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Supernatural Experience, Folk Belief, and Spiritual Healing

James McClenon

SUPERNATURAL EXPERIENCES PROVIDE A FOUNDATION FOR SPIRITUAL HEALING. The concept *supernatural* is culturally specific, since some societies regard all perceptions as natural; yet certain events—such as apparitions, out-of-body and near-death experiences, extrasensory perceptions, precognitive dreams, and contact with the dead—promote faith in extraordinary forces. Supernatural experiences can be defined as those sensations directly supporting occult beliefs. Supernatural experiences are important because they provide an impetus for ideologies supporting occult healing practices, the primary means of medical treatment throughout antiquity.

My analysis is based on surveys of random samples of American, Chinese, and Japanese student populations, as well as of American scientists. More than 1,000 supernatural narratives have been collected. I also observed and interviewed over thirty spiritual healers in America, Korea, Taiwan, People's Republic of China, Thailand, Okinawa, Philippines, and Sri Lanka.

The data indicate that certain forms of supernatural experience have universal features, and people reporting frequent experiences have a propensity to engage in spiritual healing. Also, highly successful spiritual healers describe a series of supernatural events contributing to their socialization as practitioners. Although supernatural events have not been established as "real" to the satisfaction of many scientists, they have real effects on all human cultures.

The Supernatural within the Context of Science

The concept of the supernatural has been shaped by the Western notion of nature and causality. Science has evolved in a manner that is restrictive and sometimes dysfunctional when applied to the study of the supernatural.¹ Early scientists sought to exclude non-measurable parameters from scientific discourse. Galileo distinguished between primary qualities, thought to be genuinely inherent within objects, and secondary qualities, which were "no more than mere names . . . [having] their habitation only in the sensorium."² This distinction, refined by Descartes, Boyle, Locke, Newton, and others, became a part of the metaphysical foundation of science, and mental constructs were regarded as not amenable to scientific investigation.

Newton's *Principia*, published in 1684, defined a universe of clockwork quality, governed by immutable, physical laws. The ongoing success of the scientific endeavor seemed to verify the correctness of this model, and scientists gave spiritual forces no role in scientific explanation. Mystical or religious experiences stimulated only slight investigation, since scientists assumed that these events were caused by peripheral aspects of brain functioning.

Science focuses on "nature," a domain subject to empirical investigation. It tends to ignore the "supernatural," an area whose existence is uncertain. This strategy, a product of scientific skepticism, is based in part on Occam's Razor,³ the rule that complex theories should be replaced by equivalent, simpler ones. If a natural explanation is available to explain an anomalous perception, then scientists prefer the natural explanation to the supernatural one.⁴ Philosopher David Hume's argument regarding miracles extends this logic.⁵ Because a miracle is considered a violation of the laws of nature, no testimony is sufficient to confirm it, unless it would be even more miraculous for that testimony to be false. Supernatural claims are thought to be so exceptional that all existing proofs for them are deemed inadequate. Such argumentation causes supernatural assertions to be categorized as outside the scientific domain.⁶

Because of this philosophical heritage, modern scientists tend to ignore the social reality of supernatural accounts. Yet apparitions, out-of-body experiences, near-death experiences, precognitions, night paralysis, extrasensory perceptions (ESP), and contacts with the dead contain universal features, allowing cross-culturally consistent classification. Such episodes occur frequently enough to have had significant impact on all societies.

Table 1 compares European and American survey results by nation regarding déjà vu, ESP, and contact with the dead. The data show that these incidents are not unique to any particular culture; all surveyed groups contain individuals claiming anomalous experiences. The data in Table 1 are complemented by a 1990 national survey of the United States, which revealed the continued pervasiveness of supernatural experience: 25 percent of the people surveyed claimed to have healed their bodies "using the power of [their minds] without traditional medicine"; 17 percent had felt that they "were in touch with someone who has already died"; and 9 percent claimed to have "seen or been in the presence of a ghost."⁷

