

## Stigmatic Phenomena: An Alleged Case in Brazil

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**Abstract**—The term “stigmata” refers to apparent bleeding from areas of the body corresponding to the wounds of Jesus Christ during crucifixion. A contemporary ostensible case of stigmata is described, the experient being a Brazilian male who was raised as a Muslim. Commonalities with other experiencers (or “stigmatics”) are identified. Psychophysiological explanations are considered, especially those that see the stigmata as evidence of various types of psychogenic bleeding, post-traumatic bleeding, somatization, and/or dissociation. Even so, those who experience the stigmata may be experiencing meaningful spiritual growth and development as well. On the other hand, several stigmatics have been found to self-inflict their wounds, perhaps as an attention-getting strategy.

*Keywords:* stigmata—dissociation—somatization

### Introduction

“Stigmata” is the plural form of the noun “stigma,” a term for markings on, or bleeding from, areas of the body corresponding to the wounds of the crucified Jesus Christ. These marks include the hands (or wrists) and feet wounded by nails, the side of the body wounded by a spear, the back and shoulders wounded by scourging and carrying a cross, and the forehead wounded by punctures from a ringlet of thorns. From the sixth century B.C.E. to the fourth century C.E. when crucifixion was ended in Rome, it was the form of punishment often used for captives, criminals, pirates, and troublemakers. Berger and Berger (1991) note “It is an enigmatic fact that no manifestations have ever been reported on the bodies of non-Christians” (p. 408). Therefore, this report on Amyr Amiden, a Brazilian stigmatic who was raised as a Muslim, constitutes an exception to this observation.

### From St. Francis to Padre Pio

Although stigmata are generally believed to date back to 1224 and Francis of Assisi, Berger and Berger (1991, p. 408) suggest that St. Paul might have referred to them when he said to the Galatians, “I bear on my body the marks of the Lord Jesus” (*Galatians* 6:17). In any event, since the days of Francis of Assisi, some 330 pious Roman Catholics have been known stigmatics, among

them the German nun Anne Catherine Emmerich, the German saint Lidwina of Schiedam, the German mystic Theresa Neumann, and the Italian priest Padre Pio (Berger & Berger, 1991, p. 408; Nickell, 2000; Ratnoff, 1969). Thurston (1952) notes that the Roman Catholic church takes a cautionary position regarding Padre Pio's stigmata, being "wisely disdainful of abnormal favours of the psychophysical order in which hysterical and other pathological causes, or even fraudulent simulation, may at any time play a part" (p. 96). Nickell (2000) has produced several scenarios by which a person could simulate stigmata (e.g., inflicting wounds on one's body which are hidden with cosmetics until the "bleeding" is expected to occur), even demonstrating one of them himself. As a result, the use of the term "stigmatics" in this report takes no position as to the etiology of the wounds.

Most typically, visible stigmata have consisted of bruises, welts, and bleeding wounds on the hands, feet, head, back, and/or sides. Some experients bleed every day; some bleed every Friday or on particular Fridays. Their skin texture varies, from reddened epidermis and blood blisters to wounds that require bandaging. A few stigmatics have had nine or ten such marks on their body at once, but most have had less (Murphy, 1992, p. 484). According to the Roman Catholic Church, to qualify as a stigmatic the wounds need to be accompanied by reported feelings of ecstasy, or rapture, and that the bleeding is sacred. According to his verbal reports, this characterized Amiden, and was also the case with Padre Pio, who sometimes bled after he saw an apparition of a celestial person who hurled a spear at him (p. 493). Marie Rose Ferron, who moved from Canada to Rhode Island in 1925, was bedridden and partially paralyzed for the last decade of her life. In 1926, marks representing the wounds of Christ's flagellation appeared on her arms; in 1927, stigmata formed on her hands and feet; in 1928, punctures began to bleed on her forehead. She spent much of her time in prayer and a number of devotees were attracted by her deep spirituality despite her afflictions (p. 496).

Arthur Otto Moock, a resident of Hamburg, Germany, exhibited wounds in his hands, feet, and side that bled profusely every four weeks or so from 1933 to 1956. Not a Roman Catholic, and not particularly religious, he asked several physicians to cure him, but they had no success (Murphy, 1992, p. 496). This may have been a case of what some observers have described as "hysterical stigmata," which appear in highly suggestible people, but without reports of ecstasy and other mystical phenomena. Some psychoanalysts have provided psychodynamic explanations for these phenomena. For example, the psychiatrist Ernest Hadley (1930) described a patient who bled from his left armpit during at least seven regular monthly cycles. Hadley believed the bleeding represented his patient's identification with females. Menstruation symbolized both a defense against sexual assault and female innocence; his patient had identified the armpit with the vagina since childhood. Lord (1957) adds such motives as the desire to avoid menstruation by suffering periodic wounding, an urge to punish oneself for masturbatory impulses, and a longing to identify

with a non-sexual lover. (Most female experiencers are stigmatized between the ages of 15 and 50, the years during which women menstruate; stigmata, like periods, are also cyclical.)

