

“All Things Are Possible”. Towards a Sociological Explanation of Pentecostal Miracles and Healings*

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Abstract

Pentecostal miracles and healings have often been described and interpreted but rarely explained in their sociological workings. As former research implies, actual biomedical effects of Pentecostal healings are possible (the so-called “placebo effect”), but quite limited. In Pentecostal healing services, however, very impressive miracles and healings are routinely produced: Paralytics arise from their wheelchairs, cancerous ulcers disappear, legs grow, cavities are mysteriously filled, and the deaf suddenly hear. Drawing on a case study and qualitative interviews, this paper offers a sociological, mechanism-based, explanatory scheme for the observed phenomena. It is argued that a number of “social techniques” (e.g. suggestion, rhythm, music), context-factors (e.g. audience size and beliefs) and causal mechanisms (e.g. probability-, latency- and selection-effects) are combined in an ingenious way in order to produce miracles and healings.

1. INTRODUCTION

Pentecostalism is one of the fastest growing religions worldwide (Martin 2002, Burgess 2006:xiii) and one of its main attractions is miracles and healings. In Pentecostal healing services, paralytics arise from their wheelchairs, stiff knees become flexible, cancerous ulcers disappear, and headaches vanish. Speakers receive “words of knowledge” and can foretell healings that are taking place in the audience, often prophesying correctly the exact types of problems of the audience members. The atmosphere is one of miracles and healings, a time in which - as the speaker tells us - “all things are possible”. Anthropologists have created a rich, mainly descriptive and interpretive literature concerned with this type of healing. In general, they take a positive view of symbolic healing. Symbolic healing - so they believe - should be accepted as a legitimate healing system beside the dominant biomedical system. Due to their mainly descriptive and interpretive approach and their agenda of legitimizing symbolic healing, anthropologists have not yet focused enough on the “social techniques” that are used in Pentecostal healing services in order to routinely produce impressive miracles and healings. Critical scholars and doctors, on the other hand, have mainly depicted Pentecostal healings as fraudulent and socially harmful events. They have concentrated on whether Pentecostal healing “works” according to biomedical criteria. The result of these investigations is essentially negative. Pentecostal healings have - by biomedical standards - nothing more than placebo effects (Randi 1989, Rose 1971, Abbot et al. 2001, Ernst 2003). However, this literature has great trouble explaining why Pentecostal healing workshops exist in the first place, given that the biomedical effects are slight or non-existent.

What seem to be missing from the literature are attempts by decidedly explanatory sociology. This article therefore asks, first: By what social techniques are miracles and healings in Pentecostal healing workshops produced? Second: Why do these workshops continue to persist, even though people might learn over time that these healings and miracles are often greatly exaggerated? In asking these questions, I try to abstain from value judgments and to argue neither for nor against Pentecostal healing. Assuming a special version of “methodological atheism”, I do not wish to argue that “miracles are impossible”, but try – as I would with any other social phenomenon – to explain as much as possible with sociological tools. My theoretical explanation uses mechanism-based explanatory sociology in the style of Boudon (2001) or Hedström (2005). To exemplify my claims, I draw on a case study of a healing workshop that took place during an international healing conference in French-speaking Switzerland as well as on in-depth interviews with participants and the speaker. I argue that a number of “social techniques” (e.g. suggestion, rhythm, music), context-factors (e.g. audience size and beliefs) and causal mechanisms (e.g. probability-, latency- and selection-effects) are combined in an ingenious way in order to produce miracles and healings. Thought experiments and comparisons show that the model can explain a wide variety of phenomena in the world of Pentecostal healing phenomena.

This article presents different types of theoretical explanations of the miracles and healings (Part 2), presents the method (Part 3), the context (Part 4), and then describes and explains the social production of the words of knowledge and the healings (Part 5). I use thought experiments and comparisons in order to apply the model to a wide range of healing phenomena (Part 6) and argue that the model can explain why Pentecostal healings may persist in the long term (Part 7). I conclude by showing what specific contribution an explanatory, mechanism-based approach to Pentecostal miracles and healings can make (Part 8).

2. ACCOUNTING FOR MIRACULOUS PREDICTIONS AND SUPERNATURAL HEALINGS

How should we explain what is happening in such Pentecostal rituals? Let us first turn to the way Pentecostals explain miracles and healings.

2.1 Pentecostal Approach

Healings and miracles are highly valued in Pentecostalism and the charismatic movement (Anderson 2002, Warrington 2006). They belong to the various “gifts” that are given by God to the faithful. Individuals bestowed with the gift of healing as well as those divinely healed enjoy high status. In the Pentecostal view, both miraculous “words of knowledge” (supernatural knowledge of facts one could not have known about) and divine healing are undeniable facts (Wimber and Springer 1991). Not only are they rooted in scripture¹, but also they are visibly occurring on a regular basis both in healing services and in everyday life. While most Pentecostals nowadays do not reject biomedicine, they see divine healings as somehow more pure and powerful.

If you have cancer of the stomach, the doctor can remove half your insides, which may get rid of the problem, but it's not wholeness. If you go to Jesus and He heals you, you still have your stomach and you are completely restored too.” (Andrews 2003:17)

While its workings are never completely predictable, divine healing - according to Pentecostals – can heal any illness whatsoever, be it a small ailment (e.g. a headache), a mental problem (such as depression), or very serious physical maladies (e.g. cancer, Aids, Alzheimer). Much could be said about Pentecostal beliefs on just why illness exists, how the Holy Spirit heals and why he does not heal everybody immediately. Some of these points will be addressed below drawing on our empirical data. For the moment, I mention just three very brief points. First, since God does not want men and women to be sick, illnesses of all kinds are thought to be due to “evil forces”, “sin,” or “the devil”. The healing that comes to the individual is therefore never just physical, but by definition physical, mental, and spiritual simultaneously (Warrington 2006:235, Anderson 2001:524, Poloma 1998:258). Second, healing is always the work of God and the Holy Spirit, never of the person praying for healing (Warrington 2006:235).² It is made possible because Christ has already suffered for humanity on the cross. And while healing is ultimately willed by God, individuals may further it by eradicating sin from their life, by opening up to the Holy Spirit, and by having faith (McGuire 1991:70).³ Third, there exist numerous explanations of just why there may be no healing in specific cases. The reasons range from the person still living in sin, the power of the devil, a hidden desire to remain with the malady, a lack of faith, a need to wait for the healing to “grow” or the insight that God has healed in another way (or another person) than was expected. Having looked at the Pentecostal explanation - what does social scientific research make of miracles and healings?

¹ Pentecostals often cite Isaiah 53:5 (“By his stripes we are healed”), Matthew 8:1 or 1 Corinthians. 12:9, 28, 30.

² Ian Andrews said in our interview, “I am not a healer, no. I have a healing ministry, God is the healer. He uses me in the healing”.

³ An extreme version of this belief can be found in the “word of faith” theology that was coined by Essek W. Kenyon and Kenneth Hagin. See Anderson (2002:528).

2.2 Anthropological Approach

In the social sciences, it is especially anthropologists⁴ and, sometimes, qualitative sociologists who have researched Pentecostal and related healing phenomena. Their approach has mostly been descriptive and interpretive, thus often refraining from causal explanations. Anthropologists readily admit that Pentecostal (or, for that matter, other “alternative”) healing often does not have great “physical” effects measured by biomedical standards. Csordas (1988:136) writes that

The incremental and open-ended process of religious healing may prove to be an essential characteristic that requires some religious cures to be “symbiotic”: perhaps there is no therapeutic outcome, only therapeutic process.”

However, these anthropologists continue, alternative healing has other ways of curing individuals, namely by curing their “selves”. This is accomplished through “symbolic manipulation”, that is, through reinterpreting the patients' illness in the framework of a given symbol system (Dow 1986, Csordas 2002, 1988). By conducting a ritual, alternative healers convince the patient of a change of meaning of his illness. This may have different beneficial effects. First, patients may now see a meaning in their illness and suffering. Meaningless pain is transformed into a manageable burden (Csordas 1988:122; Geertz 1993:105). Second, patients may be empowered. Before the ritual, they might have felt helpless and lost; now they see themselves as individuals who can act to transform and overcome their malady (McGuire 1987:366). Third, patients may - due to the ritual - be led to change their habitus and lifestyle (e.g. stop drinking) which might equally have positive outcomes on their life (Laurent 2001:333). Fourth, patients may be integrated into the religious group led by the healer, providing them with new social capital. All of these beneficial effects may furthermore have (though often limited) psychophysical effects, reducing or even eliminating the malady. The latter may especially be the case for problems that were partly or wholly psychosomatic in the first place (Moerman 1979). When critics say that healers produce “only a placebo effect”, these anthropologists answer that, precisely, the placebo effect shows that humans are a socio-psycho-physical entity in which the symbolic may have an important effect on the physical (Dow 1986:63; Moerman 1979:62; McGuire 1991:228). Anthropologists have generally shown a rather positive attitude towards alternative healing practices and Pentecostal healing in particular. They insist forcefully on the idea that the culturally “dominant” biomedicine should not be used to judge “alternative” medicine. Rather - according to these authors - biomedical and alternative healing systems are incompatible paradigms, which should both have the right to exist (Moerman 1979:60; Rossi 2009). For example, McGuire (1991:5) writes:

“A (...) notion that must (...) be set aside is the assumption that the medical reality, as promulgated by the dominant health specialists in this culture, is necessarily the “true” reality. From a sociological perspective, this medical definition of reality must be seen as one among many competing conceptions of illness, its causes, and treatment. Medical reality, too, is socially constructed.”

While the anthropological approach has produced many important insights, anthropologists – due to their focus on descriptive and interpretive methods and legitimizing impetus – have missed asking some crucial explanatory questions. Specifically, they have not attempted to show which “social techniques” Pentecostal healers and their audiences employ to achieve the social reality of miracles and healings.

⁴ I use the term “anthropological approach” rather loosely. I am well aware that there are various types of anthropology concerned with healing. My claim is only that some highly respected scholars in anthropology and qualitative sociology hold similar views on healing as described in the paragraph.

