual healing in this period, this was the issue that discomforted clergymen most. The 1914 Clerical and Medical Committee of Inquiry report thus began with a statement of the Committee's belief 'in the efficacy of prayer' - they refrained from stating whether subjective or objective - despite their then going straight on to explain spiritual healing in

¹⁷⁰ 'Archbishop of Canterbury's Advisory Committee of Spiritual Healing', p. 3.

¹⁷¹ Quoted by 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *Supplement to the BMJ*, 15 July 1911, p. 127.

¹⁷² 'Medicine and Miracles', *BMJ*, 18 June 1910, p. 1501. Also see the statement made by A. Christie Reid above on pp. 262-263 of this thesis.

terms of mental suggestion.¹⁷³ Chaplain L. W. Grensted in 1925 explicitly criticised medical psychologists for their arrogance in believing that prayer could be materialistically explained:

Conscious intercourse with a personal God has little resemblance to a mechanical implanting of ideas, however pious, in the Subconscious, even though that may be one of its secondary results.¹⁷⁴

Even the generally very restrained Harold Anson thought it was utterly 'erroneous' to attempt to explain the efficacy of prayer in psychological terms, writing that prayer was 'at once more rarefied, more glorious, and more humiliating than ... auto-suggestion'.¹⁷⁵

What these various medical-psychological attempts to quantify and explain spiritual healing demonstrate is that there were ultimately definite limits to medical-spiritual philosophic convergence, even within the most moderate and placatory of spiritual healing viewpoints. New psychology and spiritual healing had a great deal in common, both theoretically and therapeutically, as the medical interest in and systematic investigation of spiritual healing in the early twentieth century aptly demonstrates. Lasting co-operation between the two philosophies and between their relative practitioners proved, however, to be extremely restricted. Good relations were hampered partly by spiritual healing's enduring connections with extremism and quackery and by the medical establishment's consequent jealous guarding of their monopoly, and partly by the

¹⁷³ *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, pp. 14-15.

¹⁷⁴ L.W. Grensted, 'The Progress and Present Position of the Study of Psychology in Hardman, *Psychology and the Church*, p. 46.

¹⁷⁵ 'Prayer is not merely trying to intensify ... the force of our own ideals of life. We are not, when we pray, merely suggesting to ourselves that we are every day attaining our own ideals with greater and greater success. ... Prayer must inevitably sometimes take the form of saying, "I confess that I have sinned exceedingly in thought, word, and deed, by my fault, by my own most grievous fault". This is certainly not the same as saying, "Every day in every way I am growing better and better". [This was Emile Coué's famous auto-suggestion formula.] The experience of seeking to look God in the face must from time to time humiliate us by making us realise the great distance between us and God.' Anson, *Spiritual Healing*, pp. 146 & 156.

fundamental ultimate incompatibility of the religious and scientific worldviews. Both sides were aware of this. The *BMJ*, for example, in 1924 explained the perpetual reluctance of the medical profession to establish any lasting formalised medical-religious healing collaboration thus:

It seems to us that the difficulty of the bishops in giving guidance on spiritual healing is due to the fundamental difference in the point of view of the scientist and the mystic. The former seeks for an explanation of everything in nature, while the mystic is content with an attitude of reverence and awe in the presence of anything that he does not understand. Both desire to benefit humanity; but co-operation is only free from danger within narrow limits.

This danger, the *Journal* believed, was that while the 'medical scientist' sought to explain the 'vastness and mystery' of spiritual healing, 'the enthusiast and the quack exploit[ed] it'.¹⁷⁶ Any too open medical approval of any type of spiritual healing might then, the medical establishment prevailingly feared, open the floodgates for more extremist and anti-medical forms of spiritual quackery to flourish.

It is somewhat open to question how serious the medical profession actually were in their apparently investigative attitude during this period. They certainly did not entirely dispense with their sarcastic tone altogether, particularly in cases of extremism or where they felt themselves to be under attack. The response of the *BMJ* to a series of articles publicising spiritual healing's 'stagger[ing]' testimonies by the sensationalist publisher William Stead in his *Review of Reviews* in February and March of 1909, for example, was a

¹⁷⁶ 'Episcopal Views on Spiritual Healing', *BMJ*, 17 May 1924, p. 874. The *Journal* were commenting on remarks made by the Archbishop of Canterbury in the House of Bishops on 19 January 1924 when Archbishop Davidson had declared himself 'profoundly and humbly conscious of the vastness and mystery of spiritual healing'. The irony was that Davidson himself was not in fact particularly sympathetic to the claims of spiritual healing's proponents, and in the same statement went on to say he feared the widespread use of such healing within the Church 'would change the whole attitude of half-informed people to the doctrine of seeking the guidance of God in the curing of human ills'. Quoted by the *BMJ* in the above article.

wave of barely disguised vitriolic hostility. They accused Stead of 'being as much above evidence as the Emperor Sigismund was above grammar' and sardonically questioned in the light of Stead's claims how it was that supernatural healing had not yet banished all sickness and death.

Mr Stead does not know what to think of the marvels he has heard, and ends with the sage reflection that "so long as mortal men are really healed, so long will they go to the healers, let the doctors say what they will". To which we are tempted to reply: "Let them go; if there is anything really the matter with them they will come back again".¹⁷⁷

Stead's articles, it should be noted, were mainly centred around Christian Science testimonies which perhaps at least in part explains the vehemence of the *Journal's* response. Hickson's Society of Emmanuel came in for some similar criticism, the *BMJ* commenting at one point, for example, that case studies of what was commonly described as 'internal weakness' in Hickson's journal *The Healer* were apparently 'so common among members of the Society that [the *Journal* were] tempted to suspect that the seat of the affection [was] the brain'.¹⁷⁸ The medical profession then did not react well to what they saw as extremist provocation, and true medical investigation only really extended as far as the altogether more moderate and submissive claims of orthodox religion.

Nevertheless, it is important that the significance of the investigation and intermittent medical-spiritual co-operation that did take place in this period should not be lost in an awareness of its ultimately unsurpassable limitations. That the medical profession were willing to enter into discussions about spiritual healing with clergymen and even in some cases to advocate them being allowed a basic, if very limited, role in medical therapeutics is indicative of the

¹⁷⁷ 'Spiritual Healing, *BMJ*, 1 May 1909, pp. 1078-1079.

¹⁷⁸ 'Spiritual Healing', *BMJ*, 9 January 1909, pp. 109-110. Interestingly the *Journal* attempted to discredit Hickson in this article by describing him as a gentleman 'who probably at one time devoted his energies to massage'.

substantial philosophical changes that were taking place within medical theory at this time. Despite overtly rejecting the possibility of spiritual healing being able to induce organic change and explaining its efficacy through mental suggestion, for example, the 1910 Clerical and Medical Committee of Inquiry were nonetheless explicitly anxious that the fact that 'health, bodily and mental, [was] capable of being influenced for good by spiritual means' should not be overlooked.¹⁷⁹ Even the 1909 British Medical Association sub-committee acknowledged that in some cases clergymen and spiritual healing laymen might have a stronger positive suggestive influence over a patient than orthodox medical practitioners alone, and was moved therefore to advise that such people be consulted if it became apparent that 'religious influence [was] specially needed'.¹⁸⁰ This of course put the doctor firmly in control of who should be consulted and when, but even so it did allow the possibility that there was some role for spiritual healers within orthodox medical practice. That so eminent a medical personage as the physician Sir Clifford Allbutt could argue in the *BMJ* in 1910 that medicine had something to learn from spiritual healing - to treat the patient as a person rather than a physical collection of symptoms and to understand that 'sympathy and love' were as important in healing as 'comprehensible medical and surgical skill'¹⁸¹ - demonstrates that in this early

¹⁷⁹ *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, p. 15.

¹⁸⁰ 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *Supplement to the BMJ*, 15 July 1911, p. 126.

¹⁸¹ Allbutt's comments are worth quoting in some detail. He wrote: 'Formulate it as we may, faith healing consists in part in sympathy, in love, in active devotion; in part in comprehensible medical and surgical skill; but also in part in dispelling spiritual torpor, and in emotional surprise. ... [I]t is true no doubt that the solitary and disconsolate heart, closed to common circumstance, may be more susceptible to other appeals [than that of the doctor], may offer less resistance; so that, as we have seen, unknown wells of energy may be tapped and fading and vacillating forces replenished. Then it is that the influence of a clerical minister, of a gentle friend or Bible-woman - brief angels' visits lifting up human hope and love into Divine love - may be twice blessed, blessed materially and spiritually. But even then the physician can take no active part in hypnotising the smitten sufferer with promises of corporeal repair. Indeed in the more formal

period at least there was some semblance of mutual convergence between orthodox medicine and spiritual healing. As will be seen in the next chapter, this convergence had its definite limits and eventually gave way to mutual intransigence and frustration, but it is significant that it was there at all.

spiritual ministrations his part can never be direct; they are not obviously his business, and even a religious patient resents the divided mind. Notwithstanding, the sick man does feel dimly that diagnosis limited to material phenomena is imperfect; that its insight ought to penetrate to mental and spiritual as well as to bodily conditions; and he would say, did he know how, Do you understand *me*, or am I only a case? This seems to be our modest part in faith healing.' Sir Clifford Allbutt, 'Reflections on Faith Healing', *BMJ*, 18 June 1910, pp. 1456-1457.

Chapter Seven

'As We Grow More Scientific, Need We Grow Less Devout?': The Medical Establishment and Spiritual Healing c.1925-1955

The final chapter of this thesis will consider how medical attitudes towards spiritual healing altered after the end of the first quarter of the twentieth century. Interestingly, the year 1925 can be seen as marking a fairly precise point of demarcation in the relationship between the medical establishment and spiritual healing. After 1925 medical interest in spiritual healing perceptibly waned - the subject was after this date, once again, discussed only very sporadically in the medical presses and was accorded relatively little attention in medical writings and at medical assemblies.² Interest in the subject remained at a low ebb throughout the interwar years. This can be seen a consequence of various factors, including a hardening of scientific-religious divergence during this period, the changing parameters of the medical-psychological debate, and a significant decrease in the participation of the religious establishment under the leadership of the new Archbishop of Canterbury Cosmo Gordon Lang (1928-1942).³ Indeed, spiritual healing was probably never again to receive the intensity of medical investigative attention that it had in the first quarter of the

¹ J. Burnett Rae, 'A Doctor's Comment' in David Caradog Jones, *Spiritual Healing: An Objective Study of a Perennial Grace* (London: Longmans, 1955), p. 132.