In addition to these psychoanalytic explanations, Thurston (1952) believes that stigmata are of hysterical origin, and Wilson (1989) links them to dissociative identity disorders. The case for the supernatural foundations of stigmata has been made by Summers (1950), while Nickell (1996, 1999, 2000) believes they are self-induced. Nickell (1996) and other scoffers often point to the case of Magdalena de la Cruz, who lived from 1487 to 1560. Her religious ecstasies and stigmata impressed the Spanish nobility for years, but eventually she confessed that they were fraudulent. Maria de la Visitacion, born in 1556, was exposed by a fellow nun who caught her painting a stigmatic wound onto her hand. Her physicians defended her, but the Inquisition's examiners scrubbed away her wounds to reveal unblemished flesh (Nickell, 1996; Wilson, 1989).

Nickell (1999), a member of the Committee for the Scientific Investigation of Claims of the Paranormal, points out that a contemporary stigmatic, Katya Rivas from Bolivia, was filmed in her bed, where "the covers provided ample means for concealment of an object that might cut her skin" (p. 61). He even asserts that Francis of Assisi's stigmata may have been deceptions motivated by the saint's zealous imitation of Jesus Christ. However, Francis withheld news of the stigmata, and they were not revealed until after his death. Francis' confidants, Brother Elias and Brother Leo, attested to their appearance (Murphy, 1992, p. 485) and since the early nineteenth century, many kinds of stigmata have been carefully documented, some by skeptical medical researchers (p. 486).

### **Louise Lateau and Eva McIsaac**

Wilson (1989) has presented two case histories, those of Louise Lateau and Eva McIsaac, that argue against trickery as the sole explanation of stigmata. Lateau reported ecstatic experiences that accompanied bleeding from points on her hands, feet, forehead, and side. These manifestations occurred with clockwork regularity every Friday up to her death in 1883 at the age of thirty-three, an estimated total of some 800 occurrences (p. 36; Myers, 1903, p. 493). At the age of 18, the first year in which she manifested stigmata, Lateau made herself available to a physician who specialized in "nervous disorders." According to Wilson (1989), "these scientific tests on Louise Lateau went as far as any at the present time. They indicate that in the case of Louise, at least, something genuinely spontaneous and free from physical contrivance was responsible for her bleedings" (p. 40).

A more recent case was that of Eva McIsaac, a Canadian housewife. Her wounds included a side-wound manifesting and becoming particularly deep and painful. The wounds in her hands penetrated deeper "until they seemed to reach through to her palms, and those in her feet to the soles... Eva's wounds

remained visible but dry and pain-free during the rest of the week, but on Friday evenings between six and nine they flared up with such intensity that some witnesses are said to have fainted” (pp. 54–55).

McIsaac freely made herself available for intensive medical examinations. One of these, in 1945, lasted for three weeks; another, in 1946, lasted for two weeks. “Such was the thoroughness and intensity of these that she was not left alone for a single moment day or night.” A Protestant physician, one of McIsaac’s observers, described the scene: “Gradually the hands and the other wounds began to bleed. The wounds on the back bled only a few drops... The others bled a good deal... By nine o’clock her face was covered in blood from the head wounds and her hair was matted with it” (Wilson, 1989, pp. 56–57). Wilson concluded, “Here we have a direct attestation of stigmatic wounds manifesting spontaneously under controlled conditions” (p. 57).

Most cases of stigmatics were not subjected to such exhaustive examinations. Even when such precautions occurred, the presence of a magician or sleight-of-hand expert was notably absent. There are many ways to evoke wounds, ranging from layers of false skin to hidden vials of blood, ranging from the claimant’s own blood, to animal blood or red food coloring.

### **Lunch in Brasilia**

My first meeting with Amyr Amiden dates back to 17 February 1993, when a Brazilian psychologist, Dr. Maggie de Carvalho, and I led a tour group of 20 people through Brazil. This trip was sponsored by the Institute of Noetic Sciences, and included four days in Brasilia, where we spent an afternoon at the Foundation of the City of Peace. The founder of the City of Peace and its affiliated International Holistic University, Dr. Pierre Weil, had persuaded Amyr Amiden to join our group for lunch.

Amiden told us that he had been born on 5 July 1941, and that he worked as an importer and also as a government workers’ union secretary. At that time, he lived in Brasilia, the capital city of Brazil. Of Syrian and Iranian descent, Amiden told us that he had been raised in the Muslim faith but now finds inspiration in all religions. He also told us that his maternal grandfather was surrounded by unusual events and exerted considerable control over many of them. One of his brothers fought for the Allies in World War II (Krippner et al., 1994).

A member of our group later wrote, “I was sitting in the lunch room about four feet behind Amyr at the City of Peace. I heard Dr. Weil say, ‘Here it goes again.’ His statement was in response to hearing something drop and bounce inside the room. Shortly thereafter, Stanley Krippner... walked over and retrieved a small polished black stone encased in mud from the floor. I watched with interest as they discussed it. At that moment, no one in our group, except Dr. Krippner, knew that Amyr seemingly manifested apports, i.e., appeared to be able to produce physical objects through mediumistic abilities. Dr. Krippner asked Amyr if he felt that the phenomena happened through the work of

some spiritual force or entity operating in him. Dr. Krippner mentioned the name 'Christ' in this dialogue. Instantly, Amyr began to bleed from his palms and the backs of his hands. A dark red mark also appeared on his forehead. This phenomenon, called stigmata, allegedly indicates that an individual so heavily identifies with Christ that they express the marks of the crucifixion... Interestingly, Amyr is a Muslim although he was ecumenical in presenting his beliefs."