2.3 Critical Approach

Turning to the authors I have loosely grouped into a “critical approach”, it is as if we entered a different world altogether. These writers from various disciplines have mainly asked if Pentecostal healing has “real” effects according to biomedical standards. Their results are generally negative.⁵ A first group tries to follow up individual cases of alleged healings (Randi 1989; Rose 1971 (1968); Nolen 1975; Thomas 1999). Thus, the professional magician Randi (1989:287) writes:

“My standards are simple. I need a case that involves a living person, healed of an otherwise non-self-terminating disease, who recovered from that disease as a result of a faith healer's actions and can produce before-and-after evidence to establish that fact. I have failed in any and all cases I have investigated to obtain a response that satisfies these simple requirements.

Quite similarly, the doctor Louis Rose concludes:

“To those who have read this book it will be clear that in that search I have been unsuccessful. After nearly twenty years of work I have yet to find one “miracle cure”; and without that (...) I cannot be convinced of the efficacy of what is commonly termed faith healing.” Rose 1971(1968):155

Some of these authors show what “techniques” healers may use in order to make miracles and healings appear real (e.g. Randi 1989:106, 128, 142). How is a leg made to grow? The healer just manipulated the patient’s shoe to make it look as if there was growth. A blind person suddenly sees and can tell the number of fingers the healer is holding before his eyes? The patient was not completely blind before. A person in a wheelchair gets up and is able to walk? The person was able to walk before; he was told to sit in the wheelchair brought by the healer. How does the healer know the names and illnesses of individuals in the audience? Before the show, the healer’s assistants gathered the information, and the healer memorized the information using mnemonics or else receives it during the show using electronic devices. So much, then, for the follow-up approach and its results. A second method used to establish the effectiveness of alternative healing is the scientific experiment. In the past years, an increasing number of high quality, randomized experiments on the subject of distant and faith healing have been conducted (Astin et al. 2000; Harkness et al. 2000; Abbot et al. 2001; Ernst 2003). In an update of a systematic review of randomized trials assessing the efficacy of “distant healing”, Ernst (2003) concluded that recent rigorous studies “shift the weight of the evidence against the notion that distant healing is more than placebo”. Most of the writers I have placed in the “critical” group see Pentecostal healing quite negatively. James Randi is the most infuriated writer of them all. He finds faith healing “disturbing”, “ridiculous” and “silly”. Often, he is bewildered not just by the boldness of the healers but also by the seeming irrationality of the believers. “The rage one feels at such times”, writes Randi (1989:109), “is generated as much by the obstinacy of the victims as by the perfidy of the one who cheated them.” However, in addition, most other writers see Pentecostal healing not only as useless but also as harmful for the individuals engaging in it. In their view, the self-acclaimed healers are swindlers. Individuals who believe in these ruthless men and women are wasting their money and time and may have serious additional damage done to their health and mental condition. While critical authors have brought many insights to the understanding of Pentecostal healing, their insistence on biomedical efficacy, as well as negative value judgments, have prevented them from giving satisfactory answers to important questions.

⁵ The authors assembled in this paragraph have produced very different types of publications. The medical articles have appeared in scientific journals. The case-oriented studies are often (but not always) written by scholars and are often to be found in books geared to a wider public. They often have a decidedly “debunking” character. If they seem well researched and make important points not given in the scholarly literature, I do not see why I should not use them.

Thus, they have been unable to explain just why many Pentecostals persist in believing in their healing even in the face of seemingly contradictory evidence or why they actually help the healers to perform their “social techniques”. As a result, they also fail to understand why Pentecostal healing may be successful, as a social enterprise, in the long term.

2.4 Explanatory Sociology Approach

In this article, I want to present yet another approach: explanatory sociology. While this type of sociology remains still untried in the field of Pentecostal miracles and healings, I argue that it can make a valuable contribution especially in those areas where former anthropological or critical approaches tend to be weak. Following the general tenets of the approach, explanatory sociology tries to take a neutral stance regarding Pentecostal miracles and healings (Weber 1988 (1922)). These phenomena are neither seen positively (as by some anthropologists), nor rejected (as by some of the critical scholars). While neutrality is more an ideal than an attribute of concrete research, explanatory sociology may nevertheless approach the ideal by disregarding whether these practices are “good” or “bad” and attempting only to explain what actually happens. According to explanatory sociology, a phenomenon can be said to be explained if one can show how it results from a set of initial conditions and a generative (and therefore causal) mechanism (Boudon 2001, Hedström 2005, Stolz 2009b). More specifically, a sociological explanation is given if we can show how an initial situation (macro) leads individuals to react to this situation (micro) and how, through aggregation, these individual reactions combine to form a new social outcome (macro), that is, the phenomenon to be explained (Coleman 1990). In sociology of religion, it is important to assume “bounded rationality” (Simon 1983). We take it as a given that individuals have subjectively “good reasons” for their beliefs and actions. However, we also assume that their ways of creating beliefs about the world may fail due to erroneous inferences, conclusions based on unwarranted assumptions, or motivationally or socially biased evaluations (Boudon 1997, Gilovich 1991, Stolz 2009a). From the perspective of explanatory sociology, the healing service is a special case of an “interaction system”.⁶ Due to the causal mechanisms at work in the interaction system, actors are able to produce miracles and healings as emergent “salvation goods” (Stolz 2006). In what follows, we specify the details of the elements and mechanisms of this interaction system.

3. METHOD

3.1. Case Study Approach

This is a case study of an AIMG (Association Internationale des Ministères de Guérisons) healing workshop with the speaker Ian Andrews in 2003 in Oron-la-ville, Switzerland. As is common in case studies, I use a variety of data sources (Yin 2002): A fully taped DVD of a healing workshop with accompanying transcript, 23 taped and transcribed in-depth interviews with participants of AIMG healing workshops, participant observation⁷, as well as additional documents produced by the religious group.⁸ Case studies lend themselves very well to an explanatory sociology framework, since they allow for direct observation of causal mechanism (Miles and Huberman 1994, Maxwell 2005).

⁶ An interaction system may be defined as the interrelation of individuals who define each other as jointly present (compare to Goffman 1961, Esser 2000:273ff.).

⁷ I attended various AIMG workshops, religious services, and conferences from 2005 to 2010 and watched all four available taped healing workshops by AIMG.

⁸ I also read and analyzed many of the publications sold by AIMG as well as the two books written by Ian Andrews (2000, 2003).

3.2 Video and Transcription Analysis

My first main data source is a DVD of an AIMG workshop.⁹ The DVD, produced by AIMG, shows 52 minutes of the (almost) uninterrupted workshop.¹⁰ For analyzing a case of a specific healing workshop, the use of a DVD and an accompanying transcript has distinctive advantages compared with “plain” observation. They allow for a “previously unattainable accuracy in the analysis of social interaction” (Luckmann 2009:29). Repeated viewing leads to the (in principle, infinitely accurate) analysis of audible and visible *details*, of the distinct *temporal structure* of the situation and of the *complete* interaction as far as it appears on tape. Furthermore, video data are more reliable than field notes in that they may be used by other researchers – whether or not they were present at the interaction (Knoblauch 2009:73).¹¹

On the downside, video data may lead researchers to the false belief of having “everything”, when in fact they only have what is on tape. The point of view of the actors (cognitions, values, preferences) as well as structures and cultural frames that transcend the situation may be blocked out by the exclusive focus on the video. In our case, the use of additional interviews, participant observation and documentary analysis addresses this concern.¹² An additional validity issue arises since the religious group itself has produced the video. Presumably, AIMG could have edited the video in such a way as to make the miracles and healings as spectacular as possible to attain their purpose of evangelization. While it is evident from the tape that AIMG in fact tries to evangelize, a comparison of what we see on tape and what I have observed in various other AIMG workshops shows that there seems to be very little “effect enhancing editing”.¹³

3.3 In-depth Interviews and Participant Observation

My second data source consists of 23 in-depth interviews. One interview was conducted with the speaker of the workshop, Ian Andrews.¹⁴ A second interview was conducted with Werner Lehmann, one of the two leading figures of AIMG. The other 21 interviews are with attendees of AIMG workshops, meetings and conferences. The interviews lasted normally from 60 to 90 minutes; an interview guide was used with main questions and possible probes. Individuals were given as much space as possible in order to develop their own discourse and understanding of the situation. The interviewees were chosen by contacting evangelical, charismatic and Pentecostal congregations and by asking if there were people in the congregation who had attended healing workshops or conferences with the AIMG. Half of the congregations chosen were in close contact with AIMG through “healing rooms”. The other half of congregations were chosen randomly from a comprehensive list of evangelical/charismatic/Pentecostal congregations. We made a point of finding individuals who were regular attendees as well as individuals who had

⁹ I chose the Ian Andrews workshop, as it seemed typical of how the miracles and healings are presented in many AIMG workshops and since it represents a fully taped healing workshop, thus allowing for very precise studies of sequences. I have attended many workshops, but not this particular one. It seemed preferable to use a case where I had a tape available, rather than one that I had attended but not taped. The gain in precision when using a tape compared with field notes is very important (see section 3.3). Moreover, having attended many other workshops and using the interview data, I feel quite confident that I can put this one workshop into proper ethnographic perspective.

¹⁰ I counted 3 interruptions.

¹¹ In contrast to interviews that provoke data, the video approach can capture “naturally occurring” data, that is, data that occur “independently of the researcher’s intervention” (Silverman 2001: 159).

¹² As Maxwell (2005:94) rightly observes, one should not think that observation only leads to description of social process, while interviews only lead to individual perspective. Rather, both methods may be combined to get a deepened sense of both social process and individual perspective.

¹³ The two noteworthy editing activities are an introduction, given by Jean-Luc Trachsel and a translator, as well as a few additional testimonies at the end of the DVD.

¹⁴ I conducted this interview by telephone for geographical reasons. All other interviews were conducted face-to-face.

only been to such meetings occasionally. The resulting sample of participants consists of (excluding Ian Andrews and Werner Lehmann) 14 women and 10 men. The age range is from 19 to 85, with a mean of 52; the relatively high mean age fits the mean age in AIMG meetings quite well.¹⁵ The interviews were all taped and transcribed according to specified rules. I do not claim any statistical representativity for this sample but am quite confident that I have captured most of the typical ways of seeing and experiencing the AIMG healings workshops in this qualitative material.