² Gleaned through an overview of the medical literature of this period, and through a perusal of the *BMJ*, the *Lancet* and *The Times* in particular.

³ Lang was primarily interested in fostering ecumenicism within the Christian churches during his time as Archbishop of Canterbury. Unlike both his predecessor (Randall Davidson) and his successor (William Temple), however, he does not seem to have been at all interested in utilising the healing ministry of the church. See *The Christian Doctrine of God: The Report of a Committee of the Lambeth Conference* (London: Society for Promoting Christian Knowledge, 1930). For historical work on the Church of England during Lang's time as archbishop see Adrian Hastings, *A History of English Christianity 1920-1990* (London: Collins, 1986); Alan Wilkinson, 'Lang, (William) Cosmo Gordon, Baron Lang of Lambeth (1864-1945)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 (<http://www.oxforddnb.com/view/article/34398>), accessed 9 February 2005). Note that these reasons for the ebb in medical interest in spiritual healing will be examined in more detail below.

twentieth century. A revival of popular and religious interest in spiritual healing took place after 1940, but as will become clear medical perspectives during this later period remained largely dependent on the personal religious beliefs of the individual concerned. Bureaucratically, the attitude of the medical establishment showed little change in the mid-twentieth century from that evidenced by the medical-religious reports of thirty years earlier.⁴ If anything, a formal hardening of approach was implied in the increasing medical demands for scientific and quantifiable proof.⁵ This chapter will explore in detail the nature of these demands and the responses they prompted from healers. By the end of the period under discussion here something of an impasse had been reached, demonstrating the essential incompatibility of the scientific and religious worldviews by this time.

c.1925-1940: Ebbing of Medical Interest

The investigative interest of the medical establishment in spiritual healing in the early-twentieth century and the significant medical-religious collaboration that had taken place in the various official Anglican and BMA reports into the subject, largely came to an end in the 1920s. This retrocession was at least partly sparked by widespread medical dissatisfaction with the much-publicised 1924

⁴ See especially, 'Report on the Subject of "Spiritual Healing", Submitted by the Council', *Supplement to the BMJ*, 15 July 1911, pp. 125-13, *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry into Spiritual, Faith and Mental Healing* (London: Macmillan, 1914) and *The Ministry of Healing: Report of the Committee Appointed in Accordance with Resolution 63 of the Lambeth Conference, 1920* (London: Society for Promoting Christian Knowledge, 1924) for evidence of the way in which medical explanations largely reduced spiritual healing to mental suggestion and allowed religious practitioners only a very limited therapeutic role in this period.

⁵ The 1954 BMA committee formulated to consider spiritual healing at the request of the Archbishop's Commission on Divine Healing sent out questionnaires to interested parties requesting evidence of spiritual cures. As will be seen subsequently in this chapter they were not impressed with the response or with the few case studies offered them. See *Divine Healing and Co-operation Between Doctors and Clergy: Memorandum of Evidence Submitted by a Special Committee of the Council of the BMA to the Archbishop's Commission on Divine Healing* (London: BMA, 1956).

Lambeth Conference committee report.⁶ *The Times* might have praised the report's 'broad-minded consideration and research' and medical-religious unanimity,⁷ but the *BMJ* did not agree, finding it overly 'nebulous' and manifestly contradictory in its conclusions. 'We have felt bound to deal with this report in a somewhat critical spirit', they wrote,

because it seems to lack proper definition of terms and an ordered presentation of the subject.

No evidence is produced, and the conclusions are ambiguous.

The report, they judged, would ultimately disappoint both 'enthusiastic supporters of what is called spiritual healing ... [and] those who desire[d] a serious debate on the matter, based on investigation of evidence'.⁸ The *Journal* clearly felt that even the committee's fairly restrained pronouncements on the subject retained too much of the mysticity of spiritual healing.⁹ Despite the report's acceptance there were '[no] cases of [spiritual] healing which [could] not be paralleled by similar cures wrought by psychotherapy without religion', for example, the *BMJ* were staunchly critical of, among other things, its apparent recognition of mysterious individual 'gift[s] of healing'. Advice that clergymen should deal with the 'deep-lying roots of evil' in a patient before attempting any physical healing they rebuked as distinctly threatening to medical monopoly and at conflict with the subsequent declaration that patients 'must [not] look to the clergyman to do what it is the physician's or surgeon's duty to do'.¹⁰ The Lambeth committee had strongly advocated the establishment of a more

⁶ *The Ministry of Healing*.

⁷ *The Times*, 10 January 1924, p. 13, column e.

⁸ 'Spiritual Healing in the English Church', *BMJ*, 19 January 1924, pp. 120-121.

⁹ The conclusions of the 1920 Lambeth Conference committee were examined in more detail in chapter four of this thesis. The moderateness of the report is demonstrated by the fact that the committee members - a combination of clerical and medical men - largely accepted medical psychological explanations of spiritual healing and claimed no role for religion in physical healing arguing that doing so would 'gravely compromise the meaning and purpose of the Church's rites and sacraments'. *The Ministry of Healing*, pp. 10, 16-17, 18.

¹⁰ 'Spiritual Healing in the English Church', *BMJ*, 19 January 1924, pp. 120-121; *The Ministry of Healing*, pp. 12 & 18

‘permanent committee of clergy, doctors, and psychologists’ to advise on and investigate matters of spiritual healing,¹¹ but mainly due to increasing medical reluctance this formal collaboration never materialised.¹²

This was probably partly because by 1925 the innovativeness of spiritual philosophies of healing and what they portended in terms of orthodox medical theory had faded. Historian Raymond Cunningham has argued, in the American context, that the influence of orthodox religious healing groups such as the Emmanuel Movement was short-lived. The Movement’s broad ideas, he maintains, spurred medical interest in psychology and were thus quickly assimilated into orthodox medicine and ‘rendered ... almost commonplace’. ‘[W]ithin five years of its founding [in 1906] the Emmanuel Movement had already begun to pass from the realm of public discussion.’¹³ This is probably rather overstating the case in that, as other historians have pointed out, psychological-religious intersection continued well continued into the 1930s, on a philosophical level at least.¹⁴ However, although it did not lapse entirely, the collaborative interest of the Christian churches in spiritual healing specifically did wane after 1925, as is demonstrated by the fact that subject was not discussed

¹¹ *The Ministry of Healing*, p. 21.

¹² The 1924 Lambeth committee’s proposals were ratified by the 1930 Lambeth Conference, and initially by the British Medical Association who agreed to nominate members to a joint committee before pulling out of further discussions in the mid-1920s. Stuart Mews, ‘The Revival of Spiritual Healing in the Church of England, 1920-26’ in W. J. Sheils (ed.), *The Church and Healing: Papers Read at the Twentieth Summer Meeting and the Twenty-First Winter Meeting of the Ecclesiastical History Society* (Oxford: Basil Blackwell, 1982), p. 329.

¹³ Raymond J. Cunningham, ‘The Emmanuel Movement: A Variety of American Religious Experience’, *American Quarterly*, Vol. 14, No. 1 (1962), p. 62.

¹⁴ See, for example, Graham Richards, ‘Psychology and the Churches in Britain 1919-39: Symptoms of Conversion’, *History of the Human Sciences*, Vol. 13, No. 2 (2000), p. 76 and Thomson, Mathew ‘The Popular, the Practical and the Professional: Psychological Identities in Britain, 1901-1950’ in G.C. Bunn, A.D. Lovie & G.D. Richards (eds.), *Psychology in Britain: Historical Essays and Personal Reflections* (Leicester: The British Psychological Society Books, 2001), pp. 124.

in any depth at the 1930 Lambeth Conference.¹⁵ The slackening of medical-religious interaction in terms of spiritual healing can furthermore be seen as part of the wider declining intellectual interest in reconciling science and religion during this period. Historian Peter Bowler argues that reconciliatory dialogue of the 1920s had rested on 'a continued belief in progress and in the purposefulness of the material universe', an optimism largely dashed during the pessimistic 1930s with economic depression and the rise of fascism.¹⁶ The rationalising influence of the modernist movement within the Anglican Church declined significantly in the 1930s, as did the willingness of scientists to take an openly religious stance or consider the religious implications of their research.¹⁷ The 1930s have thus been described as primarily a period of scientific-religious 'indifference'.¹⁸

After 1925 it seems that the parameters of the early-twentieth-century medical - and to some extent orthodox religious - debate began to shift away from spiritual healing and religious involvement in medicine and more towards non-religious forms of psychoanalysis and psychotherapy. American interest in psychotherapy proper was spurred by the escalating transatlantic migration of

¹⁵ *The Lambeth Conference, 1930: Encyclical Letter from the Bishops with Resolutions and Reports* (London: Society for the Promotion of Christian Knowledge, 1930). Spiritual healing was still discussed sporadically in Convocation in the 1930s and the Archbishop of Canterbury's Advisory Committee of Spiritual Healing was appointed, before Davidson's retirement, in 1927. It did not report officially, however, until over thirty years later in 1958. See Lambeth Palace Archives, unpublished report, G4337.A7, 'Archbishop of Canterbury's Advisory Committee of Spiritual Healing: Interim Report of Missions and Cases of Healing Investigated' (1928) and *The Church's Ministry of Healing: Report of the Archbishop's Commission* (Westminster: Church Information Board, 1958).

¹⁶ Peter Bowler, *Reconciling Science and Religion: The Debate in Early-Twentieth Century Britain* (Chicago: Chicago University Press, 2001), pp. 23-24. See also John Baxendale and Chris Pawling, *Narrating the Thirties: A Decade in the Making, 1930 to the Present* (London: Macmillan, 1996).