Another group member wrote, "After arriving, we were conducted to the restaurant and had an excellent vegetarian lunch. Lunch was almost over and I was standing close to where Stan Krippner and a stranger were sitting. Suddenly, something fell to the ground with a slight noise. It looked like a small piece of mud about 2" by 1" by 1". I paid no attention but Stan picked it up and found a smooth stone... inside, about 1/2" in diameter... Whilst talking at lunch with Stan, the conversation with the stranger shifted to Jesus Christ. At this mention of Jesus, red spots appeared on the backs of each hand of the stranger and on the palms. We were invited to look at this manifestation of the stigmata. The stranger was introduced as Amyr Amiden. He is of medium height and has a grey beard. He was born in Brazil into an Islamic family, although all religions are the same to him now."

A third member of the group observed that "it first appeared to be a bruise on both hands, and then blood appeared on both surfaces of the hands and forehead." A fourth group member added, "I have heard of stigmata occurring in individuals before but have never observed it. I noticed a red spot the size of a quarter in the center of the back of each hand with a slight evidence of blood on one hand and one thumb. I also was aware of a red spot in the center of his forehead."

I recalled that beet salad had been served at lunch, and speculated whether the red fluid that appeared on Amiden's body could have been beet juice; however, I was reluctant to ask permission to taste the fluid. After asking Amiden's permission, I invited the group to file past Amiden to observe the phenomenon.

### **An Interview at the City of Peace**

A member of our group recalled that, "We then moved to the lecture room. Weil gave a brief description of the origin and aims of the City of Peace, and then the meeting was thrown open to questions to Amyr. Apparently, his father and grandfather were 'sensitive.'... All his siblings were 'sensitive,' but only he and his grandfather manifested 'apports'—the anomalous appearance of objects with no easily discernible source. Amyr claims he 'astral travels' and can travel at will and return with information which can be checked later. He says there have been reports of his bilocation, but he has no control or awareness when this occurs. He has healing abilities and has healed a few lepers in the early stages of their illness but not in later stages. Lights are often seen in his presence when apports occur."

Once our group was seated in a circle, Weil passed around an ornate cup that

had been resting on a table in the lecture room; he described it as a communion chalice. A group member recalled that “water was in the cup when I held it in the circle.” Another participant remembered that “several people claim that there was no water in the cup when they inspected it. However, they claim to have smelled blood and to have observed what they took to be dried blood in the chalice, as well as on the fabric that covered the table.” It was also noted that Pierre Weil “showed us a chalice that Amyr held shortly before we arrived. What appeared to be blood covered a cross on one side of the chalice. Dr. Weil explained that when Amyr picked up the chalice, the blood exuded from the cross. I picked it up for a closer inspection and, after looking closely at the marks inside and out, I passed it around to the rest of our group. When it returned, created within it were several communion wafers that had not been there when it left my hands. To the best of my knowledge, the chalice was in the hands, or within plain sight, of our group the entire time.”

In these accounts there are two possible discrepancies. One person reported that there was dried blood “in the chalice,” while another recalled blood “on one side of the chalice.” One observer reported the anomalous appearance of “water” in the chalice but another one recalled the appearance of “communion wafers.”

A group member wrote in her diary that Amiden “is a few inches taller than me, perhaps 5’ 10”. Heavy fluffy beard turning gray, the beginning of balding on top of his head, hair neatly combed to the neck. He works in a government job but is on leave for health reasons—angina, rapid pulse, heart—so he helps his brother’s import business. On weekends he often helps out at a leper colony. He does not cure but gives them much energy. He is now divorced, has a 15-year-old son who is also ‘blessed,’ in other words a sensitive. Actually, all his family are sensitives but his paternal grandfather and father, Amyr himself, and his son have power beyond being sensitive.”

Our afternoon session with Amiden was neither videotaped nor audiotaped, yet there is a general agreement regarding most of the anomalous events that occurred. But this was not a consensus; there were differences in recall concerning some minor, but still important, details.

That evening, Amiden accepted our invitation to join us for dinner at our hotel. One participant later wrote in her diary, “He has marvelous large brown eyes. I sat to his right at dinner and while it took some courage to look at him and into his eyes, once I did I felt drawn in and completely connected. I felt I knew him but I am also drawn to what I consider tragic figures. Maggie, who translated for him, was to his left. So most of the time he was facing her.... At dinner, as I said, I sat to Amyr’s right but had not spoken to him except for eye contact. He told Maggie that I calmed him. He produced more stones on the floor, on laps, etc. I received no stones and asked for nothing.”

