Transforming the Self and Healing the Body Through the Use of Testimonies in a Divine Retreat Center, Kerala

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Abstract In this article, we analyze the collective healing process that takes place on a weekly basis in the Divine Retreat Center (DRC) in Muringoor, Kerala. We argue that disease in the DRC is understood either as a psycho-somatic or as a spirito-somatic phenomenon. In contrast to other Charismatic communities, however, the body is the locus on which the medical effects of the healing become visible. The whole process is divided into several phases: First, there is a cleansing and disengagement procedure that aims to purify and liberate the participants through confession and counseling. Thereafter comes a climatic phase of personal emptying, transition and re-orientation during which the healing itself takes place. The procedure is finally completed with the person being spiritually “refilled” by the Holy Spirit. The dominant recurring element in the whole process is the continuous statement of healing “testimonies.” As an integral part of the healing procedure, these statements are used to share personal experiences among the participants in the center. They are produced in a strict format in order to be spread far beyond through various media (TV, newspaper, Internet, etc.). They thereby constitute a speech genre that follows specific rules and patterns. Through shaping one’s own biography in the frame of the testimonies, so we argue, the actual transformation of the self and therefore the miracle healing takes place.

Keywords Charismatic movement · Religious healing · Spiritual healing · Testimonies · Transformation of the self

Introduction

The Divine Retreat Center in Muringoor in Kerala is a controversial topic of discussion, not only among Christians. In recent years, it has attracted much wider attention in the mass media due to the medically transmitted testimonies of miracle healings, the high
amount of conversions and several cases of death. There are a growing number of devotees of the DRC who operate in an international network of similar institutions and who are becoming increasingly organized as well as technically accomplished. Healing experiences in the form of testimonies are broadcast through the Divine TV Channel that can be received worldwide via satellite. The ailments cured vary from slight physical problems to severe and incurable diseases such as cancer and HIV. In many cases, biomedical proof for successful healing is provided. These healing miracles occur during or after participating in a cycle of a one-week retreat in Muringoor.

Historically, the DRC goes back to the early twentieth century, when a member of the St. Vincent de Paul congregation (originating in France) founded a society of priests in Kerala. In 1977, this congregation established Potta Ashram including a prayer group and a one-day retreat. Father Mathew Naickomparambil—who is still the head of the DRC and a well-known figure in the media—became interested in the Charismatic movement that had already been established in Kerala since the early 1970s. When Potta became too small for the masses of people seeking help for their ailments, the DRC in Muringoor was founded.

The DRC is the largest retreat center of its kind in the world, and it is indeed the huge crowds congregating here that make a long-lasting impression. According to the website,1 over 10 million pilgrims have already attended retreats there. These take place on a weekly basis and are held in seven languages. All together the organizers of the DRC claim to have a team of 1,200 volunteers who come from all over India. Most of them have been in the DRC before in order to seek some form of healing but then gave up their former lives in order to dedicate themselves to voluntary work in the DRC. There are several institutions, such as an addiction rehabilitation center and a Divine Care home affiliated with the DRC and financed by donations. The DRC seems to grow continuously. New dormitories and other sleeping facilities are being constructed, and the halls for the retreats are being enlarged due to the increase in demand of spiritual healing. The DRC offers different kinds of bible courses that last between 7 weeks and 12 months. There is a one-month course for followers of different religions who want to convert to Catholicism and get baptized. According to the DRC administration, many take advantage of this opportunity.

The fee for a one-week retreat is 300 rupees, an amount that even poor people can afford. Throughout this week, the retreatants are not allowed to leave the DRC. However, there is little necessity as all facilities for the daily life can be found within the Center. Sleeping facilities are provided in single, multiple and dormitory rooms; ordinary meals are available; there is a laundry service, a travel reservation counter, a Divine restaurant, a pharmacy as well as a clinic, a hairdresser, several shops to purchase Divine articles (such as DVDs, books, souvenirs, t-shirts) as well as less Divine articles (such as snacks or personal hygiene products). Additionally, the site has its own railway station that is on the main line between Thrissur and Kochin. The rules are strict: Talking, smoking, the consumption of alcohol and the use of mobile phones are prohibited. Retreatants are supposed to get up at 5:30 a.m. because the first session starts at 6:30 a.m. every day. The last event ends between 10:30 and 11:00 p.m.