¹⁷ Bowler notes that scientists such as Julian Huxley who continued to discuss religion were increasingly considered 'an embarrassment' by their peers. Bowler, *Reconciling Science and Religion*, pp. 50, 60-61, 328. See also Kenneth Hylson-Smith, *The Churches in England From Elizabeth I to Elizabeth II, Volume III: 1833-1998* (London: SCM Press, 1998), chapter five.

¹⁸ Bowler, *Reconciling Science and Religion*, p. 328.

European Jewish psychotherapists following the Nazi coup in Germany of 1933,¹⁹ and once again British deliberations, on both a medical and a popular level, seem to have increasingly echoed those of their American counterparts. The medical and quasi-medical literature and dialogues of this period began to speak primarily in terms of psychotherapy, where a decade or two before they might have spoken rather in terms of faith or spiritual healing.²⁰ The uses of psychotherapy, its dangers, its implications for orthodox medicine, and its corruption by the unqualified were all similarly considered. Psychotherapeutic methods were certainly not any less medically contentious than spiritual healing,²¹ but they were somewhat less nebulous and more materialistic. Medical discussions surrounding the subject encompassed within them many of the same elements that had provoked medical interest in spiritual healing in the first quarter of the twentieth century.

For example, in March 1927, at a time when it was actively resisting closer religious-medical collaboration in terms of spiritual healing, the BMA established a sub-committee to investigate into and report on psychoanalysis and 'all methods of treatment by psychological methods'.²² Psychotherapy at this time had much in common with the spiritual philosophies of healing delineated in the first half of this thesis. It was, for instance, concerned primarily with the

¹⁹ Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997), pp. 162, 169-170 & 185.

²⁰ See the similarities of books such as - among many others - Franz Alexander, *The Medical Value of Psychoanalysis* (London: Allen & Unwin, 1932) ; Dorothy R. Blitzsten, *Psycho-Analysis Explained* (London: George Allen and Unwin, 1937) and H. Ernest Hunt, *Practical Psycho-Analysis* (London: W. Foulsham & Co., 1944, 1st published 1938) in the 1930s to accounts and avocations of spiritual healing written slightly earlier. See also chapter six of this thesis.

²¹ See Shorter, *A History of Psychiatry*, chapter five.

²² 'Report of Psycho-Analysis Committee', *Supplement to the BMJ*, 29 June 1929, p. 263. The Committee sat from March 1927 to May 1929. Members included Dr R. Langdon-Down of the National Association for the Feeble-Minded and the London Association for Mental Welfare as Chairman, Dr C. Worster-Drought as Vice-Chairman, as well as Dr William Brown, Dr Emslie Hutton, Freudian psychoanalyst Dr Ernest Jones, and surgeon H. Godwin Baynes. There were twenty-one members in total, representing various medical and psychological backgrounds. BMA, *Report of the Psycho-Analysis Committee* (London: BMA, 1929).

patient as a whole person and thus aimed to treat the personality over and above any physical illness. The 1929 BMA noted:

The problems [psychotherapists] work at are far more social than medical, and they receive at least as much assistance from several other sciences, eg. anthropology, as they do from medicine itself.²³

However, as can be seen from the quotation above, the primary difference between spiritual healing and psychotherapy was - and remained - that the latter did not generally claim any overt connections with spirituality but instead only with 'other sciences'. Given the medical profession's evident enduring discomfort with spiritual healing's tendency towards mysticity, this perhaps helps to explain why the debate moved somewhat on and away from spiritual healing in this way.

It is perhaps worth briefly examining here in slightly more detail the investigations and findings of the 1927 British Medical Association Psycho-Analysis Committee in order to point out the broad parallels with medical discussions of spiritual healing and the continuing theoretical connections between psychological healing and the spiritual healing that had in many ways preceded it. In fact, many of the issues discussed in the report were markedly similar to those discussed by the 1909 British Medical Association spiritual healing sub-committee. The Psycho-Analysis Committee faced similar problems to do with terminological definition,²⁴ and psycho-analysts themselves faced

²³ 'Report of Psycho-Analysis Committee', *Supplement to the BMJ*, 29 June 1929, p. 265.

²⁴ The Committee depreciated the fact that psychoanalysis was often used both popularly and medically in a much wider sense than that of 'the technique and theory elaborated by Freud and his co-workers'. In fact they thought that only members of the International Psycho-Analytical Association could really be able to claim to be psychoanalysts, but they noted that there were in total only around four hundred members of this organisation, 'hardly a dozen' of whom were practising in Britain. This was probably because the training to become a member of the Association lasted for a gruelling three years. Despite this judgement, the Committee themselves seemed to interpret psychoanalysis in a much wider way, demonstrating parallel problems with

similar charges of financial avarice, unscientific subjectivity, and causing a potential danger to patients' mental health and moral scruples.²⁵ The President of the British Psycho-Analytical Society was asked to provide a statement in response to these charges, and did so, openly depreciating the spirit of 'uncritical opposition' that he felt psychoanalysis often encountered in medical circles.²⁶ Psychoanalysis' medical sphere of efficacy was limited by the Committee's report to functional disorder,²⁷ and although he did not dispute this, the President of the British Psycho-Analytical Society did interestingly strongly refute claims that the therapeutic effects of psychoanalysis could be attributed to mental suggestion alone. Like many spiritual healers he was strongly critical of the term 'suggestion', describing it as 'a catchword [that was used] to cover what [were] really much more complicated processes'. Any 'picture of [a] docile patient meekly accepting the analyst's explanation [was],' he argued, 'extremely remote from the truth'.²⁸

Without wanting to overstate the case then, and despite the clear therapeutic differences between the two,²⁹ there were patently many connections

definition and quantification that had been commonly encountered in earlier medical studies of spiritual healing. * *ibid*, pp. 264 & 266.

²⁵ *ibid*, pp. 266, 268, 269 & 270.

²⁶ Much scientific criticism of psychoanalysis, claimed the President, was essentially merely 'a complaint that psychoanalysts [would] not admit that their work [was] wrong' and was thus not, as he saw it, either discursive or rational in nature. He was not, it should be noted, talking explicitly about the Psycho-Analysis Committee here, whose attitude towards psychoanalysis was in fact fairly sympathetic and who had declined to pass any comment on his justifications. *ibid*, p. 267.

²⁷ The Committee's report stated that the maladies which were suitable for psychoanalytic treatment were psychoses, psycho-neuroses, 'personal and social maladjustments', and 'mental states associated with physical disease'. It was thus seen to have no efficacy upon organic disease. *ibid*, p. 265.

²⁸ He claimed that the 'positive emotional attitude' necessary for mental suggestion to work was often entirely absent from psychoanalytic treatment. 'On the contrary, the attitudes of mistrust, fear, suspicion, and hostility always dominate the situation and are commonly expressed with great vehemence. *ibid*, p. 268.

²⁹ Spiritual healing was generally a much less drawn-out process than psychotherapy, which involved delving deep into the patient's psyche and battling against the experiences and repressions to be found there. Spiritual healing can be seen in some ways as a less complex form of psychotherapy, where belief in God or in the healing spirits took the place of detailed and

between twentieth-century psychotherapy and twentieth-century spiritual healing. Their theoretical divergences were often more a matter of personal perspective than of substantive incongruity. The fact that many contemporary medical commentators themselves realised and admitted these connections only serves to further illustrate this point. Physician George Godwin, for example, in 1941 described psychotherapy as 'the oldest form of healing ... know[n]' to man. In a book entitled *Priest or Physician* he charted psychotherapy's 'scientific growth out of the old art of faith healing' and noted the obvious similarities between their suggestive, cathartic, and analytical elements. Ultimately, for Godwin psychotherapy was the rational clarification of antiquated faith healing, in essence spiritual healing materialistically stripped of its supernatural and superstitious basis.³⁰ Tellingly, in its review of his book, the *BMJ* openly approved Godwin's argument and welcomed his attempts to quantify and rationalise all aspects of miraculous and faith healing.³¹ They themselves also noted that the ultimate aim of the spiritual healer and the psychotherapist were practically identical - 'the effecting of a truly harmonised personality' - and realised that it was only 'the immediate lines of approach' which were at variance, writing:

The one desires directly the conscious reconciliation of a human personality with God, whatever the conception of God may be; the other the cure of a disordered personality.³²

In practical terms these endeavours were not always very far removed from each other. Spiritual healers too increasingly remarked on this congruence; spiritual

painstaking mental analysis. Spiritual healing, however, did not generally share psychotherapy's sense of its limitation to psychological illness, and there was furthermore, of course, no place in psychotherapy for spiritual healing's absent healing techniques or miraculous / instantaneous physical cures. See chapters one and two of this thesis for more information.

³⁰ George Godwin, *Priest or Physician* (London: Watts & Co., 1941), quoted by 'Faith Healing', *BMJ*, 6 September 1941, p. 338.

³¹ 'Faith Healing', *BMJ*, 6 September 1941, p. 338.

³² 'Spiritual Healing', *BMJ*, 29 May 1937, p. 1118.

healing advocate David Caradog Jones observing in 1955, for example, that where spiritual healers appealed to the power of God, psychotherapists appealed to the latent healing power of the patient himself. In neither case, Caradog Jones argued, did the practitioner see himself as the source of the healing power, and the difference between them he thought essentially terminological.³³

Given these parallels it is interesting to note how by the 1930s the medical profession in general seem to have been much more receptive to psychotherapy than they were to spiritual healing. The 1927 British Medical Association Psycho-Analysis Committee maintained a palpable attitude of permissiveness - and even of open sympathy - towards their subject of investigation. They did not demand, as they were increasing to do with spiritual healing for example, that the efficacy of such therapies be objectively and substantively proven through the production of quantifiable scientific evidence. The Committee did acknowledge at the end of their report that without having had the opportunity to test psychoanalysis they could come to no definite conclusion regarding its safety and value as a therapeutic medical tool, but significantly they did not feel the need to challenge the claims and defences offered them (and printed verbatim) by the President of the British Psycho-Analytical Society either. The report's conclusions were thus left deliberately ambiguous, and recommended only that psychotherapeutic methods be allowed to be further 'tested by time, by experience, and by discussion'.³⁴ In an analysis of the Committee's report in 1933 the *BMJ* proved to be apparently willing to echo the Committee's permissiveness, accepting, as they were increasingly not able to do with spiritual healing, that it would have been 'impossible to collect

³³ Caradog Jones, *Spiritual Healing*, pp. 8-9.