We should discuss two validity issues concerning interview data. First, one might object that, due to the *sampling*, the individuals interviewed were not identical with those who appear on the tape. This is correct. However, with our sampling method we have been able to elicit a great number of views and experiences “typical” of crowd members at AIMG. It is unlikely that the individuals in the hall in 2003 were very different from the people we have interviewed (in fact, many of our interviewees were present at the international conference in 2003). A second issue concerns two “social desirability” problems that might be at work. On the one hand, interviewees might try to make a case for miracles and healings by presenting the “evidence” as convincingly as possible. On the other hand, interviewees might also be conscious of the fact that spiritual healing is in a certain sense “counter-cultural” in Switzerland and thus try to present the miracles and healings in a “toned-down” and “acceptable” version to the interviewer. Inspection of our interview data presents instances of both these tendencies, but – in my view – to a very low degree. This is probably because we gave the individuals much room to develop their discourse and because the interviewers were obviously knowledgeable about the miracle and healing workshops.

3.4 Data Analysis

Concerning the DVD and the accompanying transcript, I made a simultaneous analysis of the video tape and the transcription. Using methods close to “grounded theory”, I have interpreted the images and text sequentially, coded, and written memos and watched the DVD countless times, often repeating the same scenes many times. (Strauss 2003, Strauss and Corbin 1999, Knoblauch 2009). For this task, I used ATLAS.ti software. Likewise, the interview transcripts and the documents were sequentially interpreted and coded, and insights introduced into memos with the help of ATLAS.ti. In general, I have worked inductively, starting with very little “theory”, trying to let the concepts “emerge” from the analysis and writing memos all along. Insights from the video analysis and from interview analysis were “triangulated” (Kelle 2007:49ff.).

3.5 Methodological Atheism and its Critique

Since this paper provides an explanation of how miracles are (at least in part) socially produced, it is necessary to clarify my stance on how scientific and religious explanations and truth claims relate to each other.¹⁶ The mainstream position in sociology of religion seems to be some kind of “methodological atheism” as defended by Berger (Berger 1990(1967), Hamilton 2001:5).¹⁷ Methodological atheism seems to imply that sociologists will:

¹⁵ In two cases, a spouse and in one case another church member were also present and were interviewed. This explains the fact that we have 21 interviews but 24 participant interviewees.

¹⁶ The relevant discussions appear under the headings “methodological atheism”, “methodological agnosticism”, “reductionism”, and “metaphysical realism”. There is no consensus in the literature as to how methodological atheism and methodological agnosticism could or should be distinguished.

¹⁷ As Furseth/Repstadt (2006: 197) put it, “Our aim is to point out that sociological explanations emphasize human and social conditions, not divine interventions. Sociology is methodologically atheistic, to use an expression taken from Peter L. Berger. A sociologist will remain silent on the issue whether there is a divine reality behind, beyond, underneath, or hidden inside human and social reality. In this way, sociology brackets the question of truth.”

1. refrain *a priori* from assessing the (transcendent) truth claims of religions (on the side of the “dependent variable”). Different reasons are given as to why one should use this principle. Some argue that religious truth claims refer to questions that are transcendent and therefore by definition out of reach of empirical research (Berger 1990(1967):100, 180, Parsons, 1937:421). Others claim that religious truth claims sometimes seem to be falsifiable, but that they are never meant to be true in a cognitive sense; rather, religious statements are thought to have only symbolical or emotional “truth value” (Bellah 1970). Still others want to exclude transcendent truth claims from analysis in order not to put believers (including, possibly, the researcher) in jeopardy. (Smart 1973, Bocking 2005).
2. refrain from using transcendent factors as explanatory concepts (on the side of the “independent variable”). The rationale for this is, again, that since transcendent factors are out of reach of empirical research, they cannot be used to explain anything.

Both elements have been criticized from various perspectives. Against the first point (on the dependent side) it has been argued that at least some religious claims to transcendent truth have been successfully assessed by science in the past (Johnson 1977, Hamilton 2001:5f.). Against the second point, it has been argued that a priori exclusion of transcendent factors would limit scientific inquiry in an unscientific manner (Porpora 2006, Gaede 1981).

In this paper, I use methodological atheism in the sense that I do not use transcendent factors on the explanatory (independent) side and that I assume that most of religion’s transcendent statements can never be assessed empirically and are therefore not amenable to sociological testing. There is one caveat where I diverge from mainstream methodological atheism (and accept the critique by Johnson and Hamilton). I will not use “a priori bracketing” when looking at the dependent variable. That is, I will not exclude assessment of apparently “transcendent phenomena” *a priori*, but will try to push analysis with sociological tools as far as possible.¹⁸

4. THE HEALING SERVICE IN CONTEXT

4.1 Organizational and Historical Context

The Association Internationale des Ministères de Guérison (AIMG) [International Association of Healing Ministries] belongs, in a broad sense, to the Pentecostal and charismatic movements.¹⁹ Both the Pentecostal and the charismatic movements think that the Holy Spirit is as active today as in the time of the Apostles.²⁰ More specifically, the Holy Spirit confers “gifts” (described in the Bible, for example, 1 Cor. 12.8-10), such as (among others), the words of knowledge, speaking in tongues (glossolalia), the interpretation of speaking in tongues, the discerning of

¹⁸ Not accepting “a priori bracketing” is important for my paper, since it influences my premise, my central question and the interpretation of the results. First, it leads to my premise (based on former research) that the biomedical efficiency of divine healing is rather limited – it is in any case much smaller than suggested in healing workshops. Second, based on this premise, it leads to my central research question: If there are only very limited healings during the workshop (contrary to the truth claims made) – how are the healings then produced with social techniques and how can this be successful in the long term? Third, only against the backdrop of this premise may many of my findings and results be readily interpreted and explained. For example, it would be difficult to understand why the speaker uses the “shotgun-technique” if it were not for a social production of miracles and healings.

¹⁹ The Pentecostal movement was born in the early twentieth century in the United States. The charismatic movement took root in the Pentecostal movement and emerged in the mid-twentieth century: members of different denominations (for example, Catholics, Presbyterians, Anglicans, and Methodists) adopted Pentecostal forms but (very often) remained within their denominations. With time, churches appeared that called themselves properly “charismatic”.

²⁰ In fact, the Gospels contain a great many stories of healings and exorcisms and, very probably, the historical Jesus was indeed active in such practices (Theissen 2001).

spirits, and healing (Navarro 1998, Willaime 1999). The history of charismatic and Pentecostal “faith healers” goes back to the late nineteenth century.²¹ In the last decades, there seems to have been a shift from “big name healers” to a movement in which every Christian is considered able to heal. Individuals with a healing ministry increasingly see themselves as “equippers” who teach others how to pray for the sick. AIMG and Ian Andrews are thinking completely along these lines.

While AIMG is clearly successful and growing (which is all the more remarkable given the strong secularizing tendencies in Switzerland), there is no reason to think that it is the Swiss or French-speaking Swiss who would be especially prone to react positively to divine healing. The reason for the movement starting in Oron is purely contingent. Individuals wanting to restart a healing movement in the USA contacted Ian Andrews in Great Britain who (after having received a message from the Holy Spirit) phoned an acquaintance of his, Jean-Luc Trachsel, in Switzerland, in order to give him the divine instruction to start such an enterprise in Europe.²² Jean-Luc Trachsel complied and became the leader of a successful new healing movement. AIMG is now spreading to France, Italy, and Belgium as well as to Benin.

4.2 The Healing Service

The healing service with Ian Andrews²³ during the international healing conference took place in 2003 (28 May – 1 June) in Oron (canton of Vaud, Switzerland). The international conference attracted more than 1,500 persons. It included eleven larger events (each with periods for praising, a message, and healing) and sixteen healing workshops (of which we analyze one case in this paper). The speakers came from Germany, Australia, Burkina Faso, Central Africa, France, Switzerland, England, and the United States.

The healing service took place in a gymnasium. In front of a black cover blocking the sunlight, there was a stage where a music group was standing. On two sides, two gigantic screens retransmitted the events happening on stage. There were about 350 persons, almost all of whom were standing, although the room was equipped with red plastic chairs. The audience was wearing everyday clothes: tee shirts, jeans, colored short-sleeved shirts. The music group was playing gentle worship songs. Many participants raised their hands, some closed their eyes, others gesticulated, and still others hugged. Helpers in front of the stage received the persons wanting to testify, or prayed with individuals wishing to do so. The speaker, Ian Andrews, was sixty-four years old at the time of the healing workshop. We see, under some gray hair, a worried face with a deep vertical wrinkle at mid-forehead and eyeglasses with invisible frames. The interpreter, next to him, was a well-groomed woman of about thirty-five with discreet golden jewelry and semi-short blond hair. Andrews spoke in English, in full sentences or fragments, and an interpreter immediately translated his speech into French, adopting not only his intonations, but also often his gestures.

²¹ Early leading figures were Maria Woodworth-Etter (1844-1924), Alexander Dowie (1847-1907), or Charles F. Parham (1873-1929). Two big “stars” were William M. Branham (1909-1965) and Oral Roberts (1918-). Other well known speakers with a “healing ministry” include Kathryn Kuhlman (1907-1976), Harry Edwards (1893-1976), W.V. Grant (1945-), Peter Popoff (1946-), Benny Hinn (1952-) or Reinhard Bonnke (1940-). The most complete history covering up to the 1970s is Harrell (1979).

²² This version of the story was confirmed by both Ian Andrews and Werner Lehmann. The Association Internationale des Ministères de Guérison (AIMG) was thus created at the end of 2002 with a view to the first international healing conference that took place at Oron in 2003.

²³ The speaker Ian Andrews was born in 1939 and in childhood suffered from an acute stammer (Andrews 2003). An accountant by profession, he became a professional Evangelist with a healing ministry. During this period, he recovered from his stammer. Today, he operates his healing ministry with his wife Rosemary. Ian Andrews describes himself as “in a very broad sense part of the Charismatic movement”, with “a Pentecostal theology” meaning that “healing was payed for in atonement”. In contrast to very well known speakers like Benny Hinn, Andrews has specialized in smaller healing meetings.