Drawing on the observations of Murphy Halliburton who visited the DRC at the end of the 1990s, Thomas Csordas (2009) is the only anthropologist mentioning the DRC so far. According to him, the main motivation for attending the retreat is health-related problems. Some, however, come for other reasons such as family problems, infertility or other life difficulties. Only a few attend the retreat exclusively for prayers. Most people arrive with their kin or at least one "bystander." Families with children are not an exception. All

1 http://www.drcm.org/
language sections consist of people with various religious and social backgrounds. Low-
caste workers attend as well as businessmen who arrive from the gulf for a vacation. 
However, it makes sense to distinguish those who have already been to the DRC and those who have not. The returnees are normally enthusiastically convinced of what happens at 
the Center and are therefore the first and most excited to provide testimonies of their 
former experiences.

As will be shown below, many aspects of the DRC suggest situating it in the context 
of global Charismatic movements. There is a danger of confusing the terms and institutions of 
Pentecostal churches, Charismatic Christianity or evangelicalism, which can be avoided by 
knowing their history (Csordas 1988; Robbins 2004 or Synan 1997). The nature of Charismatic Renewal as a movement that explicitly incorporates Pentecostal practices into 
Catholic ritual can serve as a means of formal distinction.

For strategic reasons, the official DRC institution is attached exclusively to the Catholic 
congregation of St. Vincent. However, our ethnographic material suggests an analysis of 
the DRC’s practices within the concept of the Charismatic movement. The priests also 
advise that the Charismatic movement has had a considerable influence on the DRC. 
According to Father George Kammattil, only some practices of the Charismatic movement 
such as the constant shouting of “Hallelujah” and “Praise the Lord” have been incorpor-
ated. In order to open the institution to people of various religious backgrounds and to 
preserve the unique character of the DRC, its leaders avoid officially calling it Charismatic.

It is a matter of debate that whether there is a worldwide homogeneous Charismatic 
movement (Coleman 2000; Robbins 2004 and Csordas 2009) understand the Catholic 
Charismatic renewal as a nexus of the global and the local: The phenomenon in itself is 
global; however, its devotees implement churches in local settings and respond to local 
concerns. The DRC differs from Charismatic communities described by anthropologists in 
the past. It is difficult to regard the weekly aggregation of people in Muringoor as a 
permanent community since the retreatants come only for a couple of days from all over 
India or even from abroad. Evidently most of them do not belong to a Charismatic 
movement but are Christians. Only collective healing takes place. There is not a lot of time 
or room for healing in smaller prayer groups during the one-week cycle of the retreat. The 
DRC does not interact with any kind of other medical care or healing system.

Transformations of the Self as a Healing Concept

The healing concept of the DRC must be located within the discussion of somatization in 
Asia and within the context of Charismatic healing.

Anthropological literature and psychiatric literature often ascribe inhabitants of the 
Asian region to a tendency to somatize suffering, which is assumed to be based upon the 
inability to recognize emotions or to talk about them. The somatic idiom of distress creates 
the possibility to experience and express suffering in a socially accepted way (e.g., 
Kirmayer 1984; Kakar 1997). According to this literature, in “western” societies, psychologization is the predominant view of psychological or emotional distress while “non-
western” societies give utmost importance to somatic dysfunction. These dualistic

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2 As the reader will see, there are many indications of the actual existence of Charismatic elements; 
however, one quite famous characteristic of Pentecostal and Charismatic movements seems to be absent, 
namely speaking in tongues or Glosolalia. As I heard, this phenomenon is only absent in the “foreign” 
sections but quite represented in the Malayalam section.
constructions have entered the anthropological discourse, especially on the level of psychiatric diseases (in Ots 1990).

However, the concept of somatization is already a western construction because it is based on Cartesian dualism. Therefore, the somatic expression of suffering should always be seen against the background of body, self and psyche (Kirmayer and Young 1998; Raguram et al. 2000). Marsella (1985) describes the relation between cultural concepts of the self and mental disorders and concludes that societies with a “non-individualized” self (such as Indian societies) tend to favor somatic expressions of suffering because the self is not constructed in existential and affective notions.

The anthropologist Thomas Csordas conducted most of his research among Charismatic movements in the USA. According to him, the predominant concept of the Charismatic division of the person is tripartite. A person is a whole of body, mind and spirit (Csordas 1994) but still seen holistically due to the strong interrelations of these parts.