³⁴ 'Report of Psycho-Analysis Committee', *Supplement to the BMJ*, 29 June 1929, p. 270.

reliable statistics as to the therapeutic results' of psychoanalytical treatments. They nonetheless declared their open approval of the 'more tolerant attitude which has been presented during recent years towards this branch of medicine by the medical profession as a whole'.³⁵ By the 1930s then psychotherapy was beginning to gain a definite general acceptance within orthodox medicine.

Psychotherapy's materialist appeal in all probability goes most of the way to explaining its relatively more straightforward, and certainly more linear, path towards orthodox medical approval. The academic and scientific nature of medical psychotherapeutic treatments were constantly emphasised by practitioners, as indeed they sometimes were by spiritual healers, but partly in this case to differentiate psychotherapy from what were seen as less scientific methods of healing. Psychoanalysts, for instance, commonly denied that the personality of the analyst was an important factor in the success of the treatment, arguing that psychoanalysis was objective and that 'similar results would be obtained in any given case by different analysts possessing the same degree of skill'.³⁶ Psychology was constructed as comparatively methodical and quantifiable, and thus as very distinctly separate from non-medical faith healing. The eminent psychologist Dr William Brown was, for example, strongly critical of the famous lay Oxford Group Movement,³⁷ which involved members coming together for public confession and amateur group psychoanalysis, on the grounds that 'its analyses were not sufficiently deep or prolonged':

To conduct a deep analysis might require not less than a hundred hours, and to expect a radical change in a man after mutual confession in a group meeting or at a 'house party', and

³⁵ 'Psycho-Analytic Treatment', *BMJ*, 23 December 1933, p. 1175.

³⁶ 'Report of Psycho-Analysis Committee', *Supplement to the BMJ*, 29 June 1929, p. 266.

³⁷ See Alison Falby, 'The Modern Confessional: Anglo-American Religious Groups and the Emergence of Lay Psychotherapy', *Journal of the History of the Behavioural Sciences*, Vol. 39, No. 3 (2003), pp. 251-267.

a few hours practice of the methods of the group, was more than psychological science could allow.³⁸

As the need for training and scientific knowledge in psychological treatment became increasingly heavily emphasised by medical commentators, so did awareness of the perceived dangers of 'quack' psychology. Laymen, charlatans or well-meaning clergymen armed with only a 'superficial knowledge of Freud and a morbid curiosity' might, it was feared, easily cause the 'ruinous mishandling' of patients.³⁹ The medical scope for religious involvement in psychological treatment, once thought to be a potentially valuable component of spiritual healing, thus quickly dwindled during the interwar years.

c.1940-1955: Revival of Spiritual Healing

It was not until the 1940s that spiritual healing really began to undergo a revival in England. During his brief time as Archbishop of Canterbury (1942-1944) William Temple founded the interdenominational Churches' Council of Healing, evidence of the Anglican Church's renewed attentiveness, and by 1955 spiritual healing advocate David Caradog Jones could write of an 'evident revival of interest in spiritual healing in our generation'.⁴⁰ Spiritualist literature

³⁸ Quoted from the *BMJ*'s report on two lectures given by Brown at Christ Church in Oxford. 'Psychology and Group Movements', *BMJ*, 25 November 1933, p. 983. Brown was the Wilde Reader in Mental Philosophy at Oxford University. His interest in neuropsychology was, like Dr William Rivers, sparked by his experience of shell-shocked troops during the First World War. See William Brown, *Mind, Medicine and Metaphysics: The Philosophy of a Physician* (London: Oxford University Press, 1936).

³⁹ Letter from Horace Dowling, 'Dangers of Lay Psychotherapy', *BMJ*, 12 August 1944, p. 225. As a cautionary example Dowling recounted the experiences of a ministerial colleague of his who had consulted a lay psychotherapist. 'This gentlemen passed my friend on to one of his helpers – a man who worked in an office and practised psychotherapy as a pastime. He proceeded to treat his patient by simple psycho-analysis. A thorough medical examination was not insisted upon, nor was a qualified medical psychiatrist consulted.' The man was brought to 'the verge of suicide' within a few months before he finally consulted a doctor who diagnosed manic-depressive psychosis. He was afterwards unable to continue his work as a minister.

⁴⁰ Caradog Jones, *Spiritual Healing*, p. 4. The Churches' Council of Healing was inaugurated in 1944, and aimed 'to afford a recognised basis for the co-operation of doctors and clergy in the

too commonly conceptualised the 1940s and 1950s as a time of renewed interest in healing as a part of Spiritualist phenomena, and the Spiritualist presses during these decades were full of reports of extraordinary healing with headlines such as 'The Blind See: Sightless Man Can Now Play Darts' and 'Deaf Man Hears'.⁴¹ Significantly, this revival coincided with the brief period of more general religious revival following the Second World War (c. 1945-1958) that has often been neglected in religious histories.⁴² These revivals, including the revival of spiritual healing, undoubtedly owed much to the effects of prolonged war on public mentality and the greater emotional vulnerability and questing for spiritual solace that was engendered by wartime experience.⁴³ The religion of the mid-twentieth century, both within and outside the Christian churches, was characterised by an active evangelical zeal and by increased evocation of ancient heritage and supernatural influence. The reconciliatory materialism of Christian modernism during the first quarter of the twentieth century had been largely overturned by this later period, and by the 1940s people were increasingly looking to religion to provide an alternative worldview to that of science. The pessimism and hardship of the interwar and War years had dented scientific optimism and faith in human progress. After this, argues historian Peter Bowler,

study and performance of their respective functions in the work of healing, and to promote this co-operation in thought and action throughout the country'. Quoted by Caradog Jones, *Spiritual Healing*, p. 3.

⁴¹ Examples taken from the *Psychic News* and *Two Worlds* of November 1952. Clippings from the 'Healing File' at the Society for Psychical Research Library at Marloes Road. 'In the last ten years there have come forward to serve the public many hundreds of healers who work humbly in Spiritualist churches', wrote a *Psychic News* reporter in 1952. *Psychic News*, 22 November 1951, p. 3, SPR/HEA.

⁴² See Callum Brown, *The Death of Christian Britain: Understanding Secularisation 1800-2000* (London: Routledge, 2001), pp. 170-173. Brown points out that this period 'witnessed the greatest church growth that Britain had experienced since the mid-nineteenth century'.

⁴³ Brown, *The Death of Christian Britain*, p. 5; Richards, 'Psychology and the Churches', pp. 63-64.

‘it was only by looking outside the material universe that there seemed to be any hope of retaining meaning in life at all.’⁴⁴

Significantly, the 1940s saw the growth of the religiously less orthodox cult personality healer, characterised by charismatic men such as Edward Fricker, William Lilley, Harry Edwards and Christopher Woodard, who engaged actively with public debate and the media, published extensively, and were by and large not willing to subordinate themselves to either orthodox medical demands or explanations.⁴⁵ Lilley’s biographer, journalist Arthur Keith Desmond, accused the world in 1943 of being too ‘starchly embattled in its own materialism’ to allow the truth of spiritual healing,⁴⁶ demonstrating this more aggressively antagonistic attitude. As in the first quarter of the twentieth century, the interest of the orthodox religious authorities and the publicity sparked by spiritual healing services and claimed phenomenal cures spurred medical interest in the subject. However, as will become clear in the subsequent sections of this chapter, the widespread medical acceptance of new psychology by 1940 had substantially changed the parameters of the debate. Doctors proved more willing to co-operate with healers on an individual basis, to write forewords to spiritual books and even to collaborate therapeutically, but this was dependent largely on the individual’s personal degree of sympathy for the spiritual worldview. Bureaucratically, the questions of proof and explanation came to demonstrate rather the growing incompatibility of the medical and spiritual approaches.

⁴⁴ Bowler, *Reconciling Science and Religion*, p. 203. See also D. Bebbington, *Evangelicalism in Modern Britain: A History from the 1730s to the 1980s* (London: Unwin Hyman, 1989); Brown, *The Death of Christian Britain* and Jenny Hazelgrove, *Spiritualism and British Society Between the Wars* (Manchester: Manchester University Press).

⁴⁵ These men were perhaps the best known of religiously less orthodox healers of the 1940s and 1950s, but many more existed. Not all themselves published books, but their cures were reported in the pages of their specialist journals, from *Psychic News* to Edwards’ *The Spiritual Healer*.

⁴⁶ Arthur Keith Desmond, *The Gift of Healing: The Story of Lilley the Healer* (London: Psychic Press, 1943), p. 92.

Individual Medical-Spiritual Co-operation

The sporadic medical-religious co-operation that had so characterised the 1910s and 1920s was to some extent revived after the Second World War. A permanent Medical Advisory Committee was attached to the Churches' Council of Healing. Various applications for medical advice and collaboration continued to be placed by the Anglican Church, and were generally granted by the medical authorities. In January 1954, for example, the Archbishop of Canterbury's Commission on Divine Healing requested the BMA's input on the 'physical and psychological' value of spiritual healing as a therapeutic treatment. In response the Association set up a special committee which solicited and collated information on the subject from its members. A 'memorandum of evidence' was published in 1956.⁴⁷ The general tone of this report, however, suggested that there had been no substantial change in the profession's stance on spiritual healing since the 1920s. If anything, a hardening of attitude was implied. For example, although the 1956 report paid lip-service to the need for 'team-work' between doctors and clergymen in matters of health and acknowledged the importance of non-physical factors in medical treatment, it also warned that the two professions had no business 'trespass[ing] into the field of [each] other'.⁴⁸ The committee further reported that they had found no evidence at all to suggest that spiritual healing could be instrumental in curing or even accelerating the recovery of patients, remarking:

The Committee is confident that if there were many instances of rapid or accelerated recovery some doctors would have reported them.