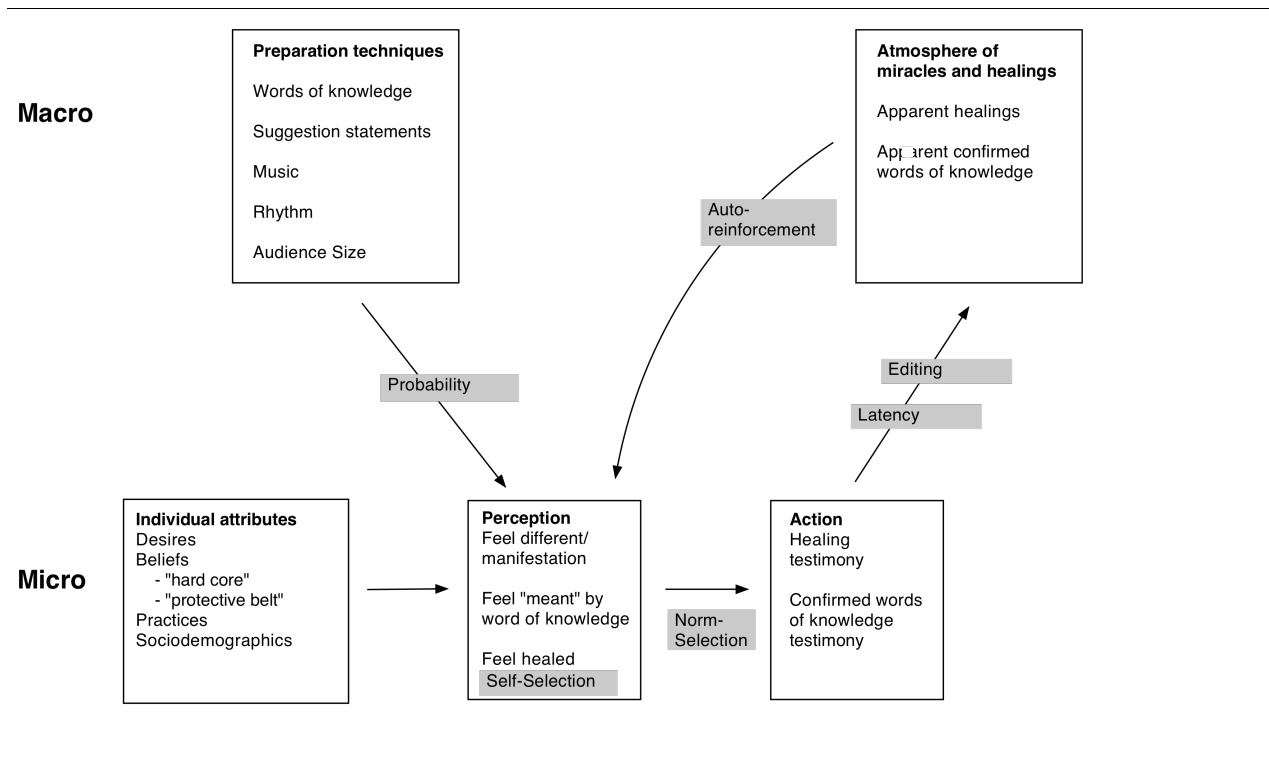
Andrews started out slowly, alternating statements of salvation, instructions to the participants, and theoretical statements. After some minutes, he had a song sung. In a certain manner, Andrews was preparing the participants for the coming of the Holy Spirit who very soon, according to him, was going to take “healing actions”. During the meeting, Andrews began to introduce more and more “words of knowledge” into his speech, that is, he transmitted “inspired” sayings of the Holy Spirit about healings simultaneously occurring in the audience. Increasingly often, he invited the persons named in his words of knowledge to come quickly on stage to testify to their healings. His words had effects: many participants came on stage and stated that they had been healed of their illness at that very moment. Some of them further claimed to have been healed of illnesses mentioned by Andrews in his words of knowledge.

5. HEALINGS, CONFIRMED PREDICTIONS, AND TESTIMONIES

In order to explain how an atmosphere of miracles and healings is socially produced, I propose the macro-micro-macro model in figure 1. The model shows how the speaker uses certain preparation techniques (words of knowledge, suggestions, music, rhythm) to create special “feelings” in some members of the audience (altered states of consciousness, feeling of being “meant” by one the words of knowledge). The healing technique strongly rests on the fact that the audience is large. In this way, there is a high probability that a certain number of individuals will actually recognize themselves in the “words of knowledge” and/or experience altered states of consciousness (probability effect; self-selection effect). Another important factor is that a great majority of audience members belong to a Pentecostal/charismatic milieu. Accordingly, they already believe that divine healings are possible; they practice divine healing in their everyday life; and they may desire to obtain healing in this way now – all of which makes the feelings of altered states of consciousness and being “meant” more probable. In a next stage, the speaker ensures that only (or mostly) individuals who have a healing to report are allowed on stage (norm-selection effect). The individuals will now testify to their healing and/or confirm the words of knowledge. The speaker will “edit” the testimonies to make them look much more impressive than they would otherwise have been (editing effect). At the same time, because testimonies are grouped and occur sometime after other events, there is an effect of latency: it is not apparent that many words of knowledge are *not* confirmed and that many predicted healings have *not* taken place (latency-effect). The overall emergent effect on the macro level is an “atmosphere of miracles and healings”. If the speaker does this successfully, by way of auto-reinforcement, individuals in the audience will perceive miracles and healings happening, increase their faith in the charisma of the speaker, experience altered states of consciousness and feel “chosen” more often and have a higher probability of producing even more healing testimonies (auto-reinforcement effect).²⁴ In what follows, I flesh out these general ideas.

²⁴ A similar reinforcement effect seems to act on the speaker: if healing starts to occur, the speaker begins to relax and gain confidence, and thus can lead the celebration more effectively.

Figure 1



5.1 Preparation Techniques

Andrews uses a whole range of techniques to prepare the participants to receive the subsequent healing.

Suggestion statements and actions

A first class of techniques consists of suggestion statements and actions. These statements and actions are used to elicit altered states of consciousness in the participants and to ensure that they interpret the ensuing perceptions as effects of the Holy Spirit. We find the following types:

Salvation promises. These statements, consisting of ultra-short and positive sentences, affirm as absolute and indisputable truth that Jesus is there right now in the auditorium and that he is accomplishing miracles and healings. They are not accompanied by any qualification, justification, attenuation, or reflection. Moreover, they mostly target the here and now as well as all or some of the participants in the auditorium. Here are a few examples. "He is here".²⁵ "All things are possible." "He is gonna heal multitudes of you this morning." "But Jesus is just touching people. All over this auditorium. Right now."

Body instructions. Andrews also uses various body instructions; he invites the participants to close their eyes, raise their arms, sing, remain quiet, and relax. Moreover, Andrews advises them to forget their illness, to see it as something of little importance, which is "foreign", and to concentrate entirely on the Holy Spirit and healing. Likewise, they are invited to forget their nationalities, that is, their social ties, thus to become more receptive to the Holy Spirit. A similar technique of induced relaxation in Pentecostalism has been described by different authors (McGuire 1977:137; see also Thomas 1999). Readers will note that Andrews' instructions to participants to put themselves in specific physical, mental, and spiritual states are close to those

²⁵ In the workshop, a translator continually translates Andrews' words into French. I have omitted the translation in the excerpts I give for greater clarity.

used in many relaxation techniques, such as autogenic training, guided meditation exercises, or hypnosis. There, too, short, positive sentences as well as body instructions are used in order to induce trance-like states (Heap 2001).

Healing advice. A third element used to induce special “feelings” consists of “theoretical” sentences and instructions. In the “theoretical” sentences, Andrews explains what illness is, how it comes about, and what means may be used to obtain healing. These affirmations have an exclusively practical aim; they explain how the participants can and should change their behavior to be healed.

Words of command. (Compare with Csordas 2002:338; Csordas 1988:48; McGuire 1983) This is an operation by which Andrews heals participants (which occurs, according to the theory, again through the mediation of the Holy Spirit). Andrews uses words of command in different ways: sometimes, he heals by binding the forces of the occult, darkness, and illness, thus freeing the person from these evil influences. Behind this procedure seems the idea that the name Jesus Christ “contains power” and may thus expulse the illness. Since sickness is of demonic nature, the healing is connected with exorcism. The person is “liberated” or else “freed in Jesus”.

Holy Spirit

We take authority over sickness and disease and pain in this meeting right now

And in the name of Jesus

I bind Its power

And I loose you from it this morning

I loose you in the name of Jesus

At other times, Andrews produces healing by making healthy organs appear. At other times again, Andrews calls the Holy Spirit to go to certain places to carry out its work.

Music, rhythm and audience size

Another way that participants are prepared for healings in the workshop is by *music*, a very widespread technique in Pentecostal healing services (Nickel 2002). In this workshop, Andrews starts out with a song. The song has a sweet melody and the lyrics consist of only three words: “Jesus is here”. The participants are thus expressing themselves musically what – at the same time – they are ceaselessly told by Andrews: that the Holy Spirit is among them *right now*. In addition, the music group continues to sing these words softly while the healing testimonies are taking place. Thus, music is also employed to immerse the participants in a specific state that will facilitate the experience of miracles and healings.

Andrew also uses *rhythm* and *pace* to prepare his audience. Again, this is a technique mentioned in the literature (Horwatt 1988:131). In our workshop, Andrews starts out very slowly and then increasingly picks up pace, raises his voice and even shouts. In the second part of the workshop Andrews also encourages the participants to sing a loud song (Hallelujah). Then again, he lets everybody be very quiet just to “feel the anointing”. The attempt to keep up and even to increase the pace is especially visible in the parts where healing testimonies are presented. Countless times Andrews admonishes the participants to act “quickly”. Immediately after one person has fallen to the floor (slain in the spirit), Andrews utters “quickly, next one”. The impression Andrews would like to give is clearly that a sort of fireworks of healings is occurring all over the auditorium.