Accordingly, the Charismatic Trinity consists likewise of three entities, who represent the three parts of the tripartite person: The father corresponds to the mind; the Son, the body; and the Holy Spirit, the spirit.

Csordas defines the concept of the “self” as an analytical unit that acts as an orientational process characterized by a prerelative bodily experience, culturally constituted and situationally specified (also Csordas 1990, 1993). Healing within the Charismatic movement takes place through the transformation of the self into a sacred one. Csordas (1994) categorizes a particular healing procedure for each part of the person. The body, with its medical problems, can be healed in a physical healing session. This is achieved using the technique of laying on hands, which is also used as a technique for all types of healing. The mind, often troubled by relationship problems, is treated in an inner or emotional healing session. Since these kinds of problems ("woundedness" or "brokenness") are often situated in the past as an interpersonal trauma, their origin is searched for in the biography of the individual. In an imaginary process, the painful situations are reconstructed, and Jesus’ presence in all stages is visualized to bring healing to these moments of trouble.

Csordas describes deliverance as a means of spiritual healing. It is applied either in the case of demonic possession or for lesser forms of influence of evil spirits on a person’s life. Due to the integral understanding of the person, these forms of healing genres are highly interrelated, especially as for their underlying etiology. However, it is important to understand that these are distinct, definable and self-sufficient categories.

A different scenario is presented in the healing cycle taking place in the DRC in Maringo. There, as most of the testimonies of the retreatants and the statements of the priests show, the procedures are mainly intended to heal physical ailments, secondarily mental problems, and enhance in general the spiritual growth. However, undertaking a closer look at the actual practices of the weekly cycle, we conclude that the procedure is mainly meant to heal emotional brokenness. As a consequence—so we learn—the healing of the physical ailments comes “automatically.” To illustrate this argument, let us turn to the ethnographic context of the DRC and its weekly ritual.

Healing Through Spirituality

Halliburton compared the atmosphere at the DRC in 1997 to a rock concert, which is quite accurate (in Csordas 2009). There are at least 3 h of daily adoration during which the retreatants are animated to sing, dance and praise with the accompaniment of musicians and the support of huge screens on which the lyrics of the songs and prayers are displayed.
Additionally, four lectures each day are provided by different speakers, most of them are former retreatants who want to share their experiences. Furthermore, a priest gives a sermon; another holds a holy mass. The day is completed by a 1-h meditation. In general, the talks and the holy mass are characterized by an elevated degree of eloquence, the employment of modern technology and an integration of the audience. In addition to these daily elements, the cycle of the one-week retreat is divided in several phases lasting one or more days. In the following paragraphs, I shall describe these phases in order to explain the healing process. According to the DRC, the cycle refers to the seven Sacraments that all form part of the chain of the retreat.

The first 2 days, Sunday and Monday, are considered an introduction. The content of the talks provide a basic Christian education: The rudiments of the bible are re-narrated, and basic Christian values are imparted. The retreatants are supposed to get into a spiritual mood by feeling the presence of God. This they do by acknowledging their own brokenness, by disentangling from the material world and by learning about the approach of the Center. Returnees to the Center provide initial testimonies. The courses of action, the songs and prayers are rehearsed. The retreatants have to “open their ears to God as a first step and cry out and shout to God for healing as a second step” as the priest guides. We interpret this phase as a disengagement from the world.

Tuesday is reserved for confession. After some lectures declaring sin as the barrier for healing and raising awareness of the importance of confession, all retreatants line up to confess to one of the (about ten) present priests. Moreover, the retreatants learn about the importance of the Holy Eucharist that should be experienced in a state of total self-surrender. This phase is intended as liberation.

Wednesday is the day of individual spiritual counseling. Similar to Tuesday, the retreatants line up to talk to one of the approximately 25 counselors who are mostly volunteers from outside the camp. This kind of counseling is not psychological. The counselors have charisma, that is, they are gifted with the knowledge and understanding of the sins and problems of the people. Personal issues can be addressed as well as questions of faith. Although there is guidance for counselors, they are mainly “inspired by the Holy Spirit and therefore purely spiritual.” This counseling leads the retreatants into reorientation. Confession and counseling are the only situations where individual face-to-face interaction takes place.