Table 2 presents data from targeted cultural groups: council members and selected section committee members of the American Association for the Advancement of Science, random samples of students at the University of Maryland, the University of North Carolina at Greensboro, Elizabeth City State University (a predominantly black college in North Carolina), three colleges in Xi'an in the People's Republic of China, and Tsukuba University in Japan. The surveys reveal a correspondingly high rate of supernatural experience among the American, Japanese, and Chinese student samples. Rates of ESP experience varied from 26 percent reported by the elite American scientists⁸ to 71 percent reported by Chinese students. The percentage reporting contact with the dead varied from 10 percent (elite American scientists and Japanese students) to 40 percent (Chinese students). The percentage stating that ESP was a "fact" or a "likely possibility" varied from 20 percent (elite American scientists) to 76 percent (Chinese students). The elite scientists revealed lower rates of belief and experience than virtually all student groups. Although cultural factors, as well as the scientific mindset, affect the percentage reporting these episodes, all sample populations reported each category of event.

Narratives collected from the populations surveyed in Table 2 illustrate some of the natural categories into which experiences fall. Respondents were asked, "If you have had a very unusual experience, would you describe it briefly?" Although interpretations of experiences differed, primary features within each type of episode created clearly distinguishable categories. For example, the following are responses dealing with out-of-body experiences:

African American Student: I was in my bedroom . . . [when] I began to feel my body lift off the bed and begin to float, but my physical body was still on the bed, yet I was up in the air looking at my body on the bed.

Caucasian American Student: I was mentally 'out of it' and saw myself standing with two friends. I felt I was seeing this several feet off the ground—not 'in my body.'

Japanese Student: Once when I was meditating, I had the fleeting feeling that I was seeing myself from outside my body.

Chinese Student: Often I thought as if I were not me. I am another person who is looking at 'me.' I can feel what 'she' or 'he' feels. I don't know what was the reason

Table 1:
Percent Reporting Supernatural Experience Once or More

Surveyed Population	Supernatural Ex	perience, Expre	essed in Percentages
, I	Déjà Vu	ESP	Contact with Dead
American National Samples			
USA, 1973	59	58	27
USA, 1984	67	67	42
USA, 1988	67	65	40
USA, 1989	64	58	36
European National Samples			
Ġreat Britain	*	36	26
Northern Ireland	*	24	12
Republic of Ireland	*	19	16
West Germany	*	35	26
Holland	*	27	11
Belgium	*	18	16
France	*	34	23
Italy	*	38	33
Spain	*	20	16
Malta	*	28	19
Denmark	*	14	9
Sweden	*	23	14
Finland	*	35	15
Norway	*	18	9
Iceland	*	33	41
Western Europe as a Whole	*	32	23

* Data about déjà vu experiences was not computed in the European study.

Sources for American data: A. M. Greeley, Sociology of the Paranormal: A Reconnaissance (Beverly Hills, CA: Sage Publications, 1975); A. M. Greeley, "Mysticism Goes Mainstream," American Health 6, no. 1, (1987): 47–49; and J. W. Fox, "The Structure, Stability, and Social Antecedents of Reported Paranormal Experiences," Sociological Analysis 53 (1992): 417–431.

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Table 2: Comparison of Sample Surveys

				Percent Re	sporting E	Percent Reporting Experience Once or More	or More	
Surveyed Populations	Z	% Response	Déjà Vu	Sleep Paralysis	ESP	Contact with Dead	OBE	Belief in ESP*
Elite American Scientists	339	71	59	*	26	10	20**	20
University of Maryland	214	42	89	37	44	25	27	99
University of North Carolina,								
Greensboro	532	98	86	32	42	20	18	60
Elizabeth City State University,								
North Carolina	391	66	80	50	35	25	18	68
Three Colleges in Xi'an,								
People's Republic of China	314	40	64	58	71	40	55	76
- - - -		ç	00	c u	20	9		5
l sukuba University, Japan	152	<i>55</i>	88	00	ŝ	10	c 1	10
* Percent considering ESP "a fact" or "a likely possibility."	or "a likel	y possibility."						
** Elite scientists were not polled about sleep paralysis experiences. The OBE (out-of-body experience) question for elite scientists was used by Andrew M. Greeley (<i>Sociology of the Paranormal: A Reconnaisance</i> , Beverly Hills, CA: Sage Publications, 1975), differing from that used	about sleef <i>of the Parar</i>	o paralysis experier 1011 A Reconna	nces. The OBE issance, Beverly	(out-of-body Hills, CA: S	experienc age Public	e) question for a tions, 1975), d	elite scienti iffering fro	sts was used m that used
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of this sense . . . I don't think it is possible, perhaps, it is better to say that I don't wish it is possible.