On this occasion, one participant audiotaped the conversation and another one videotaped it. The former group member later recalled, “When the tape picked up the conversation, Amyr was relating an incident that had taken place

at this hotel some time before—at the time of the inauguration of the President of Brazil. At that time, in Amyr’s presence, blood had appeared on a crystal. At that time someone had inquired as to the significance of this occurrence. Amyr had replied, at the time when the event occurred, that he believed it to be symbolic of the suffering that the Brazilian people would experience. Amyr further related to us that..., as if to verify the precognitive impression, the very next day the people of Brazil had their bank accounts impounded and began to suffer.”

Several members of our group had questions for Amiden, whose answers were translated by Maggie de Carvalho, my co-leader.

Questioner: *What was the meaning of this blood?*

Amiden: **I think it was the blood of the Brazilian people.... The ex-President... did a terrible, crazed thing with our money. He held all the money of every Brazilian.... I saw the suffering.... It was bleeding, blood.**

Questioner: *How did you know this?*

Amiden: **Whenever I have information about something, I hear a feminine voice. I never see her but it’s a feminine voice that talks to me.**

Questioner: *This is the process?*

Amiden: **That’s right. And this feminine voice told me that this whole thing in Brazil is a process of purification for the country.**

Questioner: *Is it the same feminine voice each time?*

Amiden: **Yes, it is.**

Questioner: *Are you conscious when you hear this?*

Amiden: **Yes, I am conscious. I always follow the voice. It’s always a message for me.... I feed the poor people every fifteen days. So I go to a very poor and violent neighborhood every fifteen days and make soup for 300 people. And there was a time when the authorities wouldn’t let me do this because they said I was bringing a violent crowd together and that was dangerous. And they said I was bringing criminals and prostitutes to this place. But perhaps one of the prostitutes was my sister in a former life. Yes, it’s very difficult to help people. My father had told me to help feed people because with an empty stomach you can’t hear words of wisdom.**

Questioner: *What do you do to grow spiritually?*

Amiden: **I live alone, so I have time to read the Bible, and about the Muslims and the Jews. They fight so much in the Middle East. But the suffering is for their development.**

Questioner: *They don’t seem to be learning anything.*

Amiden: **It’s a process they have to go through.**

Questioner: *My daughter is in another dimension. Can you help me to understand?*

Amiden: **You can think about helping children in this dimension. The first thing you can do when you go back to the United States is to look for children who need help. What is your religion?**

Questioner: *I am Jewish.*

Amiden: **Then we are cousins because I am Muslim.**

One group member saw Amiden the following day, recalling, “He seemed weary and exhausted. He said every month for about ten days he develops great thirst and needs to drink much water, tea, or coffee. He loses weight, and his saliva tastes acidic. During this time, phenomena occur, and he has greater healing power.” Another participant noted that Amiden had told her that he “renews” himself by praying, taking frequent baths, drinking large amounts of water, and by surrounding himself with the color green. According to my notes, “Every month something like this happens... Before the phenomena occur the saliva tastes acidic.... He drinks much water, strong tea and coffee, loses weight, and takes many baths and showers.... The signs that phenomena would happen started a week ago Wednesday and lasted for 10 days. Blood will come in spots on his legs, then will disappear. He does considerable healing during this time.”

### Exceptional Human Experiences

Were these anomalous events what parapsychologists would refer to as “psi phenomena”? Parapsychology is the scientific study of “psi phenomena”—those interactions between organisms and their environment (including other organisms) that appear to bypass mainstream Western science’s understanding of time, space, and energy. But a particular phenomenon can only be considered “psi” when it is performed under “psi task” conditions, those that rule out any ordinary explanation. Hence, the events surrounding Amiden during our visit of 17 February 1993 were certainly puzzling, ostensibly even anomalous. But they could not be classified as “psi” because they occurred under informal conditions that did not rule out alternative explanations. There are many psychic claimants who, on closer inspection, have turned out to be sleight-of-hand specialists.

In November 1994, I sent a questionnaire to the other authors of this report. It was based on Rhea White’s concept of “exceptional human experience” and the potential they offer for shifts and changes in one’s worldviews and activities. The questionnaire asked: (1) “Would you consider the encounter with Amyr Amiden an ‘exceptional human experience’?” (2) “If so, what portion of the encounter was the most ‘exceptional’?” (3) “Now that a year and one half has passed since you had the encounter with Amyr Amiden, have you noticed any aftereffects?”

Ten members of the tour group responded to the questionnaire. They all answered affirmatively to the first question. The aspects that were felt to be the most exceptional included the “falling stones,” “the blood on the goblet,” “the stigmata,” “the numerous apports,” “the objects being materialized,” and “access into the process and content of a dimension of mind that most of us are un-



able to penetrate.” One respondent added, “This was the most significant experience of my life.”

Six individuals listed life-changing aftereffects: “For a while, the stone I found felt as if it had a special energy.” “The time with Amyr was so out of my ordinary experience that my mind is still uncomfortable about it; I’ve only told a few selected friends about this experience.” “Many of his materializations could be accomplished by a skilled magician, but the crystal dropping at my feet when no one was near me convinced me that this was for ‘real’.” “The experience with Amyr... reshaped my core thinking, cracked a boundary, opening to me an awareness of... the enormous potentialities of expanded consciousness and how limited is our use of our own minds.” “I returned from Brazil ‘different’... with an understanding of things I didn’t have before, especially about the dynamics of energy in human interaction and healing.” “This experience had profound implications for the nature of reality; my nuts-and-bolts world had fallen apart.”