The climax is reached on Thursday evening with the session of inner healing. To prepare the retreatants for this almost-three-hour session, they are made to fast during the day. The inner healing starts—like most of the sessions—with singing, praying and praising. It continues with retrospective healing of different periods in life such the pregnancy of the mother, infancy and the youth. This healing focuses on feelings such as rejection, fear, sadness and anger. This so-called “healing of memories” (Csordas 1994) has also been described for Charismatic communities in the USA as a part of the inner healing session. It is set up to cure past emotional brokenness in a process of reliving it.

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3 Starting with the story of Adam and Eve, there is an emphasis on the Ten Commandments and the Gospels, which are outlined to illustrate the moral considerations of the numerous speakers.

4 Similar rituals in Pentecostal communities have been analyzed with Victor Turner’s concepts of a communitas and the liminal or transitional periods of social life through which individuals pass (e.g., Austin 1981 or Alexander 1991).

5 Tan (2009) interprets the fasting as an instrument to enhance attention on the spiritual world and strengthen the relationship with the divine. He himself observed that in the case of anointment, the desired state occurred more easily.
Thereafter follows a next prayer of deliverance from Satan. Thereby, those who are ready to announce their total and complete commitment to Jesus kneel down with the priest.

This exorcism prayer is supposed to relieve and free possessed retreatants. Subsequently, the retreatants—still on their knees—are animated to imagine themselves at the foot of Jesus’ cross, feeling his blood dripping down and running through various parts of their body, thereby healing all wounds. The retreatants forgive those who harmed them in any phase of their life. The session ends with the retreatants providing testimonies as enthusiastic witnesses of the intense experiences during the session. The whole time of inner healing is deeply memorable: Through intense music, noises, lights and the striking voice of the priest, an emotionally charged atmosphere is established. Most of the retreatants start crying, some fall on the floor or shout out loudly for Jesus. Being in the midst of all these emotions, it is hard not to be carried away and not to be completely absorbed by this oceanic feeling.

Friday is the day for "refilling the emptiness" of every retreatant’s body with the Holy Spirit. In practice, this happens through reciprocal blessing among the participants themselves, followed by the blessing of one of the priests. This blessing can be interpreted as a mass laying of hands. They symbolize the baptism of the Holy Spirit and are supposed to be transformative. Therefore, we refer to this phase as one of reintegration.

As Father Michael Payyapilly explains, the main reason for the problems of the retreatants is a rejection in their early childhood. If this “wound” is not healed, it spreads and manifests itself in the body in the form of a disease. According to him, emotional states such as anger, frustration or depression are the effect of sin and non-forgiveness that are signs of impurity and the lack of spirituality. As there is no other cause for these emotional states, eliminating impurity and refilling spirituality remove these negative emotional states. People with “real” mental health issues are explicitly not welcome and cannot be healed according to the administration. In their definition, those people are unable to stay calm, listen and follow the retreat and are—as soon as they are detected—sent to the affiliated Divine Charity Care Center. Physical ailments are whatever has been diagnosed as such by allopathic medicine, in addition to that, diffuse suffering or pain in any part of the body that cannot be recognized or treated by allopathic medicine.

So throughout this one-week retreat, the scenario consists of inner/emotional healing and a short prayer of deliverance, representing psychological and spiritual techniques according to Csordas’ categories. Nevertheless, as a result of these psycho-spiritual techniques, physical healing is supposed to be achieved. In this sense, the concept of disease and the healing procedure can be called somatic, mostly psychosomatic but also spirito-somatic.

The Use of Testimonies

The predominant ritual element that repeats itself throughout the different phases of the retreat is the testimony. No matter whether the retreatants experience an emotional or a

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6 Spoken in silence, as the priests sometimes do outside the ritual, the prayer separates the “real” possessed from the frauds by letting only the “real” possessed react to the prayer. According to the priests, pretending to be possessed is a very common behavior in order to avoid confrontations within the family and to attract attention. According to Father Michael Payyapilly, this falls in the category of psychological problems. In the DRC, deliverance and exorcism are not differentiated as such.
physical healing, oral and written sharing in public is central and omnipresent. Constantly, 
the retreatants are asked to testify their experiences either in front of a camera on the stage 
or at a quiet corner somewhere in the Center or by writing the testimony down onto a form. 
According to the schedule of the Center, there are two times when oral testimonies are 
made on stage: On the evening of introduction on Sunday when returnees are asked to 
share their experience as well as on Thursday, right after the inner healing session. For 
these testimonies, three cameras are set up from different angles. The testimonies of 
healing miracles are broadcast worldwide via the Center’s own satellite TV channel as well 
as through the Internet. Some are written down and published in the weekly DRC magazine 
“Divine Voice” sold in a package of ten issues.  