- *If you've been healed this morning come quickly, come to the front come*
- *And just start to come out of your seats and come forward 'cause it will build very very quickly*
- *If you can feel the power of God that's been on you, Come very quickly. Come on. Run*

A further technique, often overlooked but of central importance, is the *size of the group*.²⁶ In our workshop, there were approximately 250-300 people in the room. The room was “full”, which is an optimal condition for a faith healing service to “work well”. There are several reasons for this. First, a large audience guarantees a relatively high probability that at least some individuals in the audience will have altered body perceptions and/or think that they are “meant” by one of Andrews’ “words of knowledge” (see below 5.3). Second, a larger audience allows the individuals to let themselves fall into altered states of consciousness more easily. With a small audience, individuals might become self-conscious and feel observed by the other members. Third, even 300 people might seem “few”, if they are in an enormous hall. For optimal results from the speaker’s viewpoint, the size of the room must therefore be adapted to the size of the group (or vice versa). Andrews attributes much importance to this point:

“Much depends on the size of a fellowship and their maturity to determine the size of the hall that should be rented. Healing meetings depend on atmosphere, and it will be a big mistake to get over enthusiastic and rent an enormous hall, only to have it one quarter full with people. If the sponsoring group is small, it will be out of proportion to expect a thousand people to attend the meeting. So why go to all the trouble of setting out all the chairs “in faith”?”
(Andrews 2003:180)

5.2 Giving out words of knowledge

One of the most important preparation techniques used by Andrews are “words of knowledge”, that is, predictions as to healings that were supposedly happening right there and then in the audience. According to Pentecostals, words of knowledge belong to the category of “spiritual gifts” and are defined as knowledge revealed by God about facts that the person could not have known in a natural way (Wimber and Springer 1991(1987):193). Ian Andrews receives these words in different ways. According to him, he sometimes receives a

“(…) picture that comes to my mind very quickly. It's a bit like a flash picture. It flashes in front of your eyes and then it's gone. (...). Sometimes, I hear a voice. Sometimes I have the pain come to my body, that I know it's not mine (...) And so when you get that flash, you immediately seize on it and say it. And then see if somebody responds.

Here is an example referring to the healing of breast cancer in the healing workshop:

*We've got a person straight back through there²⁷
That has got a lump in the breast
I want you to go out to the ladies' room
Feel for it
And you'll find it's completely gone
You've been healed just get out to the ladies' room behind this
And it's completely gone*

Altogether, Andrews gives out seventeen words of knowledge of varying precision. Nine words of knowledge referred to physical problems, two concerned mental or spiritual problems, and six applied to unspecified problems. In general, they are (like the statements and promises of salvation) *very positive* and absolute. The people in the auditorium mentioned by Andrews are in the process of being *completely* healed by the Holy Spirit, the pain is disappearing *entirely*, and

²⁶ Let me note that the size, the values and cognitions of the audience as well as the charisma of the speaker (except, of course, the charisma produced in the workshop itself) are “background variables” that are constants for my case. Nevertheless, they have a causal influence. The larger the audience, the higher the percentage of convinced audience members and the stronger the charisma of the speaker, the higher the probability that individuals at the workshop will actually fall into an altered state of consciousness, interpret their experience as healings, and testify. This fact becomes clear when looking at our thought experiments and comparisons.

²⁷ For greater clarity, I have omitted the interpreter.

the cancerous tumor is *vanishing without leaving a trace*. Three attributes of the words of knowledge are important for them to “work”. First, there is a noticeable *lack of specificity* as far as the description of the persons is concerned. In general, Andrews does not know the gender, age, name, home, or even the location of the person in the auditorium.²⁸ Second, Andrews gives out words of knowledge touching on a *whole range of illnesses and afflictions*: from stomach ache to a bad neck, from cancer to angina, from back problems to deafness and paralysis. Third, it is interesting to note that the speaker *does not immediately verify* if each new word of knowledge is correct in reality, and he does not look for the concerned person in the audience. Rather, after a whole series of words of knowledge, participants come on stage and confirm more or less precisely one or more of the predictions (see below on “feeling meant”)

5.3 Audience attributes²⁹

The best preparation would not have much effect if it were not for certain attributes of the audience. If Andrews had preached in front of 300 hard-core Calvinists, it is likely that not many miracles and healings would have emerged. While I do not have quantitative data for the special case in question, my experience of attending many of AIMG happenings lets me estimate that in an average AIMG meeting, we have 90% of individuals with a Charismatic, Pentecostal or Evangelical background³⁰, usually a majority of women (around 60-70%) and that average age might hover around 40 to 50. Our interview data tell us what motives/desires, beliefs and practices these participants have.

Motives

I found four main *reasons* why individuals come to these meetings: (1) curiosity, often linked with the fact that they know people who help organize the meeting, (2) desire to get healing for oneself or for a person one brings to the meeting, (3) desire to learn more about healing and be motivated in one’s faith, (4) because they have been asked to help by praying for the sick in front of the stage. Often we find a mix of reasons. For our purposes, it is important to note that at least some audience members have the urgent desire to be healed “this time” and that many others at least entertain the possibility of being alleviated of some minor affliction. In addition, even if they do not come for healing, the great majority of participants do not attend in a “passive” mode. They come to learn how to heal themselves or to become strengthened in their faith in miracles and wonders.

Beliefs

Closely linked to the first point are audience *beliefs*. I propose to describe these beliefs by what I call a “Lakatos-model”. Lakatos (1978) argued that research programs by scientists (as well as all kinds of other belief systems like Marxism or Freudism) consist of unfalsifiable “hard core” beliefs that are surrounded by a “protective belt” of hypotheses, conjectures, ideas, arguments etc. Almost all of the AIMG participants that we interviewed argued in a similar way. They entertained a few “hard core” ideas. Among these, the most frequently cited were: (1) God exists; he heals today just as he did in the time of Jesus, (2) God is sovereign; in principle he could heal any and all illness, (3) Jesus has already paid for our sins – and therefore also our illnesses – on the cross, (4) it is always the Holy Spirit, never man, who heals, (5) the Bible tells us that we should pray for the sick. Very often, this “hard core” was explicitly presented as “beyond doubt”.

²⁸ However, he sometimes mentions more concrete details (a child has had earaches for a long time; a person is suffering from a neck problem because of a car accident). Andrews also becomes more concrete when describing how the concerned persons feel and experience their healings.

²⁹ This part on audience attributes, motives, beliefs, practices etc. has to remain rather short for lack of space. A companion article will be published to develop these points.

³⁰ This estimation coincides with the estimate given by Werner Lehmann (Interview).

Participants said “I cannot doubt that...”, “...there’s not a shadow of a doubt”, “...this is certain, it’s a fact, it’s a reality that I absolutely do not doubt...”

While these “hard core” beliefs were beyond doubt to most participants, many of the elements in the “protective belt” of participants were open to discussion. According to Lakatos (1978:48) it “(...) is this protective belt of auxiliary hypotheses which has to bear the brunt of tests and get adjusted and re-adjusted, or even completely replaced, to defend the thus-hardened core”. Three domains of additional hypotheses seemed to be important in the “protective belt”: A first set of hypotheses states that there are no fixed rules or laws to healing. Healing is “no exact science”, healing comes in “always different ways”, “you cannot make a rule”, “God does not want to close himself in a box”, “God is not limited in his methods, every time he touches in a different way”, healing is “not automatic”. This absence of rules and laws concerns the place, time, person and the attributes of healing as well as the appropriate methods in order to induce healings. A second set of hypotheses states – in a certain contradiction with the first set – that there are nevertheless techniques that may be used in order to further one’s healing. Clearly, most participants believed that certain individuals had the “gift” of healing, that praying for the sick could be taught and learnt, that faith, openness, and the removal of various “obstacles” could have beneficial effects on healing. A third set of hypotheses states that in concrete healings, natural and supernatural, human and divine elements may be combined and intermingled in various ways. Faced with a specific case of healing or non-healing, one can therefore never be quite sure just how much of what is apparent should be attributed to the Holy Spirit, to what is “human”, or to natural causes. For example, as many interviews told us, there is always the possibility that individuals will only claim to be healed when in fact they are not. This may be due to the desire to be healed, a desire to be on stage, an erroneous belief of being healed, or other “human” factors. Furthermore, interviewees were well aware of the fact that many maladies may be healed by natural causes in the course of time. With the help of these auxiliary hypotheses, it becomes possible to explain any and all (non-)healings while firmly protecting the hard-core beliefs stated above, namely, that God still heals today and may heal – in principle – any malady. We will come back to how individuals may explain specific (non-)healings when we treat the (bounded) rationality of (un-)belief (paragraph 7).

Practices

The qualitative interviews let us also say something about individual *practices* of audience members outside the specific meeting. It is important to understand that the great majority of participants are not confronting healing and miracles for the first time when they attend a healing meeting. Rather, most of them practice healing and experience miracles in their everyday lives. Many interviewees report that they pray for the sick and for themselves when they are ill, in their churches as well as in their family, and on their own. Most have experienced divine healings in the past and are able to narrate key experiences. Many have had words of knowledge for others and/or have experienced such words themselves.

All of this means that the public is largely familiar with the values and views presented by the speaker Andrews. The overwhelming majority believes firmly that spiritual healing is possible and many are practicing divine healing and words of knowledge in their church and everyday life. They also already know how to fall into some mild or stronger state of altered state of consciousness and are at least familiar with the habit of “testifying”. This is an important point when it comes to interpreting the entire healing service – a point almost completely missed by the “critical” authors cited above. It means that we cannot distinguish the performer and the audience. Instead, Andrews and (at least much of) the audience are *performing together*, creating jointly an atmosphere of miracles and healings (see chapter 8.2 below).³¹

³¹ For a general reflection on the “embeddedness” of spiritual healing in different cultures, see: Spickard (1995).