Elite American Scientist: A family member was ill and hospitalized. I 'kind of went into a trance' [and] 'traveled' in my mind 400 miles to the hospital where I had never been, looked down into the operating room, saw her there at the beginning of the surgery. As the surgeon prepared to make the incision on the right side, I said to him (in my mind), 'No—it's on the left side.' The surgeon changed over, made the incision... When I received information about the surgery, I asked, 'Which side was involved?' I was told, 'They finally decided it was on the left side.' I understand that this kind of ethereal travel is possible.⁹

If these episodes were totally a product of socialization, we would expect each group to produce distinctive forms of experience since each culture is unique. Because each type of incident contains primary features which allow classification, it is logical to argue that belief proceeds, to a degree, from experience rather than being fully a product of socialization.¹⁰

Some respondents report that supernatural events have shaped their convictions. Apparitions and out-of-body experiences engender and reinforce belief in spirits and souls. Precognitive dreams and ESP contribute to the belief that reality harbors a hidden spiritual structure with unseen connections among people and events. Sleep paralysis experiences reinforce belief in spiritual forces, particularly demonic ones.¹¹

Some people undergoing medical emergencies describe a constellation of events that include leaving their bodies, passing through a transition stage, coming into contact with spiritual entities, meeting a being of light, experiencing a "life review," and then returning to their bodies.¹² These near-death experiences (NDEs) support specific elements within religious ideology, such as belief in a deity, an immediate judgment after death, and the existence of intermediate spiritual entities and planes. NDEs have contributed to parallel features within Buddhist, Christian, and Moslem concepts of the afterlife.¹³

Folk belief is based on the oral transmission of accounts passed down over generations. The persons who have experienced such events, and those listening to their accounts, socially construct occult belief by discussing and interpreting supernatural perceptions. During modern eras, the media participate in this process, selecting accounts that support folk conceptions of the supernatural.

Personality and the Distribution of Supernatural Experience

People vary in their capacity to experience supernatural events.¹⁴ Within all groups surveyed for Table 2, some respondents reported many supernatural episodes, while many people reported none. Those who stated they had one type of experience had a greater probability of reporting an alternate form.

ESP, contact with the dead, and out-of-body experience were significantly intercorrelated in all samples [p < .05].

People who report frequent experiences tend to regard psychic events as normal, having adjusted to recurrent encounters. They label some experiences (such as NDEs) as more "real" than "normal reality." Family, friends, and neighbors often label frequent experiencers as having psychic abilities. Some individuals claim a degree of control over their capacity to experience the supernatural.

Even the elite scientists' opinions were influenced by supernatural experience. Those who believed in ESP cited "personal experience" most frequently as grounds for their belief, rather than newspapers, television, books, journals, hearsay, or a priori grounds. Frequency of extrasensory experience correlated significantly with belief in ESP [R = .27, p < .005].¹⁵

Previous studies indicate that people reporting frequent supernatural episodes have special psychological traits. Although they reveal no greater pathology than non-experiencers, they appear more "emotionally sensitive," feeling the joys and pains of life more deeply.¹⁶ Frequency of supernatural experience has been linked with fantasy proneness and hypnotic suggestibility.¹⁷ Because these correlations are consistently slight, they appear non-causal.¹⁸ Frequency of anomalous perception has been found to be more highly correlated with commonly occurring dissociation experiences.¹⁹ The capacity to experience wondrous events is similar to hypnotic suggestibility in that researchers have only a limited understanding of these traits. Hereditary and environmental factors probably contribute to both capabilities.