These testimonies follow a strict format, as the instruction of one father makes clear:

This is what we would like you to do, when you do come forward, please stand right 
in the center of the altar and there please tell us your name, the place where you 
come from, tell us what sickness you had, how many years you had the sickness and 
the healing. Please do not tell much, we don’t have time. Please see that you open 
your mouth when you speak and give your testimonies so that others can hear you. 
Please do not take extra time. (Father Michael Payyapilly, March 4, 2010)

Here is one example of a testimony:

Praise the Lord, my name is Amira, I am from New York. I had a pain in my finger 
on the right hand for the past few months; I was wondering what that could be and I 
am coming from a very cold place so I thought it was due to the cold. I used to apply 
oil like my doctor advised. Here today, during the inner healing, I was touched and I 
was healed and I think it’s because I was holding hate, so when father was praying 
about forgiveness I took it out of my chest and forgave them, right after that I felt this 
feeling of being cured and I think it’s because I chose to glorify god and god blessed 
me with curing. (Amira, March 4, 2010)

This testimony demonstrates the somatic effect of the psycho-spiritual healing tech-
nique. The finger stopped hurting after the woman solved her emotional problem.

Another one:

Praise the Lord, my dear brothers and sisters, my name is Ranjit, I am from Goa. I 
had a severe pain for the last two years and I am working in Saudi Arabia. I have 
been to X-ray and MRI but then somebody told me to come to the Divine Retreat so I 
came here and my right leg which was paining very severely that I could not even 
walk was healed during the Inner healing. It was disturbing my sleep but right now 
that I am over here, praying to Jesus healed me completely. Praise the Lord. (Ranjit, 
February 25, 2010)

After praising the Lord, the retreatants give some information about their own person, 
mostly only the place followed by some details on their illness. Many retreatants describe 
detail what kind of allopathic treatment they have undergone before and how hopeless 
they were because of its ineffectiveness. As a result, they visit the DRC. They normally

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7 Examining these written testimonies would be another task, since most of them are not originally written 
down by the retreatants but recorded by the Center and then modified, bible quotes are added. This also 
happens to the testimonies on the website. The spoken testimonies seem to be much shorter in general, the 
longest ones can be found in the newspaper.

8 All names are pseudonyms.
know exactly at which point of the inner healing session the illness vanished. The testimonies conclude by thanking God for the healing experience.

There are variations in the testimonies: If the healing experience dates back to some time ago, the exact point of healing is not mentioned any more, as this testimony of a retiree demonstrates:

I had a big cyst on my neck which was very painful and pus used to ooze out from that cyst. The doctor had advised me to have an operation. I attended a Retreat at the Divine Retreat Center in May 2009. After the retreat the cyst disappeared and I am completely healed. I give all praise and glory to God. Hallelujah!' (Josephine, February 25, 2010)

It might be the simplicity of the rules on testimonies that make almost all retreatants follow them. These testimonies are normally very short, and if one takes longer to express his or her experience, the retreatant is stopped by the Father. Also if somebody breaks out in tears, s/he is brought away by one of the numerous volunteers. We argue that the similarity of the testimonies arises from the strict rules imposed on them by the DRC. Nevertheless, most retreatants I spoke to after their testimony state that it was a very spontaneous act. "Through the Holy Spirit" they were guided onto the stage in front of the camera in order to share their experience. The testimonies are structured by the strict rules of the DRC, and therefore, again, they structure the experiences of the retreatants listening and watching them. Therefore, they provide the basic means of the transformation of the self and the subsequent healing experience.

For this conclusion, the testimonies must be located in a theoretical frame of the use of speech genres within Christian healing procedures.