5.4 "Feeling Healed" and "Feeling Meant"

With the help of the techniques described so far, Andrews may induce the belief in participants that they are healed or at least meant to be healed. This is done in three (mutually non-exclusive) ways. First, due to the various preparation techniques described above, individuals may come to have a different perception of the body and mind and therefore believe that they have been healed or are about to be healed. In the literature, these states are sometimes called "altered states of consciousness" or "trance".³² In our healing service, the fact that such states are involved is beyond doubt. These states are clearly visible on tape; individuals describe them when testifying on stage and in our interviews. For example, participants describe having experienced heat, weightlessness, a vision of lights, very strong emotions, peace, impressions of something or someone touching them, a trembling of the whole body, uncontrollable laughter, weeping as well as special feelings in specific limbs (heat, bubbling, tingling). Often, these are immediately imputed to the Holy Spirit, as when individuals say they had "felt the freedom and love of God", "fallen under the Spirit", "felt how the Holy Spirit went through" their body or "moved around the audience. One interviewee said :

I went to Malley and then they prayed for me and then something just amazing, that is, I felt the power of God go through physically. And that I had never, never felt before in my life, it was like driving me crazy (Marie 9:00)

From an "emic" point of view, the Holy Spirit causes the "different behavior".³³ From an outside perspective, however, the social techniques described produce the body experiences of participants.³⁴ Second, individuals may have the feeling of being healed or about to be healed since they come to believe that one of the words of knowledge (that predicts a currently happening healing) is "for them", they "feel meant" (see above, 5.2). Many interviewees told us that they often think "this is for me" when a word of knowledge is pronounced. Other times, the word of knowledge seems to fit their case reasonably well, but they nevertheless remain unsure if it is "for them". They also often experience that other people "claim" a word of knowledge that they could have imagined was destined for them or, alternatively, suspect that if they have not been healed by a word of knowledge that seemed to be destined for them, others certainly have.³⁵ Here's a typical example of a person who finds that a word of knowledge is "for her":

(...) because for me, it's already happened to me to have a call for me and then you recognize yourself right away because you feel something, it's something physical, it, it, it goes through you from top to bottom, it's just, just talking about it, ha (laughter) there's something happening then, and then you say to yourself – but that's me! That's – that's me. (Annie)

Why do these words of knowledge "work" from an outside, sociological point of view? Why is it that many individuals come on stage in order to confirm the prediction? First, we find an *effect of probability*. As we have seen above, Andrews expresses his predictions very generally and he virtually goes through the list of possible physical and mental problems. It follows that the

³² Such experiences are very common in Pentecostal healing services and have often been described (e.g. Navarro 1998; Aubrée 1996; Poloma/Hoelter 1998:261; Wimber/Springer 1991(1987):148), but also in many other religions, e.g. candomblé (Motta 1995). For a psychobiological approach to altered states of consciousness, see (Vaitl et al. 2005:100).

³³ In emic terms, participants often use the expression that "something is happening".

³⁴ Thus, Vaitl et al. (2005:107ff) report various experiments that show how drumming, dancing, meditation, and relaxation may lead to specific psychobiological states associated with augmented pain thresholds, drowsiness, disorientation, and hallucination. And Abbott et al. (2001) notice that actors playing the role of alternative speakers were able to induce the well-known feelings of "tingling" and "heat" in the subjects.

³⁵ To give just one example: "This has already happened to me to hear things [words of knowledge JS] ah, hey, this is for me then I hope, I put my hand on my knee and all, finally I am not healed but it's not – after I say to myself, alright, there's somebody else who is healed, good for him (laughs)." (Tina)

probability becomes very high that within a large group at least one person will feel implicated. Second, there is an *effect of self-validation*. The predictions of Andrews incite the members of the audience to interpret their current situation as phenomena described by him. As soon as individuals agree to recognize Andrews' description in the experiences that they are having and testify accordingly, there is "confirmation" of the prediction.³⁶ Third, and interestingly, individuals may come to believe that they are healed or about to be healed even in the absence of any "confirming evidence" (such as a word of knowledge or an altered state of consciousness/body perception). In these cases, they just "take it on faith"; since they believe that they will be healed, they will be healed. Here is an example:

One Sunday morning they prayed for people who had pain in their backs I got up I said to myself that's for me today that's more like faith that you put into action it disappeared overnight I never even thought about it three days later I said to myself oh but I had a pain in my back (Magdalena)

Note that it is not easy for individuals to know if they really have been healed. After all, they have to decide on the spot, without medical assistance. Individuals are therefore forced to decide on the grounds of often somewhat shaky indicators. A good example is the following participant who recounts how he thought he was healed and testified, but then had to understand that there had, in fact, been no healing:

Even me, it happened to me one time when I thought my tinnitus had disappeared after a prayer that someone said on stage for people who had tinnitus and the Lord did something then (...) and (...) I even went to testify after to say that it had gone away but it was it was too much all at once I couldn't make sure it wasn't quiet enough to make sure (...) But it seemed to me. (...) (Eduardo)

We thus see that individuals have varied possibilities to get themselves to believe that they have been or are about to be healed. These motivations then lead them to testify.

5.5 Testimonies

A final element of the healing service can be found in the "(healing and prediction) testimonies". We can define Christian testimonies as statements whereby individuals reveal their Christian faith to others. In the case that interests us, individuals are invited to announce healing testimonies. As a side effect, they may also confirm predictions, thus attesting to further miracles. While healing testimonies and prediction confirmation always go together, it is useful to treat them separately. Let us first look at confirmed predictions.

Testimonies of confirmed predictions

In fact, during the healing service several individuals come on stage and confirm Andrews' predictions. The confirmations are sometimes very explicit; one individual starts out by saying: "I'm the one whose neck was healed. I had a car accident about (...)." At other times, the confirmation is made more indirectly, such as when one participant says: "You were talking about occultism, um, about the occult. And last night I had a dream about a very bad spirit." From the emic point of view, these happenings may be seen as miracles. But can we account for these happenings from an outside, sociological point of view? Let us first describe a bit more in detail just what kinds of confirmations we are dealing with. From the seventeen words of knowledge given out by Andrews, ten are specific enough that they might be "confirmed". Six of these ten are then actually confirmed either explicitly or implicitly by individuals who testify

³⁶ Interestingly, this effect of self-selection may even work when one listens to a CD! One interviewee narrated that she listened to a CD many months after the recorded healing workshop; the speaker on the CD said that NOW there is a person there who has problems with her eyesight that gets healed – and in fact she was healed there and then, sitting in her armchair. (Claire)

(which means, of course, that four out of ten are not confirmed). However, even when words of knowledge are confirmed, a closer inspection of the testimonies shows that the predictions and the experiences by those who “claim” the word of knowledge often do not match very well. For example, Andrews prophesies that a woman is healed instantaneously and completely from breast cancer. The woman who claims the healing says that her breast is still afflicted by a tumor, but “feels softer than before”. In another prediction, Andrews prophesies that a person in the audience “is in the occult” and “knows about power”. The person who “claims” this word of knowledge has apparently just had a bad dream about a bad spirit. We therefore see what we would have expected in the presence of a shotgun-technique³⁷ and self-selection effect: Andrews “takes a shot” at predicting healings of a whole range of maladies in the audience and audience members are selecting themselves by thinking “this is me” and then testifying, even though the “fit” with the prediction might be rather slight.³⁸

Healing testimonies

In the workshop, various healings were claimed. One woman can suddenly hear. In the midst of cheers, she holds up her hearing aid and says, “I believe I don't need it anymore”. A man claims that a “growth” in his leg is “going away”. A woman seems to have been healed after twenty years of depression. Another woman's neck that had been stiff because of a car accident is healed. In the following example, an elderly woman affirms that she has been healed of deafness.

- Participant: *J'entends, j'entends, j'entends, j'avais besoin de ça (shows hearing aid), j'entends maintenant*
- Interpreter: I can hear now, I can hear now, halleluiah, halleluiah
- Participant: *Oh Jésus!*
- Andrews: How long have you been deaf ?
- Participant: *Oh ça fait longtemps, que j'ai un appareil assez longtemps
J'ai un j'ai un appar... j'avais un appareil acoustique depuis très longtemps
Euh euh euh maintenant il me semble que j'en ai plus besoin !*
- Interpreter: And now I think I don't need it anymore (shows the hearing aid to everyone)
Halleluiah
- Andrews: Bless you, bless you, bless you

The testimonies may be seen as small interactions between Andrews, the interpreter, and the testifier³⁹; they are most often structured in a very similar manner. Andrews begins with an invitation to speak (“What happened?”, “What happened to you?”). One or two short sentences follow in which the person tells his or her illness or problem and how he or she was healed. Then, Andrews sometimes asks the person for details of her story (for example, he asks when the depression first began), or else he incites the person to demonstrate her healing (for example, show that she can hear with the formerly deaf ear). The purpose of this is to dramatize the healing. Then, Andrews praises Jesus (“Thank you Jesus”, “Isn't Jesus wonderful?”) and places his hand on the person's forehead. With this gesture, the person often falls backwards. “Catchers” then hold her up, thus preventing her from injury. In what way are the testifiers healed? A close look at the testimonies shows that the twenty-four individuals (twenty women, four men) who testify are by far not all “completely healed” as the words of knowledge by Andrews would have

³⁷ The so-called “shotgun-technique” is also used by speakers such as Pat Robertson, Ralph DiOrio, Ernest Angley, Kathryn Kuhlman, or Benny Hinn (Randi 1989:198, 218, 238; Nickel 2002; Gilovich 1991:132; Nolen 1975:53ff.).

³⁸ For a concurring explanation involving the assumption of “ESP”, see Lewis (1991).

³⁹ In all, we find in this workshop twenty-four of these interactions between Andrews, the interpreter, and a testifier (twenty women and four men).

had it: 37.5% claim to have been healed; 20.8% say that they have been partly healed; 25.0% of individuals do not seem to be healed and 16.7% individuals do not claim any healing (but testify to an emotional experience). What problems and what types of healing do the participants mention? In 54.2%, they pertain to physical illnesses (for example, arthritis, neck problems, cancer, and deafness). In 29.2%, they concern emotional or spiritual problems (mental confusion, bad dream, depression, and grief). In 16.7% cases, the persons do not mention a problem, but a joyful experience in which the Holy Spirit intervenes. Again, this state of affairs fits our model well, showing that many things may trigger testifying: perceived healings, bodily and emotional experiences, complete or only expected healings, etc.

Selection effect

Testimonies are not governed only by the desire of individuals to testify. The setup of the healing meeting includes at least three important additional mechanisms that render the testimonies more powerful: selection, editing and latency. The selection effect is produced by the norm requiring that only healings (but no non-healings) should be allowed on stage. Very repeatedly, the participants are called to come on stage if they are healed.