For the four other members of the group, the aftereffects simply reinforced a previous worldview: “The experience has not altered my thinking because I have had many contacts with mediums and sensitives in the last few decades.” “It did not change my thinking or feeling because that had happened many years ago with my earlier experiences.” “It reinforced knowledge that we on planet Earth are part of a much larger universe.” “The apparent materializations of various objects... were powerful and well-implemented in my memory” (Krippner et al., 1994).

### **A Return to Brasilia**

In March 1994, I returned to Brasilia to work with a seven-person team studying the anomalous phenomena occurring in the presence of Amyr Amiden, events over which he claimed to have little conscious control. We spent several hours a day with Amiden, who joined us after his occupational duties had been completed (Krippner et al., 1996).

The settings for our work varied, but most of them were in Weil’s office, where we sat in comfortable chairs around a table. Amiden drove to the Foundation, was met in the lobby by one or more team members, and escorted to the office so that there could be no occasion on which Amiden entered the room prior to the session. Several sessions were held in the campus Meditation House; I investigated this site each morning to be sure it contained no unusual objects which could later be labeled “materializations.”<sup>1</sup> When the restaurant was the setting, Amiden entered and left with other group members. From the time that he arrived at the Foundation to the time that he departed, Amiden was in the presence of one or more member of the group.

When one or more team members felt that an unusual event had indeed occurred, Ruth Kelson, a Brazilian physician, and I took field notes. Periodically, three members of the team rated each of these events on a five-point Anomaly Observation Scale I had constructed. It ranged from 1 (no apparent anomaly)

and 2 (slight degree), to 3 (moderate degree) and 4 (high degree), to 5 (extraordinary degree of apparent anomaly). The mean of each set of ratings was used for comparative purposes; the research design stated that an event would have to have a mean rating of 2.1 or higher to be considered an “apparent anomaly,” a non-ordinal number selected to divide events which were felt to be easily understandable from those that were ambiguous or difficult to explain.

For example, four black marks on Weil’s bedroom door were observed by another member of our team; this event was given a mean rating of 1.0 because Weil recalled that a poster had been taped on his door a week earlier. While our group was seated in Pierre Weil’s office, a religious medallion appeared to drop on to the floor from the ceiling; this event received a mean rating of 5.0, as did the similar appearance of another medallion a few minutes later. A mean rating of 3.7 was given to a series of static-like blips heard when a radio was tuned between two bands, blips which answered questions given in both Portuguese and English (one blip = “yes,” two blips = “no”).

Over a time span of eight days, a total of 20 sessions was held with Amiden; using a five-point evaluation scale, 91 events were judged to have been apparently anomalous while 6 events failed to meet the predetermined criteria. One of the anomalous events was the appearance of stigmata that were observed on 14 and 15 March. The field notes I made on those days stated that “red, blood-like liquid is seen on the front and back of Amiden’s right and left hands.” Dr. Kelson’s notes were similar; her personal examination of Amiden’s hands convinced her that the fluid was, indeed, blood. I noted a beatific smile emerge on Amiden’s face when he thrust forward his hands to exhibit the markings.

One day, Weil took a metal chalice from his bookcase and began to tell us how small drops of blood and a communion wafer had appeared in the chalice under anomalous conditions some months prior to our meeting. Amiden asked a member of our group to allow the silver-colored chalice to balance itself upon the palm of his hand while he himself placed both of his hands at a 1” to 2” distance from the top of the object. This took about 15 seconds, at which time Weil asked one of us to place the object on the table. Amiden asked us all to place our hands around the chalice without touching the metal. Amiden placed his own hands at a 1” to 2” distance from our hands that were in closer proximity to the object. We engaged in this activity for about 15 to 20 seconds, after which time Amiden suggested that we remove our hands.

Then Amiden placed his hands near the chalice, but without touching it. Weil picked up the chalice and observed that an oil-like liquid formation had appeared which had a distinct perfume smell. Then the chalice was passed around so that we all could see and smell the oil; like the substance that seemed to have appeared in the chalice.

We also had the opportunity to inspect a large photograph of Gandhi that Weil had brought from his bookcase. Weil reported that when Amiden had first seen it, he remarked that the man in the picture had been killed. This statement is not remarkable, given the widespread knowledge of Gandhi’s assassination.

However, the following event was quite remarkable; Weil then observed the appearance of two blotches of a blood-like substance on the picture. He pointed these out to us and they were easily discernible.