As Harding (1987) points out, rhetoric is a primary remedy of conversion among "her" fundamental Baptists. The rhetorical performance of persuasion—such as gospel preaching and witnessing—is the major means of moving the audience to conversion. In her opinion, witnessing is firstly an argument about the transformation of the soul and secondly, a method of bringing about the change to the listeners.

According to Csordas (1987, 1997), there are four major genres of formalized speech used regularly in ritual settings and frequently regarded as verbal manifestations of the sacred: prophecy, teaching, prayer and sharing. Sharing is an utterance with a religious significance, which is referred to as testimony or witnessing when it occurs in public in a Charismatic surrounding. Sharing is also a standardized, autobiographic narration that follows a certain pattern and describes the personal transformation of the witness.

Szuchewycz (1994), McGuire (1982) and Csordas (1987, 1997) all argue that those testimonies express a shared paradigm of structure, content and performance. This pattern is learnt through observation, reformation of other group members and direct instruction, respectively “translation” of the terms and phrases into accepted ones by the group leader. In this way, a shared idiom of transformative healing experience is constructed and constantly repeated.

In Father Michael Pappapilly’s instruction, the details of what is worth being testified could not have been clearer. However, there is a great emphasis on the spontaneous occurrence of the sharings. Several times retreatants mentioned this spontaneous urge to spread the good news and to share it with others. According to McGuire (1982), sharing in its public form as witnessing is the greatest commitment mechanism of all forms of performance

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9 Others, such as Szuchewycz (1994), include “giving praise,” “singing hymns,” “praying and singing in tongues,” “silences,” “sharings,” “teachings,” “readings,” “words” and “petitions”.

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because it includes involvement in the new group and abandonment of the "old world" (and has therefore a resocializational element). Stromberg (1993) argues in a similar way. He suggests that through the use of language in the performance of sharing, commitment and even self-transformation occur. Talking about the function of sharing as a genre, Csordas (1987, 1997) highlights the spiritual and personal growth of the person performing it.

With this theoretical background, we define how testimonies are understood so far. They constitute a formalized, standardized speech genre, and they contain autobiographic narration. Through performance in public, sharing is an integral part of the healing transformation itself. On the one hand, one's own experiences and one's biography are being structured and put into a predetermined frame, or, so to speak, biography is being constructed and presented in a given pattern, which, again, structures the idiom designing the biography of those in the audience. In the process of shaping one's own biography, the transformation of the self—in the Charismatic sense of healing—into a sacred one and therefore the healing takes place.

Conclusion

The aim of this article is to show how healing in a Charismatic sense is practiced in the local context of the DRC in Muringoor. By means of an ethnographic description of the cycle, we demonstrated how different parts of the person are distinguished and approached. Physical healing is attained through a process of disengagement, liberation, reorientation and reintegration. In that process, the body is not addressed, instead the mind, the spirit and the emotions of a person are healed. In that sense physical healing attained is somatic, either psychosomatic, spirito-somatic, or both.

The testimonies made by the retreatants in the DRC are an integral part of the healing process. They include an introduction, a description of the former suffering, putting this in a sharp contrast to the current condition and thanking God for it. What particularly stands out is the existence of a specific moment when the actual change takes place. Csordas (1994) noticed a more gradual improvement in the healing occurrences in his communities. As pointed out by anthropologists in the past, these statements indeed serve the purpose of defining positions like commitment, involvement or transformation. Due to the fact that the sharing is witnessed by this immense public, it has also a convincing element for subsequent petitioners. Using a strict format and enforcing it on the retreatants additionally makes the testimonies fit various mass media. Recent literature on Pentecostal and Charismatic movements describes their increasing employment of modern mass media to spread their message worldwide in order to gain a wider audience (Anderson 1979; Coleman 2000; De Vries and Weber 2001; De Witte 2003; Hackett 1998; Stout and Buddenbaum 1996). It seems that one of the basic principles of Charismatic Christianity, namely the ideology of evangelization (d'Epinay 1969), and the media encourage the same principles: "a rationalized, quantitative approach to salvation alongside the presentation of belief in dramatic, experimental terms" (as summarized in Coleman 2000: 166, also Schulz 1990). The testimonies collected in the DRC serve exactly these efforts of rationalization and quantification. They form a new model of self-representation for the expansion-oriented Center, thereby satisfying the claims and rules of modern mass media with its simple but striking message of the transformation of the self and miraculous healings.

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