⁴⁷ The Committee published a questionnaire in the *BMJ* and advertised in that national presses for medical opinion on the subject. They received around seventy responses. *Divine Healing and Co-operation Between Doctors and Clergy*, pp. 5-7.

⁴⁸ *ibid*, p. 24

That none of their correspondents had led the committee to believe that spiritual healing was only really useful in 'promoting the well-being of some patients', and even this statement was qualified by the apprehension that any psychological benefit might be misunderstood by patients and attributed to something more mystical than simple suggestion.⁴⁹ Once again, the committee declared itself resolutely 'opposed' to any formal centralised clerical-medical organisation and noted that individual co-operation between doctors and clergymen, while not uncommon, was entirely dependent on individual 'personal relations'.⁵⁰

It is this individualistic collaboration between healers and doctors that is perhaps particularly noteworthy during this later period. There had always been some doctors more willing than others to co-operate on an individual basis with spiritual healers, and Harold Anson, James Moore Hickson and Charles Adam Simpson were among many other early-twentieth century healers that had claimed the participation of medical practitioners in their healing work.⁵¹ The mid-twentieth century, however, saw an unmistakable increase in the number of doctors willing to support spiritual healing, and sometimes support it openly, in its religiously unorthodox as well as Christian guises. The 'medical practitioner' who wrote the foreword to Harry Edwards' 1945 book *The Science of Spiritual Healing* and called his work 'astonishing' might have refused to be named for fear of having his medical licence revoked,⁵² but others were not so reticent. Psychologist and physician J. Burnett Rae, who was also the Vice-Chairman of

⁴⁹ *ibid*, pp. 17 & 20-21.

⁵⁰ *ibid*, pp. 25-26.

⁵¹ The Guild of Health, the Society of Emmanuel and the American Emmanuel Movement all used doctors to diagnose their patients and, on some level, to corroborate cures. In the Society of Emmanuel's annual report for 1909, for example, a Dr James Moorehead testified to the fact that Hickson had been 'successful in alleviating cases of both organic and functional disease'. It was, however, relatively unusual in this earlier period for the individual doctors concerned to be personally named. Quoted by 'Mental Healing', *BMJ*, 18 June 1910, pp. 1495-1496.

⁵² Edwards, *The Science of Spirit Healing*, p. 6.

the Churches' Council of Healing, for example, openly provided 'a doctor's comment' in Caradog Jones' 1955 collection of spiritual healing case studies. His support for spiritual healing was not unqualified - he believed that illness and disease should 'as far as possible' always be treated 'on its own level' - but he regarded it as 'disastrous' that religion and medicine had been so thoroughly divided in the modern world. He described spiritual healing as 'central' to all healing, writing: 'In all healing there is a human and a divine part.'

As we grow more scientific, need we grow less devout? If it is better to go to the ophthalmic surgeon and the chemist for the lotion he prescribes [than to the holy shrine], need we lose the faith which doubles or quadruples the value of their service? It would indeed be sad if in any good we lost a greater good.⁵³

Many spiritual healers during this period themselves believed that the number of individual doctors sympathetic to spiritual healing was increasing. Healer Margaret Frayling, for example, in 1951 praised the greater willingness of doctors to 'bridge the gulf' between spirituality and medicine, which she felt was a consequence of increased medical awareness of the psychotherapeutic importance of faith.⁵⁴ Leslie Weatherhead, whose foreword to *Psychology, Religion and Healing* (1951) was also provided by a doctor, similarly noted that 'the number of suitable doctors with whom ministers can co-operate is growing', although it was far still too small for his liking.⁵⁵

⁵³ 'All over the country', wrote Rae somewhat optimistically in 1955, 'clergy and doctors are meeting together not only to discuss [psychosomatic medicine and the role of religion in the prevention and cure of disease], but also to work out their practical implications'. Rae, 'A Doctor's Comment', pp. 120-125, 132 & 134.

⁵⁴ Margaret Frayling, *The Quest for Spiritual Healing* (London: Rider, 1951). p. 36.

⁵⁵ Leslie Weatherhead's *Psychology, Religion and Healing*, 2nd edition (London: Hodder & Stoughton, 1952, 1st published 1951), pp. 229-230. Weatherhead founded the Methodist Society for Medical and Pastoral Practice in 1946 in conjunction with Dr Percy Backus. The Society proposed to train ministry students in psychology, to set up 'experimental clinics' where ministers and doctors could co-operate in the treatment of the sick, and to encourage the practice of intercession for the sick throughout the Methodist Church.

There were also a significant number of cases during this later period of individual doctors and healers collaborating therapeutically. Diagnostic collaboration between healers and doctors was explored in chapter two,⁵⁶ but there were also healers who reported aiding doctors on both a psychological and a physical level in treating patients. Many of these cases again concerned Spiritualist and other religiously unorthodox healers. 'In the last six months more than a dozen medical men have overcome prejudice to the extent of seeking help either for themselves or their patients', recorded Spiritualist William Lilley's biographer in 1943.⁵⁷ A 'Dr F.' submitted evidence of Spiritualist Harry Edwards' treatment of his own slipped disc to spiritual healing investigator (and advocate) David Caradog Jones in the 1950s. By 'pass[ing] the finger of his right hand down [his] back', he wrote, Edwards had vanished his 'acute pain' and lack of mobility immediately and permanently. Dr F. was deeply impressed by Edwards, writing to Caradog Jones:

What sort of figure do you think that I, or any other doctor, would cut if faced with such a clinic as Mr Y. [Edwards] faces twice a week? Could we by the mere laying-on of hands unlock joints that have been locked for years or straighten spines that have been bent since birth? All these and more I have witnessed at his clinic.⁵⁸

Significantly, some doctors during this period themselves practised openly as spiritual healers and published widely on the subject. For example, Dr Rebecca Beard was a Quaker who became a spiritual healer after being miraculously

⁵⁶ See pp. 103-112 of this thesis.

⁵⁷ Desmond, *The Gift of Healing*, pp. 99-100. Harry Edwards also reported 'difficult cases' being referred to him by medical doctors. Harry Edwards, *The Evidence for Spirit Healing* (London: Spiritualist Press, 1953), p. 19.

⁵⁸ Quoted by Caradog Jones, *Spiritual Healing*, pp. 48-49. Caradog Jones anonymised his case studies - hence the initials Mr Y. for Edwards - but there is little doubt that it is him. Another doctor, Dr E., also provided Caradog Jones with case studies of Edwards' healing, demonstrating some medical support for his cures. See *ibid*, pp. 30-31.

healed,⁵⁹ as was Dr Howard Collier,⁶⁰ and Dr Christopher Woodard was a devout Christian who was prompted to publicise his spiritual healing by the miraculous cure of his young son from cerebro-spinal meningitis.⁶¹

Psychotherapeutic collaboration between healers and doctors was perhaps more common than physical collaboration, with healers recurrently claiming to have aided doctors through the medium of clairvoyant perception or, in the case of orthodox Christian healers, spiritual solace. Medium Gladys Osbourne Leonard described, for example, how she had helped one doctor to treat patients with serious nervous disorders. '[T]he doctor would speak to my subjective mind and tell it what was wrong with the patient', she wrote, after which she would 'get into touch with the patient's subjective mind so as to eliminate the trouble from it.' Leonard found this method 'extremely exhausting' and did not continue it for long, although she noted that by the end of their association she had managed to convince the doctor involved that her spirit guide Freda was an individual rather than a 'subjective mind'.⁶² Medium Geraldine Cummins even published a joint book in conjunction with a doctor describing their clairvoyant-psychotherapeutic collaboration, although the doctor in this case felt it necessary to use a pseudonym.⁶³ Most of these collaborative case studies were reported in the literature and presses of spiritual healing, making their veracity somewhat open to question, but there is also some medical evidence to suggest that a more

⁵⁹ See Rebecca Beard, *Everyman's Search* (New York: James, 1951); Rebecca Beard, *Everyman's Mission* (New York: James, 1952).

⁶⁰ See Howard E. Collier & Sydney A. Hurren, *The Place of Spiritual Healing in the Society of Friends: The Substance of Lectures Given at Jordans, September 1938* (London: Friends Book Centre, 1938)

⁶¹ See Christopher Woodard, *A Doctor Heals by Faith* (London: Max Parrish, 1953) and Woodard, Christopher, *A Doctor's Faith Holds Fast* (London: Max Parrish, 1955).

⁶² She did this by producing evidence of his relations in the spirit world. Gladys Osbourne Leonard, *My Life in Two Worlds* (London: Cassell, 1931), pp. 281-282.

⁶³ R. Connell & Geraldine Cummins, *Perceptive Healing* (London: Rider, 1945). See also Geraldine Cummins, *Unseen Adventures: An Autobiography Covering 34 Years of Psychical Research* (London: Rider, 1951); Hazelgrove, *Spiritualism and British Society*, pp. 36-37.

permissive attitude permeated at least some quarters of the profession by this time. The BMA's Committee on Mental Health, for example, in 1940 recommended that, owing to the serious deficiency of medical psychotherapists in Britain, lay and clerical practitioners should be allowed to practice, if only following an approved two-year training scheme and under the strict supervision of a registered medical doctor. Their report furthermore accepted that as psychological problems were as much 'moral and spiritual' in origin as medical the spiritual practitioner did have a claim on their treatment. Significantly, however, the Representative Body of the BMA subsequently rejected these recommendations by 102 votes to 75, and remained generally opposed to any practice of psychotherapy by the medically unqualified.⁶⁴

Orthodox medicine in general was, by this period, acknowledging openly the psychological factors at work in all healing, and the treatment of the mind by this time had gained almost equal footing within medical theory as the treatment of the body. '[T]he more nearly the whole man is or can be treated the more complete will be the healing', noted the 1956 report of the BMA special committee set up to consider 'divine healing and co-operation between doctors and clergy'. They acknowledged furthermore that 'the process of healing involve[d] many interrelated factors' and that orthodox medicine 'could not [therefore] afford ... to disregard any means at [its] disposal which [might] lead to the restoration of a man's health'.⁶⁵ Likewise, functional and organic disease were increasingly admitted as being somewhat interdependent terms, as they had

⁶⁴ *Report of the Committee of Mental Health* (London: BMA, 1941), pp. 37-39. The subject of lay psychotherapy was often discussed in medical journals and at medical assemblies during the 1930s and 1940s, with doctors split on whether it should be permitted or not. Lay practitioners included, although were not exclusively, clergymen. In this way, spiritual healing had, to some extent, been re-conceptualised within orthodox religion by this time.