Spiritual Healing and the Shamanic Biography

Respondents providing numerous supernatural narratives described a pattern which I label the "shamanic biography." They often perceive the first incident at an early age, come to believe they have extraordinary capacities, cope with social reactions, and adjust to their special reputations. For example, one informant states:

[O]ne night I was going to sleep and [saw an image of my grandfather] . . . I told [my mother] what I saw and she said, "You're always seeing things." After my childhood I got used to it, and it didn't bother me.²⁰

They often follow culturally prescribed pathways which lead to their becoming spiritual healers. Western experiencers usually encounter obstacles within this process. Non-Western occult practitioners may engage in a wide array of activities beyond spiritual healing. These include placing magical curses and charms, fortune-telling, crime-solving, spiritual counseling, and finding lost people, objects, or animals. Yet among such enterprises, spiritual healing generally attracts the largest number of clients.

The logical basis for spiritual healing differs from that of Western medicine. Modern medical doctrines explain most sicknesses within an internalizing system.²¹ The subsequent physiological explanations are indispensable for organizing treatment strategies. Spiritual healers generally use externalizing belief systems. Practitioners diagnose problems as resulting from the activities of spiritual forces or deities, particularly grudges repaid by witchcraft or ritual lapses punished by ancestral spirits. Supernatural experiences often contribute to faith in a particular externalizing system.

The distinction between internalizing and externalizing systems can be illustrated by their divergent interpretations of altered states of consciousness. The externalizing perspective considers a person in trance to be controlled by spiritual forces. Within the internalizing framework, trance behavior is thought to be a result of hypnotic dissociation, a product of the subconscious mind. The internalizing paradigm regards extrasensory perceptions as anomalous or "paranormal." Yet people experiencing frequent ESP events come to regard such events as normal; they tend to accept an externalizing framework.

Spiritual healers report a progression of supernatural incidents that contributed to their socialization into the practitioner's role. Some claimed a resistant, skeptical attitude that was overpowered by their perceptions. For example, one Filipino practitioner described dubiously watching spiritual lights which periodically urged him to heal others. He felt he was levitating during some of these experiences, but was afraid he was deceiving himself. When his wife saw the lights, he became more certain of their authenticity. His newly gained ability to cure illness also increased his faith in the spiritual entities who claimed to help him.

Another pathway to becoming a healer is for the individual to suffer from medical problems that Western doctors might label as psychosomatic. In the process of dealing with the illness, the individual is cured through non-medical or non-scientific means. Such healings often coincide with alternate supernatural perceptions.

Throughout the rest of this chapter, I will provide example cases from the Philippines, Thailand, and Taiwan to illustrate the forms of supernatural episodes within typical shamanic biographies.

Alex Orbito was raised in a Filipino province where many spiritual healers practiced.²² After dropping out of high school, he had recurrent dreams of healing people with a Bible in one hand. Alternate dreams included a wise old

hermit in a white garment who became his spirit guide. The hermit gave him a secret word that allowed him to pass into trance almost at will.

A distant neighbor's mother, who had been paralyzed for ten years, had a vivid dream in which Orbito healed her. The neighbor asked Orbito to visit the woman. When he complied, she was healed, causing his fame to spread throughout the province.

Because psychic healers generally receive little pay, Orbito sought to escape his mission. He worked at a number of menial jobs under an assumed name to avoid his reputation. While a photographer's assistant, his employer accused him of stealing equipment, and Orbito was jailed as a suspect. As he languished in his cell, voices in his head redirected him to become a healer. When the true thief confessed, Orbito was released but still avoided the healer's role.

Orbito became seriously sick and experienced further voices ordering him to heal others. When he followed the voices' directives and began performing psychic healings, his own sickness dissipated. Eventually, his fame spread throughout the world. He became extremely rich, using what appears to be sleight-of-hand techniques to extract tissue from his clients' bodies, a process known as "psychic surgery" (sleight-of-hand magic is common within shamanic performance). He has performed healings in the United States, Europe, Australia, New Zealand, Nigeria, and Saudi Arabia. Orbito is one of various shamanic practitioners who have gained international reputations and attracted clients from all over the world.