- *Those who have been healed now you can come forward and give a testimony of the healing of God*
- *If you've been healed this morning come quickly, come to the front come*
- *If you can hear come up, I want people that have been touched by the Holy Spirit*

The norm is not just repeated countless times by Andrews, it is also (although not very strongly) enforced by helpers who do a “screening” before leading witnesses to the stage.⁴⁰ However, the norm is not always followed. Some persons come on stage evidently without being healed; they seem to hope to receive healing through closer contact with Andrews. At one very interesting point, Andrews sends a person who does not respect the norm back to her seat.

<i>Andrews:</i>	<i>How long have you been deaf?</i>
<i>Participant:</i>	<i>Oh oh les médecins ils disent que je suis sur..., non non mais je suis.... je n'entends pas bien encore hein...</i>
<i>Interpreter:</i>	<i>But she can't hear any... yet</i>
<i>Andrews:</i>	<i>Right, but I don't want that, I want people who have been healed. It's the Holy Spirit is doing the healing, not me</i>

Editing effect

Another mechanism to be observed is an “editing” of the testimonies by Andrews. These techniques make the testimonies more impressive than they would otherwise have been. There are several techniques of editing.

One technique consists of not going into detail as to what has actually happened and just assuming that the person that recounts a problem on stage has been totally healed. Andrews uses this often. He always receives the testimonies in a very positive manner and validates them. Even if the “witnesses” express only very unspecific things, such as a happy face or trembling, Andrews immediately takes it as confirmation of the fact that the Holy Spirit is at work and that he is healing. In the following segment, Andrews has questioned individuals who have been

⁴⁰ *In the documentary by Thomas (1999), this selection effect is shown in a Reinhard Bonnke healing service. Before the stage, cripples are desperately trying to be healed, walk, stand up, and see. They are rejected with the words, “We want miracles. We want healings. We want those that are healed. We don't want those that need to be prayed for to be healed.” See also: Nickel 2002.*

“healed of depression”. Since the witnessing woman looks happy, Andrews simply assumes that she has been healed of depression, without going into further detail.

Andrews: *Look at this lady*
Andrews: *Isn't she beautiful?*
Andrews: *How long have you been depressed?*
Participant: *Twenty years*
Andrews: *Twenty?*
Participant: *Twenty*
Andrews: *Twenty years!*
Andrews: *Look at her*
Andrews: *Oh Jesus loves you*

Another way of editing is the dramatization of the healing by emphasizing either the importance of the malady healed or the completeness of the healing in the present. The example just cited is also a case of the first strategy, for Andrews insists on the fact that the woman has been depressed for *twenty years*, before finally being healed this day. Examples of the second case are when the Interpreter holds up the (now useless) hearing aid of an elderly woman in order to dramatize how well the woman now hears, or when Andrews “tests” the newly found hearing of another woman by whispering words into her formerly deaf ear.

A final way of editing is the “handling” of non-healings. When people without a healing succeed in getting on stage (against the norms of the interaction system), Andrews does not take their testimony as evidence that the Holy Spirit has not fulfilled expectations. Rather, he prays for these people and “heals” them on the spot. This is mostly followed by the persons falling to the floor under the power of the Holy Spirit, where they continue lying without further being interviewed about the effectiveness of the treatment. In any case, there is no immediate “confirmation” of their healing, which has the advantage of excluding possible negative messages (“It still hurts”, “I still can't move my leg” etc.).⁴¹

Latency effect

A third mechanism enhancing the effect of testimonies may be called an *effect of latency*. The fact that the different provisions are not verified one by one but are grouped together, and even that a whole set of verifications (testimonies) later occurs masks an important element: many testimonies match the content of the words of knowledge only superficially, and many words of knowledge are not confirmed at all. Furthermore, it thus becomes possible that individuals will testify even if they have not been healed in this workshop, but at some other time and place, without this becoming evident. The fact that this is the case is “latent”, because so much is happening in the workshop that spectators easily lose count of predictions made and forget what exactly was predicted.⁴² This effect might only be eliminated if the speaker gave out a prediction and then immediately started to see if it was verified.

5.6 Auto-amplifying Processes and Charisma

We have already cited Ian Andrews as saying that “Healing meetings depend on atmosphere”. I agree but must ask why atmosphere is indeed so incredibly important. The reason is that healing services depend on a close interaction between the speaker and the audience. This mutual reinforcement leads to the possibility of important self-reinforcement effects. Thus, if nobody or only a few obtain healing; the speaker and the audience lose confidence; the individuals “cool

⁴¹ “Editing” has often been described in the literature and again it seems that other speakers resort to much bolder editing (e.g. Rose (1971(1968):148)).

⁴² This assessment is in stark contrast to Ian Andrews' view. He states that “95% plus” of words of knowledge are verified, even if not all of them immediately (Interview).

off”; nobody falls into altered states of consciousness; and this results in even fewer healings. Conversely, once a few strong healings have been claimed, this “builds faith” and a healing service can rocket off to a frenzy of miracles and healings.

This also means that the “charisma” of the speaker, both in the biblical and in the everyday sense, is a highly vulnerable thing. It helps, of course, to be well known and to have a reputation for miraculous deeds. However, much like a rock star or comedian, if the speaker does not “deliver” on the spot, if he does not succeed in enthraling his audience, his long-earned reputation is not worth a cent. As Weber (1978(1920):1114) noted, charisma depends on success and if there are no healings, the speaker does not seem to be imbued with the Holy Spirit. In our case, Ian Andrews is a well-known speaker, but by no means a “star”. Nevertheless, his technique is good enough to produce quite an important amount of miraculous and healing activity.

6. APPLYING THE MODEL. THOUGHT EXPERIMENTS AND COMPARISONS

Explanatory sociology looks for “causal mechanisms”. It implies that changing the causes will change the effects. In a social scientist's ideal world, we could do randomized social experiments, setting up healing services with various parameters and then measuring the outcomes. Since this is not feasible, social scientists use other techniques. One is statistical analysis of non-experimental data wherein various variables are “controlled”. It might well be possible to try testing the model given here with such an approach in the future. For the moment, I will use two other (and less costly) methods: thought experiments and comparisons.

6.1 Thought Experiments

In thought experiments, social scientists change the explanatory variables in their models only mentally, trying to imagine what would or should happen to their dependent variables (Maxwell 2005:58ff.). While this is admittedly a rather poor substitute for the “real thing”, it nevertheless may lead to some interesting insights and plausibility checks.

Let us imagine what would happen if the most important norm of the workshop were reversed: only the persons who had not (yet) been healed would testify. We would then see long lines of sick people; through the testimonies, God would appear as inscrutable and a depressing atmosphere would pervade the room. Monnot (2009) describes the closest thing I know to such a format, where a number of the non-healed testify. As we would have predicted, the atmosphere becomes very heavy indeed. Interestingly, the witnesses did not testify to the “absent God”, but instead talked about a God who gave “messages” instead of “healings”.

Similarly, we can imagine what would happen if each healing action were immediately verified after being stated. This would create a much higher proportion of falsified healing actions and inapplicable words of knowledge and consequently would lead to a less positive evaluation of the overall results of the event. Interestingly, I have seen a speaker at one AIMG meeting trying to do just this. He went to the first person with an illness and tried to heal by the laying on of hands. After a minute of prayer, he asked if the illness was gone. The individuals prayed for either said that it “still hurt” or mumbled somewhat embarrassedly that they “felt a bit better”. When people said they were not yet healed, the speaker tried again and prayed another round, then asked again if the illness had now gone away. The embarrassment of the people prayed for mounted visibly. In fact, the whole atmosphere in the room got increasingly “heavy” and embarrassed. Shortly after, the leaders of the congregation took over the meeting from the unlucky speaker, resorting to their usual “shotgun-technique” of words of knowledge and self-selected testimony. In a similar manner, we could check our model mentally by imagining what

would happen if we conducted a healing service with very few, say: ten, people. That would render the “shotgun-technique” useless and predictions would easily be falsified.⁴³

Another thought experiment is to imagine what would happen if we reduced the number of people in the room – say to one individual and then tried to give out words of knowledge. Again, the probability of falsification would be immense. Interestingly, interviewees narrated that they sometimes give out words of knowledge for specific individuals for whom they are praying. However, the form of these words of knowledge then changes drastically; it is never words of knowledge as Andrews gives out, but rather biblical citations, images or general impressions that are followed by the question, “Does that make any sense for you?” In a way, this is a “shotgun-technique” on another level. While Andrews “takes a shot” to see if anyone from a multitude of persons would respond, here the giver of a word of knowledge “takes a shot” to see if what he says will relate to anyone of the multitude of experiences the receiver might have had (in the case of tarot card readers this is sometimes called “cold reading”).

6.2 Comparisons

However, we do not always have to change parameters mentally. Fortunately, various social actors do it for us, so that we can compare the effects of different healing formats and settings and see if the predictions of our model concur with observations in the field. In what follows I will limit myself to three rather specific comparisons.

Peter Popoff

A comparison of the Andrews meeting with the healing services by *Peter Popoff* shows a striking difference in the accuracy and use of the words of knowledge. While Ian Andrews only gives out very vague and unspecific prophecies that are never immediately verified, Peter Popoff puts on a very different show. In fact, he knows the exact name, the address, the malady, and often even the name of the doctor of a person in the audience. Immediately after he has “received” the word of knowledge, he goes on to verify it – and sure enough, he is right. How is this possible? Randi (1989) showed that Popoff used an electronic hearing device. His wife Elizabeth and helpers collected the information about participants before the show and transmitted it “live” to him – who then plays the miracle man.⁴⁴ This is the “hard core” version of the words of knowledge, and although it looks much more miraculous than the “soft core” shotgun technique, it is risky and easily falsified.

Healing rooms

Another interesting comparison can be made with healings in so-called “*healing rooms*”, organized by the AIMG. Healing rooms are places where a number of “intercessors” (Christians who have been baptized with the Holy Spirit and who have been trained in divine healing) pray for the sick, usually one patient at a time.⁴⁵ Our interview data suggest that healings in these healing rooms have some very important differences from those observed in our healing workshop. Especially, healings are not necessarily considered instantaneous. The official information goes a long way to explain that healings may be “partial”, are a “process”, may take “days, weeks or months” to become reality, may be “lost” if the patient doesn't “keep up the

⁴³ In an interesting paper, Amiotte-Suchet (2005) compares Pentecostals to Catholic pilgrims going to Lourdes. Among other things, the paper shows how stricter criteria for healings reduce the number of “miracles” drastically.