⁶⁵ *Divine Healing and Co-operation Between Doctors and Clergy*, pp. 8 & 15. The findings of this committee are considered in more detail above, see pp. 309-310 of this thesis.

long been conceived of as within spiritual philosophies of healing.⁶⁶ Thus the physician J. Burnett Rae could in 1955 write of most illness as a 'breakdown of relationship' between body and mind:

Structural disease produces functional disorder, and in time functional disharmony will produce actual structural organic changes. They are very closely related.

For Rae this allowed spiritual healing a definite role in treating organic as well as functional disorder.⁶⁷ However, for many other doctors and for the medical establishment in general, acceptance of the roles of personality and mind in illness and cure did not predicate as much practical sympathy for spiritual healing as they might have appeared to do on the surface.

The reason for this, and what was always fundamentally to divide spiritual healing from orthodox medicine, was that to the spiritual practitioner the influence of mind and spirit were not at all the same thing. Orthodox medicine by the mid-twentieth century might have accepted that spiritual healing was able to invoke practical effect in patients, but this was still almost always explained in terms of mental suggestion. There was never any general medical acceptance of the influence of existent spiritual forces in such healing. The psychological explanations accorded spiritual healing were explored in detail in the previous chapter, and it is not proposed to analyse them in depth again here, save as to note how they became if anything more entrenched within establishment attitudes into the 1950s. The 1956 BMA report, for example, admitted that there might be cases where the spiritual healer could sometimes succeed where the

⁶⁶ For example, the Reverend W. F. Cobb had written in 1914: '[T]he distinction between "functional" and "organic" is not only untenable scientifically, being only a term of convenience, a sort of rule of thumb, but also that "functional" itself labours under a serious ambiguity.' There were many other spiritual healers who engaged seriously in the functional / organic debate throughout the first half of the twentieth century, just as there were many medical men from the early-twentieth century onwards who cast doubt on this division. W. F. Cobb, *Spiritual Healing* (London: Bell, 1914), p. 8.

⁶⁷ Rae, 'A Doctor's Comment', p.p. 124-125 & 127-128.

physician had failed, but only because the healer's 'power of suggestion' and patient's 'capacity to respond' were crucial in cases of what they described as 'psychogenic disorders'.⁶⁸ No objective spiritual power was attributed to any spiritual effect produced. A clear illustration of these increasingly divergent perspectives in the mid-twentieth century can be found in the correspondence of fellow eugenicists David Caradog Jones and Charles Paton Blacker regarding the Caradog Jones' 1955 collection of spiritual healing case studies *Spiritual Healing: An Objective Study of a Perennial Grace*. Prior to its publication Caradog Jones approached Blacker for a critical appreciation of the book, writing: 'You appreciate far better than I do how much the mind affects the body'. However, the book made a case for there being an objective (ie. non-mental) effect of prayer in healing, and it was this that Blacker strongly objected to. He replied that many of the case studies collected by Caradog Jones seemed to him to demonstrate 'less the objective efficacy of prayer than the power of suggestion'. 'I believe strongly in the subjective power of prayer', he wrote, before advising that Caradog Jones alter the name of the book to 'Spiritual Healing: A Collection of Records'.⁶⁹ Even doctors who collaborated therapeutically with healers often explained the efficacy of their methods in mental rather than spiritual terms; hence medium Gladys Osbourne Leonard's opposition to the term 'subjective mind' which was applied to her spirit guide by the doctor she worked with in the 1930s.⁷⁰

⁶⁸ *Divine Healing and Co-operation Between Doctors and Clergy*, p. 9 & 20. Ultimately the committee did not find spiritual healing to be effective in curing any cases of organic disease.

⁶⁹ Personal correspondence dated 14 June 1954 and 2 July 1954 respectively. Wellcome Library, Contemporary Medical Archives Centre, PP/CPB/A2/10 'Correspondence of D. Caradog Jones and C.P. Blacker re. Book on Spiritual Healing' (1954).

⁷⁰ Leonard, *My Life in Two Worlds*, p. 281-282. See above (p. 307) for the full details of this case.

By the mid-twentieth century the type of explanation accorded spiritual healing by doctors, and thus the role allowed for faith, God or the spirit world within scientific medicine, had become largely dependent on the personal worldview of the doctor concerned. In the early-twentieth century the medical dialogue surrounding spiritual healing had been principally conducted between the medical and religious bureaucracies, and had often aimed at co-operation and philosophical convergence. However, during this later period bureaucratic interchange plateaued out as the tenets of new psychology were incorporated into medical theory, and it was principally those doctors who themselves retained a more spiritual worldview that were left to continue the medical-spiritual dialogue and argue for a divine or spiritual element in cure.⁷¹ This perhaps accounts for the apparent growth in individual collaboration between healers and doctors, but increasing bureaucratic reticence. One (anonymous) advocate of spiritual healing during this period believed that as medical education was essentially materialistic, it simply did not occur to most non-Christian doctors that there was 'any relevance between the Christian faith and [medicine]'. He thought that medical-religious collaboration in terms of healing was thus essentially limited to doctors who were 'keen Christian[s] and practising Churchm[e]n'.⁷² Most doctors who were involved in investigating spiritual healing in this period thus did so not so much because they were interested in its psychotherapeutic implications for medical theory as in the early-twentieth century, but because like

⁷¹ Partly this is demonstrated by the fact that the same medical names are found over and over again in medical discussions of spiritual healing in the 1940s and 1950s, and mostly those willing to debate the issue openly were the small number of doctors involved with the Churches' Council of Healing after 1944. Of the eleven members of the 1956 BMA committee for example, six including the chairwoman were the BMA's representatives on the Council. Similarly J. Burnett Rae, who wrote the 'doctor's comment' in Caradog Jones' 1955 collection of spiritual healing case studies was the Vice-Chairman of the Council. See *Divine Healing and Co-operation Between Doctors and Clergy*, p. 6 and Rae 'A Doctor's Comment'.

⁷² 'Priest-Doctor', *Christus Integritas: A Plea for Christian Healing* (London: Society for Promoting Christian Knowledge, 1947), pp. 14 & 46.

psychiatrist Dr Louis Rose they either hoped or believed that there was 'something behind it all'.⁷³

Doctors who were actively involved in spiritual healing by the mid-twentieth century often had a very specifically religious worldview. Christopher Woodard is perhaps the best example here. Woodard was a qualified doctor prominent within sports medicine in the 1950s,⁷⁴ but was also a spiritual healer of some repute and published liberally on the subject.⁷⁵ His personal worldview was an inherently spiritual one - his father Alfred Lambert Woodard was an Anglican reverend, and he later described himself as having been 'imbibed [with] a deep sense of religion from a very early age'. He very much considered himself to be a Christian first and a doctor second, as is demonstrated by the fact that when his young son became critically ill with cerebro-spinal meningitis his first response was not to call a medical specialist, but to call an Anglican healer and ask him to pray 'as he never had before'.⁷⁶ Woodard openly allowed that the power of faith had an important part to play in his healings, but he conceptualised this faith as more an existent spiritual force than mental suggestion, writing:

There is no such thing as partial healing in the name of Christ. If Christ comes right into the life of any sick person, He makes that person 'Whole' in spirit, mind and body.⁷⁷

⁷³ Rose was a clinical psychiatrist with a long-standing interest in spiritual healing. He was involved in the Society for Psychical Research and contributed papers on healing to their journal in the 1950s and 1960s. Louis Rose, *Faith Healing* (Middlesex: Penguin, 1971, 1st published 1968), p. 15.

⁷⁴ Christopher Woodard, *Sports Injuries: Prevention and Active Treatment* (London: Max Parrish, 1954).

⁷⁵ See, among his other books, Woodard, *A Doctor Heals by Faith* and Woodard, *A Doctor's Faith Holds Fast*.

⁷⁶ Woodard wrote: I have been blessed with a very active intellect; I may have high qualifications as a doctor; but it is when I surrender my intellect, when I surrender my materialistic advantages, that I come closest to Him.' Woodard, *A Doctor Heals by Faith*, pp. 11, 30-31 & 38-39.

⁷⁷ *ibid*, p. 38.

In this way, what marked Woodard out from his medical contemporaries was not his therapeutic methods so much as his religious conceptualisation of the universe and his personal belief in the objective efficacy of spiritual forces.

However, many other doctors who harboured a spiritual worldview were by this time not as willing as Woodard to admit it openly. By the 1950s it was not considered fashionable, or even apparently respectable, for doctors or scientists to openly affirm their religious beliefs.⁷⁸ David Caradog Jones' 1955 collection of spiritual healing case studies is full of examples of doctors who were willing anonymously to acknowledge the influence of God or of specific spiritual influence in some cures. As Caradog Jones noted, 'what some people call suggestion, others call faith'.⁷⁹ One surgeon, for example, wrote to Caradog Jones to provide details of a case of a severely-injured six-year-old boy who had fallen thirty feet from a balcony and been left paralysed, deaf, dumb and blind. No operative treatment was carried out on the boy, but the staff at the hospital actively prayed for him and he eventually recovered. The surgeon concerned himself believed strongly in the objective efficacy of prayer and wrote that before his rounds of the orthopaedic wards he always lead the patients in prayer to ask God to 'stretch forth [His] hand and restore them to the fullness of life and health'. Significantly, however, before he allowed Caradog Jones to publish these particulars he insisted on being assured of complete anonymity.⁸⁰ The surgeon was thus willing to apply his spiritual worldview in his medical work, but was not willing to risk the ridicule of his profession for doing so. Many other doctors quoted in Caradog Jones' book openly took the attitude of 'I treated him,

⁷⁸ See Bowler, *Reconciling Science and Religion*, pp. 60-61.