Orbito's biography illustrates the forms of private experience that produce shamanic behavior. From his vantage point, his recurring dreams were precognitive. He regarded the voices in his head as exterior in origin. He allowed supernatural experiences, which seemed to him to have exterior origins, to shape his life. It is common for mental events to play a primary role in forming the practitioner's belief system. For example, a Taiwanese shaman states:

You do not learn how to heal from another person. A master can help you contact your guardian spirit. Then that spirit heals and teaches you. You must make vows to him. Then, if you fulfill those vows, you can heal others. When you come into contact with that spirit, you lose all doubts.²³

The characteristics correlated with supernatural experience seemingly aid practitioners in performing for audiences. Parapsychologists have found that altered states of consciousness seemingly enhance extrasensory perception.²⁴ Trance states can also contribute to special normal skills. Orbito's dissociation may contribute to the dexterity required for executing (apparent) sleight-of-hand surgeries.

Folk Logic and Client Experiences

Most contemporary Western physicians limit their help to the cure of disease—a biological disorder. They are generally unprepared to heal illness—the way the ill person experiences his or her disorder, in a given social and cultural context. Alternative healing, by contrast, appears generally to address illness more than disease.²⁵

Success within spiritual healing requires that clients perceive an alleviation of their problems. This occurs by encouraging them to change their relationship to illness.

Spiritual healers communicate on an unconscious, emotional, non-rational, and symbolic level with their clients.²⁶ Spiritual healing often involves latent suggestions embedded within the context of a ceremony. This contributes to changes in patient attitudes which augment healing. Successful supernatural performances resonate with a sufficient number of audience members so that the healer's reputation for effectiveness is maintained. Such psychological treatments can be highly effective, even for organic disorders. A quantitative review of controlled studies of Western psychological interventions, such as hypnosis, demonstrates that these procedures effectively reduce the length of hospital stays for surgery and heart attack patients.²⁷

Wilasinee Wisejsumnom, a Thai healer known as the "Miracle Lady," attracts clients from all over Thailand.²⁸ Originally, she experienced a series of precognitions that led to her experimentation with mediumship. Under the control of her guiding spirit, she inserts needles through her cheeks. As this somewhat gruesome performance unfolds, her guiding spirit jokes with the audience. Later, members of her team wave knives about her clients' bodies, symbolically cutting away disorders. They also exorcise demons when necessary. Wilasinee Wisejsumnom preaches a Buddhist sermon, and afterward, again in trance, she diagnoses medical problems. She treats ailments by touching her bare foot to a red-hot iron grill and placing it on the infirm part of the sick person's body. Her foot remains unharmed.

Believers follow folk logic when evaluating this performance. They reason that if the spirits can grant her immunity from pain and heat, the spirits can heal those she touches. She maintains that her procedure is designed for "those whom doctors cannot help." She does not "prove" her claims scientifically but creates an emotional link between wondrous performance and client illness. Although many disorders seemed unaffected, most clients stated that their treatments were effective (particularly within the psychological arena). In these instances, folk rationality exhibits greater social utility than scientific logic. Externalizing medical methods may succeed when internalizing systems fail. The biography of the psychic artist Li Ch'i-ts'e illustrates how wondrous events can transform someone with a scientific, internalizing medical orientation into a shamanic healer.²⁹ Born in 1907, Dr. Li was trained in Westernstyle medicine. He left mainland China for Taiwan in 1949 and practiced as a doctor until his retirement. When he was thirty-two, he felt an unusual power affect him and found that he was sometimes able to diagnose his patients' medical problems without examining them. He also felt compelled to express himself using brushes and paints, although he had no knowledge or training in Chinese painting. He found he could paint in trance using his left hand, even though he was right-handed. He painted very rapidly with the paper turned sideways, apparently with no effort. He claimed to be helped by the spirits Tsi Gong (Buddha Tsi, a Chinese Buddhist monk of the Sung dynasty) and the Goddess of Mercy (Quan Yin).