⁴⁴ Another way of doing this without a hearing device is to collect the information before the show and then use mnemonics to remember all the information. See Randi (1989:39).

⁴⁵ Healing rooms were invented by John G. Lake at the beginning of the twentieth century. In 1999, Cal Pierce took up the tradition and re-opened the healing rooms. Since then, a movement of healing rooms has spread to various countries. See the information on www.laguerison.org

faith” etc.⁴⁶ This interesting finding can easily be explained. Since the healing room format does not use the “shotgun-technique” and self-selection, and since the effectiveness of the healing is in fact immediately tested on the person that is supposed to be healed, the “physical effects” of divine healing intervention will be much less spectacular, often only minor or completely absent (compare to Csordas 2002:336).⁴⁷

Benny Hinn

In the *Benny Hinn* format of healing services, we can again see differences with our workshop. What is immediately obvious is that the “effects” created by Hinn are much more spectacular (see the documentary by Thomas 1999). Thus, Hinn can point at a person and the person is seemingly thrown to the floor by an invisible hand. Hinn can face his audience and scream “power” and about a hundred people seem to fall over like a row of dominoes. It seems to me that three variables explain this phenomenon. First, Hinn works with a much larger audience; the effect of the size of the audience is thus multiplied by a high factor and the overall excitement may therefore rise to a much higher level. Second, Hinn has a stronger personal charisma surrounding him; he is a superstar among the speakers and thus may create a stronger “hypnotic effect” on some individuals. Third, and most importantly, due to very large audiences and good screening of participants, very highly charismatic and easily influenced individuals can be chosen to come on stage. These individuals will then act exactly as expected (Nickel 2002).

7. BOUNDED RATIONALITY AND THE PERSISTENCE OF HEALING PRACTICES

Even if we accept everything said thus far in this paper – some major questions remain unanswered. They seem to be salient for research on Pentecostalism in general, but they are especially difficult for the explanatory approach. The explanatory sociology approach assumes that individuals use (bounded) rationality; it is because of this assumption that the various explanations work. Now, it is not very difficult to explain why individuals with incurable maladies – from the point of view of biomedicine – turn to faith healing. As Gilovich notes (1991:126)

“Alternative medical practices offer hope when the limits of conventional medicine are exceeded. It is no accident that bogus remedies are most prevalent for those problems, such as arthritis, cancer, or aging that orthodox medicine can do little or nothing about.”

It seems to be quite rational to try a fringe cure if everything else has failed.⁴⁸ However, the majority of individuals who witness faith healing services are not “terminal cases”. Why are these people often deeply convinced even in the long term? If it is true that faith or divine healing has only a placebo effect – why do they keep on conducting faith healing services? If they were rational, should they not learn at least in the long term that their healing efforts are vain?

My own position is that Pentecostals use (bounded) rationality just as well as anybody else, but because they begin with different assumptions and have different experiences, they end up believing in the reality of miracles and healings in the long term even if the evidence (from the outside) seems lacking.⁴⁹

⁴⁶ See the information on www.laguerison.org.

⁴⁷ I have to acknowledge that our interviewees do also narrate cases in which miraculous healings happened in a small circle of individuals “under their eyes”. Nevertheless, the overall difference of presentation of healings in large-scale meetings and small-scale healing rooms is striking.

⁴⁸ If I may testify myself – when my father had a brain tumor and the second operation did not have any effect, our family did not hesitate a second to make him drink large amounts of an allegedly miraculous thistle tea provided by an alternative healer.

⁴⁹ For a general view on the “plausibility” of healing religions, see Dericquebourg 2004.

For lack of space, I can only sketch the argument that will entail three points. First: Many participants showed a *belief-structure* that is no different and no less rational than many other belief-systems, ideologies or even scientific theories. As shown above (5.3), they hold a “hard core” of beliefs and a protective belt of auxiliary hypotheses that lets them protect the hard core and in principle explain any apparent “falsification”.

Second, the *reasoning* most participants use when evaluating healings and miracles in specific workshops seems to follow a practical, everyday rationality (Esser 1993). In fact, participants were far from thinking that everything they saw in the healing workshops was “true” or “real”. Rather, their answers showed a great amount of skepticism in specific cases. Faced with what was presented as a divine healing, participants thought that it was always possible that the healing would have occurred anyway (naturally), that it was only feigned by the person or that the person honestly thought she was healed but in fact wasn’t. Respondents often pointed out that some testifiers are “human” and just want to be on stage, that others “claim” a healing since they think that they will be healed with a higher probability and that still others only think they are healed because of the “manipulative” atmosphere of healing meetings.⁵⁰ Likewise, however, an apparent non-healing can just as well have many different reasons and certainly cannot falsify the claim that God heals still today. In fact, respondents produced a very long list of arguments and hypotheses (this is the “protective belt”) in order to explain non-healings: If a person has not been healed this may be the case because the person did *not have enough faith* (e.g. person looked at the malady, not at Jesus), did not really *want* to be healed⁵¹, was faced with *external obstacles* (e.g. not lived in accordance with the Bible), was faced with *internal obstacles* (e.g. anger, non-pardon) or an unfavorable situation (e.g. the speaker did not have enough faith).⁵² Alternatively, perhaps a healing *has occurred*, but due to special circumstances, has not (yet) appeared as such. Thus, it may be that the person was healed, but: she/he wasn’t able to “keep the healing” through faith, the healing has not yet been “manifested” but will do so in the future, the healing arrived in a different way than expected (e.g. emotional instead of physical). Alternatively, it may be that there has been a healing, but it occurred not to the person for whom people had prayed, but to some other person.

Third, most interviewees were able to point to “good evidence” (at least in their eyes) that supported the claim of divine healing (Boudon 1997). Most of them had acquaintances, friends and relatives that had been healed in spectacular ways in the past; they had no reason to doubt their testimonies. Furthermore, many thought that the Holy Spirit helped them effectively to fight maladies in their everyday life. From an outside perspective, this latter point is easy to understand. There are two reasons for this. First, the human body cures most illnesses by itself. If a person is ill, uses an – even inefficient – medicine or treatment, and then gets better, the cure seems to have worked (Gilovich 1991:128). Second, maladies are never stable. Periods of greater suffering alternate with periods of relief. If individuals use an inefficient treatment when they suffer greatly, chances are that their suffering will diminish because of the normal variability of the malady (this is just “statistical regression”). Again, the cure will seem to have worked (Gilovich 1991:128; Nolen 1975:69ff.).⁵³

⁵⁰ Many respondents were acutely aware of the fact that some speakers try to manipulate or “condition” the audience in order to “produce” more apparent healings. This was one of the critiques most often uttered.

⁵¹ It must be noted that many of these explanations were also strongly rejected by various interviewees, especially the idea that a non-healing might be due to a lack of faith.

⁵² A final possibility given by some interviewees is that God had his own reasons we do not fully understand.

⁵³ To a certain extent, belief in Pentecostal faith healing may thus be explained in a similar manner as belief in other “alternative” healing methods such as homeopathy, Bach flower therapy, craniosacral therapy, or ear candles (Gilovich 1991:125 ff.)

To sum up: The persistence of Pentecostal healing practices is not due to “irrational” beliefs and practices. Pentecostals use completely “normal” (Lakatos-)belief structure, they use practical everyday reasoning and rest their case on (at least subjectively) “good evidence”.

8. CONCLUSION

This article has addressed the question of which social techniques produce miracles and healings in Pentecostal healing workshops. It has also tried to explain why such workshops may persist in the long term, even though people, in time, might learn that these healings and miracles are often greatly exaggerated. My answer, concisely, is the following: *Miracles*, that is, confirmed predictions of healings taking place in the audience are explained by the way the “interaction system” works. Andrews uses the “shotgun-technique”. That is, he calls out a number of supposed healings in the audience, going through a list of possible maladies. Since the audience is large, he has a high probability that at least one person will accept the description as “fitting” him- or herself (effect of probability). When this person comes forward to testify, there seems to be a miracle, although the prediction produced its own validation (effect of self-validation). Since predictions are never immediately verified, but only after a certain lapse of time, predictions that are not confirmed are forgotten and predictions whose confirmations match badly are not noticed (effect of latency). *Healings* are also produced through the mechanisms of the interaction system. Andrews uses certain preparation techniques (words of knowledge, suggestions, music, rhythm, and audience size) in order to create altered states of consciousness and the feeling of being “meant” in various members of the audience. These audience members have a strong impression of being (about to be) healed. In a next stage, Andrews makes sure that only individuals who have a healing to report are allowed on stage (using norms and helpers). Finally, he “edits” the testimonies to make them look much more impressive than they would otherwise have been. If he does this successfully, by way of an effect of auto-reinforcement, individuals in the audience will perceive miracles and healings happening, increase their faith in the charisma of the speaker and have a higher probability of producing yet more healing testimonies. I have argued that these results are not in conflict with the basic assumption that Pentecostals use (bounded) rationality. Pentecostals have a “normal” belief structure including a “hard core” and a “protective belt” of auxiliary hypotheses; they are often quite skeptical and use practical everyday rationality to explain both healings and non-healings; and they rest their case on a body of (at least from a subjective point of view) “good evidence”.

My article seeks to make a theoretical and methodological contribution. *Theoretically*, I have shown what social mechanisms are at work that create the social reality of “miracles and healings” in a specific Pentecostal healing workshop. Thought experiments and comparisons with other formats show that a wide range of other Pentecostal healing phenomena can also be explained with the model. I have argued that such an explanatory approach has a distinctive contribution to make in comparison with anthropological approaches that do not focus on causal mechanisms as well as in comparison with critical approaches that fail to understand the social context and the beliefs and practices of the actors involved. *Methodologically*, I hope to have shown that qualitative methods such as videography and analysis of qualitative interviews may be used fruitfully in order to do explanatory, mechanism-based sociology. It is simply not true that “causal analysis” can only be done with quantitative methods.

This being a case study, the limits of my argument are clearly visible. The results of case studies are never “representative” for a given population of cases, even if we are dealing with “typical” specimens. Only future research on a wider range of phenomena and including possibly quantitative research designs will tell if this is a promising avenue for research on Pentecostalism. If that happens – I predict – all things are possible.

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