⁷⁹ Caradog Jones, *Spiritual Healing*, p. 8.

⁸⁰ *ibid.*, pp. 63-64.

but God cured him',⁸¹ but again did so anonymously. This desire for anonymity permeated medical involvement in spiritual healing, and particularly in religiously unorthodox spiritual healing during this period. Spiritualist William Lilley believed that such doctors feared the ridicule of their profession, while Harry Edwards believed that they were afraid of being struck off the Medical Register.⁸²

The Gauntlet of Proof

The question of proof had always been important in medical-religious discussions surrounding spiritual healing. Ever since the late-nineteenth century, and even before, doctors had demanded proof that the successes claimed by spiritual healing were due to something more than mental suggestion, deception or mistaken diagnosis.⁸³ A *Bureau des Constatations Médicales*, 'the clinic of miracles', was established at the healing shrine of Lourdes in 1884 in order that reported cures could be scientifically verified.⁸⁴ It was directed and staffed by medical men and its standards were exactingly rigorous. 'I have never met a doctor more reluctant to admit a cure', wrote Leslie Weatherhead in 1951 of the presiding member of the *Bureau* staff during his visit.⁸⁵ Any patient who claimed to have been cured at the shrine was immediately examined by three doctors, at least one of whom had to be a relevant specialist. If they approved the case, then the patient was sent home and told to return in twelve months with his

⁸¹ This phrase was attributed to Ambrose Pare, a surgeon to the French king in the thirteenth century, and was quoted by a Colonel R., who wrote to substantiate the Indian case studies sent in by Bishop Q. *ibid*, p. 107.

⁸² Desmond, *The Gift of Healing*, pp. 99-100; Edwards, *The Evidence for Spirit Healing*, p. 19.

⁸³ Doctors had requested similar proof of Mesmer in the eighteenth century, and had wanted to test his claims scientifically. He rejected such requests believing them to be an insult to his honour. Frank A. Pattie, *Mesmer and Animal Magnetism: A Chapter in the History of Medicine* (New York: Edmonston Publishing, 1994), p. 98.

⁸⁴ 'Mental Healing', *BMJ*, 18 June 1910, p. 1492. See

⁸⁵ Weatherhead, *Psychology, Religion and Healing*, pp. 148-149.

medical history, when he was examined again by another three doctors. For the cure to be sanctioned as a miracle the patient also had to pass through an additional commission, presided over by the Archbishop, and requiring detailed medical testimony. Any cases of functional cure were rejected outright, and to qualify as miraculous a case had to demonstrate sudden and dramatic change in the clinical features of the disease and suffer no relapse.⁸⁶ All this, however, was not enough to convince medical sceptics, and psychologists J. A. Hadfield and Leonard Browne in 1925 criticised the *Bureau* for being unscientific:

The patients are not examined at the *Bureau* on arrival at Lourdes, but only if a cure is claimed. The examination is more or less superficial, as there are no facilities for bacteriological or pathological work, and there is no x-ray apparatus.⁸⁷

The Lourdes shrine and the *Bureau des Constatations Médicales* provide a useful illustration of the way that objective substantiation of spiritual cures were both demanded and rejected by the medical profession. 'Simple assurances of personal good faith' were not enough for doctors and scientists, they needed irrefutable proof that cure could not have been effected other than by existent spiritual means.⁸⁸ How such irrefutable proof could be obtained was a matter of some debate, but generally came down to the need for miraculous cure of an organic trouble where 'the helplessness of all known methods of treatment and

⁸⁶ These were the regulations during Weatherhead's visit to the shrine in May 1949. Although Weatherhead wrote that he would not recommend the pilgrimage to his patients due to the unsanitary and emotional conditions, he did not doubt the veracity of the miraculous organic cures that occasionally took place there. *ibid*, pp. 149 & 158; Woodard, *A Doctor Heals by Faith*, pp. 52-53. For further information on the Lourdes healing shrine during the nineteenth and twentieth centuries see Ruth Harris, *Lourdes: Body and Spirit in the Secular Age* (London: Allen Lane, 1999).

⁸⁷ J. A. Hadfield & Leonard F. Browne, 'The Psychology of Spiritual Healing' in O. Hardman (ed.), *Psychology and the Church* (London: Macmillan, 1925), p. 238. Interestingly, Weatherhead shared these reservations to some extent. Weatherhead, *Psychology, Religion and Healing*, p. 148.

⁸⁸ F. G. Crookshank, 'Spiritual Healing and Medical Theory: A Paper Read at a Meeting of the Hunterian Society on November 9th, 1925, in the Course of a Debate Opened by the Right Reverend the Bishop of Kensington' in F. G. Crookshank, *Diagnosis and Spiritual Healing* (London: Kegan Paul, 1927), pp. 87-88.

the utter hopeless of recovery' could be scientifically substantiated beyond any doubt.⁸⁹ Such evidence was of course almost impossible to attain, as healers themselves realised.⁹⁰ Lack of evidence was noted as a problem in most of the medical-religious spiritual healing reports of the early-twentieth century, and committee members very commonly recounted serious problems in obtaining specific case studies for investigation.⁹¹ Partly this was because in order for a case study to be considered written medical evidence, pre- and post-treatment, was generally required,⁹² but it was also because healers were often not as forthcoming with specific details of individual cases as they were in terms of rhetorical fervour.⁹³ One doctor, for example, in 1923 reported writing to the Reverend R. C. Griffith following his public claim during a service at Westminster Abbey to have witnessed miraculous spiritual cure. 'I wrote in no captious spirit, but as one whose sympathies were with him, and I thought he would have welcomed investigation', wrote Dr Gerald Hunnybun. '[B]ut all the reply I received was an irrelevant leaflet and advice to read some magazine.' He wrote again, and received no reply at all.⁹⁴

However, despite these instances of dissatisfaction in the early-twentieth century, the broad construction of the debate in terms of orthodox religion and general religious willingness to subordinate spiritual healing to medical-

⁸⁹ Letter from George M. Robertson, *The Times*, 18 September 1923, p. 13, column f.

⁹⁰ Harold Anson in 1923, for example, wrote of the difficulty in providing any 'incontestable case of a cure by religious means of an organic disease' as doctors generally rejected such claims function or as examples of mistaken diagnosis. Letter from Harold Anson, *The Times*, 24 September 1923, p.8 column d.

⁹¹ See Report on the Subject of "Spiritual Healing", Submitted by the Council', *Supplement to the BMJ*, 15 July 1911, p. 125 and *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry into Spiritual, Faith and Mental Healing* (London: Macmillan, 1914), pp. 27-28.

⁹² *Spiritual Healing: Report of a Clerical and Medical Committee of Inquiry*, p. 32.

⁹³ This was also true of spiritual healing texts themselves, which often dedicated more space to defending spiritual healing than to describing its therapeutics or providing detailed case studies. This was examined in more detail in chapter two of this thesis, see pp. 97-102.

⁹⁴ Griffith's remarks were reported above, see pp. 276-277 of this thesis. Letter from Gerald Hunnybun, *The Times*, 24 September 1923, p. 8, column d.

psychological explanation meant that proof never really became the fundamental issue at that time that it was to become into the mid-twentieth century. Orthodox religious healers continued predominately to subordinate themselves to medical demands and explanations into the 1940s and 1950s, as is demonstrated by the fact that the 1958 Archbishop's Commission on Divine Healing accepted most of the recommendations made by the 1954 BMA committee whose input they had requested.⁹⁵ However, the increased participation in the public sphere of religiously unorthodox cult personality healers during this period meant that the medical debate was forced on some level to transgress the boundaries of orthodox religion, and it became consequently more aggressive. The story of the relationship between the medical establishment and spiritual healing in the mid-twentieth century can be well illustrated by the different approaches of and reactions provoked by Spiritualist Harry Edwards and his National Federation of Spiritual Healers on the one hand, and Methodist minister Leslie Weatherhead and the Churches' Council of Healing on the other. Both men were very public and active figures in terms of spiritual healing in the mid-twentieth century. Weatherhead, who was a member of the Churches' Council, openly aimed to work with in conjunction with the medical profession. His 1951 book *Psychology, Religion and Healing* can be seen in many ways more as a plea for the incorporation of spirituality within medical psychology than as an argument in favour of clergymen being permitted a practical healing role within medicine. He thus viewed the laying-on of hands as an 'act of worship' rather than a therapeutic measure, and accepted that the potency of the Lourdes shrine could

⁹⁵ The Archbishop's Commission accepted that the chance of achieving physical healing through solely spiritual means was unlikely. See *The Church's Ministry of Healing: Report of the Archbishop's Commission on Divine Healing* (Westminster: Church Information Board, 1958).

be explained principally through the effects of mental suggestion.⁹⁶ The BMA were openly sympathetic to both Weatherhead and the Churches' Council. In 1947, for example, the Bishop of Lincoln, the chairman of the Council, led a deputation to the Central Ethical Committee of the BMA, which concluded that the Council was doing 'valuable work' and favoured closer co-operation between the two bodies. 'The Council of the BMA is of the opinion that there is no ethical reason to prevent medical practitioners from co-operating with clergy', the *BMJ* reported subsequently, particularly in cases where the doctor was of the opinion that 'religious ministrations [would] conduce to health and peace of mind'.⁹⁷

However, religiously less orthodox healers such as Harry Edwards often took a much more confrontational stance, and their active participation in the public sphere in the mid-twentieth century meant that the medical establishment could not ignore them as easily as they had often ignored such healers in the past. Edwards, for example, published a book entitled *The Evidence for Spirit Healing* in 1953, in which he aimed 'to present undeniable proof of spiritual healing' that would impress even 'the most critical sceptic'. - He also submitted nine case studies as evidence to the 1954 BMA committee, but significantly they refused to consider them in their 1956 report, despite avowing that no such case studies had

⁹⁶ About Lourdes Weatherhead wrote: '[T]here is probably no stream in Britain which could not boast as high a proportion of cures as the stream at Lourdes if patients came in the same numbers and in the same psychological state of expectant excitement.' He did not, however, doubt that this suggestion could on occasion invoke seemingly miraculous organic cure. Weatherhead, *Psychology, Religion and Healing*, p. 142 & 158. For more information on Weatherhead and his healing philosophy see John Travel, 'Psychology and Ministry: the Life and Work of Leslie Weatherhead' (unpublished PhD thesis, University of Sheffield, 1996).