The results of our investigation were so provocative that plans were made for a more formal investigation utilizing sophisticated psychophysiological monitoring equipment and the assistance of a Brazilian magician trained in sleight-of-hand effects. Unfortunately, Amiden's health necessitated cancellation of these plans upon the insistence of his physician, who had observed the increase in Amiden's cardiovascular and gastrointestinal problems following our March 1994 visit. However, Wilson (1989) reports a case that resembles Amiden in some respects. A Dominican nun known as Blessed Helen, who resided in a convent in Hungary, was repeatedly observed by her sister nuns to manifest "wounds in both hands, and in her feet, and her breast was wounded," and in whose presence flowers and other objects were said to have appeared (p. 21). Needless to say, if a bouquet of flowers were to suddenly appear in the presence of a magician, the phenomenon would be conceptualized as *legerdemain*. In the presence of a nun, the phenomenon would be thought to be a divine manifestation, at least by devout observers.

### **A Psychophysiological Perspective**

My own perspective draws upon the work of Barber (1984), who has studied self-regulation of blood flow. He begins with the example of how cognition, imagination, and emotions affect blood supply to the genital areas during sexual fantasizing. If these thoughts, images, and feelings can produce variations in blood supply, Barber proposes, it is likely that the blood flow to other parts of the body is continually affected by what people are thinking, imagining, and experiencing. By being deeply absorbed in imagining a physiological change, some individuals can evoke the same thoughts and feeling that are present when an actual physiological change occurs, hence stimulating the cells to produce the desired physiological change (p. 118).

During the spontaneous disappearance of warts, some investigators (e.g., Samek, 1931) have reported an inflammatory reaction in the dermis consisting of dilation of blood vessels, hyperemia (increased blood supply), edema, and perivascular infiltration of white blood cells. Hypnotic treatment of "fish-skin" diseases may involve stimulation of the affected area's vascular bed, countering their disturbed metabolism (Kidd, 1966). Changes in blood supply have also been implicated in rapid recovery from burns (Barber, 1984, pp. 87–93). Hypnotized individuals are able to reduce or eliminate bleeding in cases of upper gastrointestinal hemorrhage, and self-hypnosis has been found to be effective in patients with hemophilia (Spiegel & Vermuten, 1994, pp. 199–200). In addition, there is an extensive literature on individuals who can shift more blood to a specific area of the skin through biofeedback or other forms of self-regulation (e.g., Silverman & McGough, 1971; Snyder & Nobel, 1968). Murphy (1992) observes that in biofeedback training there is a transi-

tion from the largely dissociated processes that produce hysterical stigmata, to a more self-reliant process. Cultivating the self-regulation skills (e.g., kinaesthetic awareness and deliberate control of autonomic processes) that are basic human capacities, most people can learn to raise or lower their blood pressure, change their brain wave patterns, alter the flow of gastric acid, or modify other physiological functions (p. 545).

Murphy (1992) notes that the behavior and experiences of mystics are shaped by their respective cultures. Indian yogis, he points out, do not exhibit stigmata, nor do Eastern Orthodox monks. However, he notes that the battle wounds of Mohammed have appeared on devout Islamic men (p. 498). I have interpreted stigmata within a psychophysiological framework, and suspect that they could occur to members of any faith who somaticize, and who are deeply involved in the Crucifixion story, given the proper circumstances. For example, in 1972 a young African-American Baptist girl living in Oakland, California, manifested the stigmata from the palm of the left hand two to six times daily during a three-week period preceding Easter Sunday. Physiological and psychological tests did not detect serious pathology, and close scrutiny ruled out self-inflicted wounds. Her dreams frequently included biblical events; in the week before her bleeding began, she had read a book and had watched a television movie about the Crucifixion (Early & Lifschutz, 1974). She and her family professed to be religious, attending a Baptist church near their home; interview data revealed that the girl was preoccupied with Christ's suffering (Early & Lifschutz, 1974, p. 200). In addition, there are three known Anglican stigmatics (Harrison, 1994).

Spontaneous hemorrhages known as *psychogenic purpura* occur with no current physical trauma both as a result of hypnosis and unconscious self-suggestion. *Purpura* refers to a dark, reddened area of the skin. The examiners of the girl observed that she had always been in excellent health, and had never had a serious illness or accident. They concluded that profound, intense religious and emotional forces could have caused the stigmatic bleeding. Eventually, she also bled from both feet, from her right palm, from her right thorax, and from her forehead. Once the Easter season had passed, there was no recurrence of the stigmata.

I would also place considerable emphasis upon the impact of artistic renditions of the crucifixion, almost all of which depict nails driven into the palms of Jesus' hands. In actuality, nails were probably driven into victims' wrists, where the bony structure would provide enough support to hold a body on a cross for the time required for death to occur. Even so, nails were not depicted in representations of the Crucifixion until the fifth century; the more common Roman practice was to bind the victim to the wood with thongs (Ratnoff, 1969).<sup>2</sup> The historical origin of the phenomenon of stigmata is curiously coincidental with the manufacture of crosses bearing lifelike statues of Christ in his suffering; heretofore, the crosses had been bare. By the thirteenth century, the Christ who hung on a cross was drenched in red blood, and in the same century

Christian mystics began to experience the stigmata (Panati, 1996, pp. 123, 512). By the same token, stigmatic wounds in the wrists have become more common since media coverage has cast doubt upon the historical veracity of palm wounds (Nickell, 2000).