Those who seek Dr. Li's help need not tell him their problems, since they believe Buddha Tsi can read people's minds. Every two weeks, hundreds of people pay a fee equivalent to \$12.50 so that their names will be added to a list of those seeking a painting. Dr. Li paints picture after picture in trance, his paper turned sideways. He seems impervious to those around him. Each painting consists of a colorful portrayal of objects and a calligraphy presenting a phrase theoretically meaningful to the questioner's problem. Dr. Li is not informed of anyone's problem or question. Two "psychic interpreters" are available, who later explain each painting's symbolism for the benefit of clients.

Although no one claimed that Dr. Li/Buddha Tsi was 100 percent accurate, many stated that his messages had helped them. Virtually every client interviewed supplied a glowing anecdotal story of Dr. Li's wondrous powers. They claimed that Dr. Li supplied information gained through extrasensory means, making many diagnoses of medical problems previous to their discovery by traditional means.

F. S. Yin, for example, reported that he had silently asked that Dr. Li paint a picture of his grandfather, who had died when Yin was ten years old. Neither Yin, nor Li, had ever seen the grandfather, and there were no known photographs of him. In 1978, fifty-two years after the grandfather's death, Dr. Li painted the man's portrait while in trance, though it would be highly unlikely that he could have talked with anyone who had seen the man. Mr. Yin took the picture to some relatives who had known his grandfather. They stated that it was an exact representation of him.

I designed an experiment to test the correspondence between clients' secret questions and Dr. Li's responses. I supervised four clients, verifying that they did not reveal their questions to Dr. Li or his assistants. I photographed Li's paintings and recorded the psychic interpreters' comments. Although three of the four clients were highly satisfied with Dr. Li's answers, outside judges were unable to match clients' questions to Dr. Li's and the interpreters' responses. Analysis revealed no statistically significant correspondence.³⁰

The experiment did not verify a paranormal quality within Dr. Li's performance. It appears that part of the supernatural quality attributed to him is created through social interaction and audience expectation. Yet Dr. Li's paintings are not mundane. Supernatural experiences, such as that of F. S. Yin, need not be verified for them to have social effects. Dr. Li's ability to create intricate and seemingly appropriate Chinese paintings in an unusually rapid manner is a rare talent, particularly suited for shamanic performance. The wonder of seeing someone rapidly paint in trance encourages clients to pay particular attention to the advice of skilled "interpreter/counselors." Such guidance apparently has therapeutic effects. Like Alex Orbito, who engages in sleight-of-hand magic while in trance, or Wilasinee Wisejsumnom, who demonstrates pain-and heatimmunity, Li Ch'i-ts'e and his performances are beneficial for many clients.

Much parapsychological evidence, gained through controlled laboratory experiments, indicates that some spiritual healers can produce anomalous effects beyond what is possible through normal means.³¹ Although participant observation cannot evaluate such claims, parapsychological studies reinforce the social impact of folk experience. Various spiritual practitioners cite psychical research as validation for their procedures. Although scientific proponents provide no fully convincing theoretical framework, the wonder associated with supernatural experience grants externalizing belief systems longevity within the folk domain.

Conclusions

Apparitions, precognitive dreams, ESP, sleep paralysis, out-of-body experiences, and near-death episodes contribute to folk belief in spirits, souls, and an afterlife. Those with the highest propensity for supernatural experience are prone to fulfill spiritual healer roles. They tend to follow logical progressions, based on their own supernatural experiences, which seemingly compel them to learn skills required to create wondrous performances.

The latent suggestions embedded within healing ceremonies address a wide spectrum of client problems. The healer's performance connects wondrous experiences with images of health. The need for psychosomatic treatments creates a continuous demand for occult performances. Since psychological factors affect the healing process, spiritual treatments can speed recovery from organic disorders. The universal elements inherent within some forms of supernatural experience, the special constellations of events that contribute to shamanic recruitment, and the reduction of illness within clients who have not responded to other forms of treatment imply that spiritual healing is part of human nature. Universal forms of experience, triggering wonderment, provide an empirical basis for occult beliefs and spiritual healing.

Acknowledgments

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Endnotes

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