⁹⁷ From the *Supplement to the BMJ*, 8 November 1947. Quoted by Weatherhead, *Psychology, Religion and Healing*, p. 234.

been forthcoming.⁹⁸ A note disparaging Edwards' evidence, however, was included in the *BMJ* beneath the *Journal's* summary of the report in May 1956. It was noted that of the nine cases submitted by Edwards, three of the patients had subsequently died, one was still ill, two were of doubtful original diagnosis, and one had recovered but had also received medical treatment. Of the remaining two, one was a case of spinal deformity which had demonstrated improvement (although they noted that the patient was also receiving physiotherapy), and the final case, of a slipped disc, they admitted that recovery appeared to have taken place, but hinted ominously at the possibility of relapse.⁹⁹ Demonstrating a more publicly aggressive stance than both many of his predecessors and his orthodox religious contemporaries, Edwards did not accept these findings and challenged the BMA in the pages of *The Times* to arrange a new inquiry. 'I am of the opinion that the facts of the cases have been ignored and a distortion of the truth has been put forward', he wrote.¹⁰⁰ In the 1950s Edwards' National Federation of Spiritual Healers attempted to organise hospital work for its members, a move vehemently opposed by both the BMA and the Churches' Council of Healing, who wrote to *The Times* in 1960 to emphasise their disassociation from the Federation.¹⁰¹ As with Christian Science in the early-twentieth century, this vehement establishment opposition to perceived

⁹⁸ The committee were only willing to consider cases submitted to them by members of the medical profession. Evidence from believers they rejected as too 'uncritical'. *Divine Healing and Co-operation Between Doctors and Clergy*, pp. 7, 16 & 20.

⁹⁹ Reported by *The Times*, 11 May 1956, p. 6, column c.

¹⁰⁰ *The Times*, 12 May 1956, p. 3, column d.

¹⁰¹ Letter from Stretton Lichfield, chairman of the Churches' Council of Healing, *The Times*, 18 April 1960, p. 7, column e. Historian Geoffrey Nelson notes, however, that the Federation had more success on an individual level with the hospitals concerned, with about half of those approached in the 1950s willing to allow Federation members to visit in-patients despite the proclamations of the BMA. Geoffrey K. Nelson, *Spiritualism and Society* (London: Routledge & Kegan Paul, 1969), pp. 171-172.

extremism perhaps helped to foster the continuing relations between doctors and orthodox clergymen.¹⁰²

The involvement in the public debate of more aggressive religiously unorthodox healers in the 1940s and 1950s highlighted not only the innate hostility of the medical establishment towards unsubmissive alternative practitioners, but also the intrinsic incompatibility of scientific and religious methodologies. As was explored in the last chapter this was touched upon within some of the early-twentieth-century medical-religious discourse surrounding spiritual healing, but was to some extent covered by placatory establishment attitudes on both sides. It is significant both that the more confrontational healers of the 1940s and 1950s attempted to engage in scientific demands for objective proof, and that their idea of what constituted proof did not in any way match scientific standards. Spiritualists William Lilley and Harry Edwards and spiritual healing advocate David Caradog Jones, among others, all collated and published case studies and statistics in this period an attempt to appear scientific and encourage medical reaction. Edwards even entitled his 1945 offering *The Science of Spirit Healing*, and Caradog Jones described his 1955 collection of case studies as 'an objective study of a perennial grace'.¹⁰³ Lilley likewise stated his aim to collect enough data to 'vindicate the Spirit in the eyes of the unbeliever'.¹⁰⁴ They were thus willing to confront the medical establishment on their own ground. However, the proof they provided was often all too easy for

¹⁰² H. G. Anderson, a physician involved in medical missionary work in the late-1940s wrote, for example: 'Make actively Christian your doctors, medically instruct your clergy, and there will be no continuing danger from hybrid quacks.' From Anderson's foreword to 'Priest-Doctor', *Christus Integritas*, p. v. See chapter six of this thesis for exploration of the way in which Christian Science was a catalyst for medical-religious co-operation in the early-twentieth century.

¹⁰³ Caradog Jones was writing principally from an orthodox Christian perspective, although he did include Edwards' Spiritualist cures amongst his case studies. Caradog Jones, *Spiritual Healing*.

¹⁰⁴ Desmond, *The Gift of Healing*, pp. 107 & 146.

the medical profession to denounce as unscientific. Caradog Jones himself admitted that most of his case studies were reported to him by the person who had received the healing, and described these first-hand accounts as 'as good as an approach to the objective in character as one could get'. He furthermore did not aim to prove that that spiritual healing was invariably successful, only that it could sometimes be so. Charles Paton Blacker in his review of the book was quick to criticise this approach, writing:

The reported opinions of doctors have to be accepted with caution. ... [W]hat ... a doctor says is often unwittingly distorted by patients in ways that suit themselves. My hair has almost stood on end sometimes when patients tell me the things they have come to think I said to them.¹⁰⁵

Lilley and Edwards likewise both published statistics and case studies that were more self-promotional than scientific in nature. As evidence of his efficacy, for example, Edwards recorded that eighty per cent of the written post-treatment responses he received reported 'easement and benefit in one way or another'.¹⁰⁶ Neither he nor Lilley followed up on the healings themselves, but relied on patients' correspondence. 'My stomach is good now. My doctor said I was too bad for an operation' ran a typical such testimony.¹⁰⁷

These healers often seem to have believed that quantity constituted proof. Their books are full of countless brief testimonies such as that quoted above, a similar approach as that adopted by Christian Science in the early-twentieth century. Edwards claimed, for example, to have worked ten thousand cures over

¹⁰⁵ Personal correspondence dated 2 July 1954 respectively. Wellcome Library, Contemporary Medical Archives Centre, PP/CPB/A2/10 'Correspondence of D. Caradog Jones and C.P. Blacker re. Book on Spiritual Healing' (1954).

¹⁰⁶ Edwards, *The Evidence for Spirit Healing*, p. 10.

¹⁰⁷ *ibid*, pp. 6 & 83. It obviously could be argued that patients who felt they had received benefit from spiritual healing were much more likely to write to the healer and report this than those who felt they had not. Edwards openly admitted that many of his patients did not contact him to let him know the results of their healing.

four years, but was widely criticised by medical investigators for 'writ[ing] only in terms of "thousands", "many", or "most".¹⁰⁸ Eventually many spiritual healers in this period came to suspect that no proof would ever be enough. Individual medical men who held a spiritual worldview could be convinced, but those who did not would never be. 'Doctors cannot accept what to them is a "medical impossibility"', wrote Edwards in 1945. 'Very often they will take the line of least resistance.'¹⁰⁹ Edwards very commonly confronted doctors over their explanation of claimed spiritual cures in terms of mistaken diagnosis, mental suggestion, patient subjectivity, or inexplicable spontaneous remission, facetiously noting that if the thousands of patients he had cured had all been inaccurately diagnosed then it inferred only 'the widespread incompetence of the medical faculty'.¹¹⁰ He deeply resented the fact that medical men who did show an interest in his cures had to be assured of secrecy. In this way, although healers such as Edwards attempted to engage in the scientific debate in the 1940s and 1950s, they did not take into account - or perhaps even understand - what constituted a scientific conceptualisation of proof.

The religiously unorthodox spiritual healing of the 1940s and 1950s thus demonstrated an essentially alternative worldview to that of scientific medicine. Healers may have claimed during this period that they wanted to co-operate with doctors, but they desired such co-operation only on their own unsubmissive terms. Chapter one of this thesis discussed both the inherent differences between medical and spiritual conceptualisations of illness and cure, and the way in which spiritual healing was often constructed as superior to orthodox medicine. The confrontations of the mid-twentieth century suggested that, once spiritual healing

¹⁰⁸ Rose, *Faith Healing*, p. 84.

¹⁰⁹ Edwards, *The Science of Spirit Healing*, pp. 34-35.

¹¹⁰ Edwards, *The Evidence for Spirit Healing*, p. 17.

was placed outside the parameters of medical psychology, these differences were largely irreconcilable. Healers wanted doctors to recognise spiritual healing 'unconditionally and without qualification', but this was the approach of faith rather than science.¹¹¹ Ultimately then, the question of proof, like explanation, could never really be as important to the healer as it was to the scientist. By the end of the period under consideration here then, the relationship between the medical establishment and spiritual healing had reached something of an impasse. The dialogue between the medical and religious establishments continued, but this remained more of a philosophical collaboration than a therapeutic one. Psychiatrist J. Burnett Rae, the vice-chairman of the Churches' Council of Healing, summarised the sympathetic medical perspective well in 1955 when he wrote that spiritual healing should not be 'regarded as an alternative to other means of healing, nor even as supplementary to them'.¹¹² It should rather, he thought, 'inspire all the means, physical and mental, which God puts at our disposal'. The role that spiritual healing was allowed in orthodox medicine was therefore primarily philosophical, and outside the parameters of orthodox Christianity it was met, except by a few anonymous medical contributors, with barely contained hostility. Admitting the influence of mind in healing was as far as medical theory was able to go. It had no scope for admitting the supernatural, or even for admitting soul.

¹¹¹ Desmond, *The Gift of Healing*, p. 100.

¹¹² Rae, 'A Doctor's Comment', p. 132.

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