In addition, the experient's chest wound typically has been found to match the location portrayed in the local church; the wounds of one woman matched in position and size those shown on the crucifix before which she prayed (Thurston, 1952). The Y-shaped cross on the breast of Anne Emmerich resembled a prominent cross before which she had prayed as a child (Murphy, 1992, pp. 501–502). These observations argue more forcefully for the attention-getting strategy of self-inflicted wounds or for bleeding of psychogenic origin than any type of purported supernatural intervention.

### **Hypnotically-Suggested Stigmata**

The work of a German physician, Alfred Lechler (1933), supports this perspective. Lechler experimentally induced bleeding stigmata by hypnotic suggestions in a 29-year-old peasant woman who demonstrated high hypnotic susceptibility. Somewhat earlier, she had seen a film about Christ's crucifixion that left her with pains in her hands and feet. Lecher hypnotized the girl and suggested that she had been pierced by nails in the manner of the crucifixion. After several sessions, the peasant woman produced the markings of a "crown of thorns" on her forehead, an inflamed shoulder condition related to her imaginary carrying of the cross, and bloody tears similar to those shed by the celebrated mystic, Theresa Neumann. Lechler photographed these manifestations (Lechler, 1933). The "crown of thorns" was not a customary part of Roman crucifixion practices and, if the account is accurate, it might have been produced for Jesus, mocking his appellation as "King of the Jews."

The woman responded that she could feel the nails being driven into her hands and feet. Lechler and at least one nurse carefully observed her prior to, during, and after she received the suggestions. Wilson (1989) commented, "The significance of all this is profound. Effectively, Lechler can be said to have established more authoritatively than anyone before or since that spontaneous bleedings of the type attributed to stigmatics during the last seven centuries really do happen, and that these can be demonstrated under properly controlled conditions. He can also be said to have established that a fundamental key to the phenomena is hypnosis, and that the stigmatic, even without having been formally hypnotized seems to be, during his or her bleedings, in a mental and physical state effectively indistinguishable from hypnosis" (p. 97).

"A really riveting feature is the extraordinary precision of the mechanism's conformity to the visualization that triggered it. Stigmata have been precisely positioned to conform with the wounds of a stigmatic's favorite crucifix. Or a wound may have taken on an exact shape such as a cross. Most dramatic of all, the mechanism seems able to mould the flesh into a feature resembling the

head and bent-over point of an iron nail. It is as if something within the body has re-programmed it into a new form” (p. 126).

### **Psychogenic and Post-Traumatic Bleeding**

Reports of “psychogenic bleeding,” wounds that are linked to psychological reactions to accidents or surgery, support this perspective. When psychogenic bleeding has been recorded, the principal manifestation has been ecchymosis rather than bleeding through the skin. A study of 27 cases of psychogenic bleeding at Case Western Reserve University observed that all cases were women, that the bleeding began after injury or surgery, and that the attendant bruises were different from those brought on by trauma. However, among the 27 cases, there were frequent mentions of headaches, seizures, cutaneous anesthesia, transient paresthesias, nausea, vomiting, diarrhea, chest pains, and hyperventilation. Several women had a history of childhood or recent trauma (Ratnoff & Agle, 1968), and a larger number have been bedridden for long periods of time (Nickell, 2000).

Following such traumas as automobile accidents, there can be syndromes of spontaneous bleeding from body orifices as well as internal bleeding and painful spontaneous ecchymosis (passage of blood from ruptured blood vessels into skin tissue), often several months after the trauma. Gardner and Diamond (1955) have hypothesized that these individuals become sensitive to their own extravasated blood (i.e., blood that has flowed into surrounding tissues) at the time of the accident, and bleeding then occurred later due to internal sensitization. This syndrome appears to be more common among women than men.

In cutaneous anesthesia, there is no sense of touch in the skin; a severe diabetic who has no circulation in the toes will cut the toe but feel no pain. Transient paresthesias (i.e., impaired skin sensations) are brief, episodic prickly sensations; sciatica can produce them as well.

### **Four Commonalities**

These cases are helpful etiologically, yet the bleeding of these individuals was not interpreted as sacred or as stigmata. But when stigmatics are studied (Lord, 1957; Ratnoff, 1969), four commonalties have been reported:

1. The stigmatic has a history of somatization (see Wickramasekera, 1995).
2. The stigmatic demonstrates a high degree of identification with a religious figure.
3. The bleeding occurs periodically during times of high affect.
4. There is considerable secondary gain derived from the stigmata.

All four of these commonalties can be said to characterize Amiden. He has a history of somatic complaints. He demonstrates a high degree of identification with Jesus Christ and other religious figures. The bleeding occurs when he is

deeply moved by a social situation or conversation. He receives attention and praise from a group of his supporters, as well as from inquisitive outsiders, from the stigmata.

Even so, we could not draw a conclusion as to whether this claimant's stigmata were of somatic origin or the result of legerdemain. Indeed, this claimant's phenomena are typical of the problems that exist in this area of study. Amiden's cancellation of a follow-up session, with a Brazilian magician present, could have been due to health problems, as alleged. Or it could have been motivated by a fear of exposure by an expert in sleight-of-hand effects. However, it provides an opportunity to survey the pertinent literature, and to propose mechanisms that would lead to a naturalistic (rather than a supernatural) explanation of stigmata.

In his discussion of postmodernity, Gergen (1991) speaks of the "plurality of voices vying for the right to reality" (p. 7). Some visitors to Florence panic before a Raphael masterpiece; others go into a frenzy when confronted with a Caravaggio painting; still others collapse at the feet of Michelangelo's statue of David. At least once a month, a foreign tourist is rushed to the psychiatric ward of Florence's Santa Maria Nuova Hospital, suffering from an acute mental dysfunction brought on by an encounter with the city's art treasures (Kroeker et al., 1989, p. 150). Mother Ann, the founder of the Shakers, experienced an episode of stigmata when, during a religious ecstasy, blood allegedly seeped through the pores of her skin (Ratnoff, 1969). In 1972, a young Baptist girl was observed to manifest the stigmata (Early & Lifschutz, 1974). In 1980, a medical journal told of a woman who manifested the stigmata while singing in a Pentecostal choir; she gave birth to a child who subsequently exhibited stigmata as well (Fischer & Kollar, 1980). In 1993, we observed a man raised as a Muslim manifest stigmatic phenomena. This crossing of denominational lines, for the sake of extraordinary occurrences, may be a characteristic of the post-modern age (see Appendix for another example).

Postmodernism questions voices of authority as well as mainstream models of the human being. As Wilson (1989) commented, "The truly significant feature is that the flesh really does change, in an extraordinarily dramatic way, in response to mental activity, and that the power of mind over matter is phenomenally more powerful than previously thought possible.... If the mind really can spontaneously produce wounds in this way, can it also be persuaded to do the reverse?" Can it stem the bleeding of a hemophiliac, or shrink a malignant tumor? (p. 100). Stigmata are not merely a relic of an era where superstition reigned. These phenomena may be re-framed in terms of recent advances in mind-body medicine (e.g., Dienstfrey, 1991) and applied psychophysiology (e.g., Wickramasekera, 1995), providing clues for the alleviation of human suffering. And in the spirit of post-modernism, the reality of stigmata must be questioned on a case-by-case basis; everything that glitters is not gold, and every stigmatic who bleeds is not necessarily shedding his or her own blood.

### Acknowledgments

This study was supported by the Saybrook Graduate School and Research Center Chair for the Study of Consciousness in honor of Dr. Stanley Krippner.

### Notes

<sup>1</sup> A full report of the anomalous phenomena observed during our sessions with Amyr Amiden have been published in this journal (Krippner et al., 1996).

<sup>2</sup> Persians, Assyrians, Carthaginians, and Greeks were among the other early civilizations that practiced crucifixion. But, for about 800 years, the Romans surpassed them all, crucifying some 500 people per day following the Jewish revolt ending in 70 C. E. with the conquest of Jerusalem and the destruction of the Second Temple.

### Appendix

In February 2000 a student showed me a deep scar on the palm of his left hand, and told me the circumstances surrounding its appearance. I urged him to write an account, which follows: “My father is depressed all the time and has an obsessive-compulsive disorder, always wanting to keep things clean. He screams at the dog and hits her when she barks. All through Christmas, it was one thing after another. In addition, my grandmother made repeated verbal attacks on my individuality and my interests, all of which made me feel worthless and misguided. I left midway through dinner one night, and went for a walk with the dog. We walked over to a church and I found a courtyard with a statue of the Virgin Mary in the corner. She had her hands across her chest and she looked up into the heavens with a slight smile. She was feeling the grace of God and the expression on her face was one of peace and compassion. I pretended to be her, and looked up at the heavens in a similar pose. I returned and finished off the night with the family, but found I had nothing to say. Later on in the evening, after all the company had left, I went out to have a drink with Tom. Tom is a wonderful man, and he has many positive qualities. He’s smart, interesting to talk with, and is friendly, warm, and humorous. I came home around midnight and found that my father had chained the door. I couldn’t get in. I tried waking up my sister, but she had drunk too much booze and had passed out long ago. I was forced to ring the doorbell and woke up my father. The dog started barking, and I heard my father scream, “Shut up!” It was almost wicked and demonic in its intensity. I heard him say, “What the f— is going on?” as he came downstairs to answer the door. I stood on the doorstep listening to this, and all I could think was just to have faith in God and in Christ. He opened the door and let me in. I went to sleep and the next morning, I left the house without speaking to him. During the car ride back to my apartment, I happened to look at the palm of my left hand, and it looked as if I had slammed it into a nail. I didn’t remember doing anything to it, and there was no



rational explanation for it. One month and two weeks later, in writing this, the wound still has not gone away. It was a stigmata.”

An interview with the student indicated that he had a history of somatization. The written account demonstrates a high degree of identification with a religious figure. The bleeding occurred during a time of high affect. Was there secondary gain derived from the stigmata? Perhaps the student’s sharing of the incident with me, and receiving my acceptance and interest, provided the secondary gain. But it is also possible that the student wounded himself in order to receive attention, and to provide psychological closure to a difficult family situation.

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