Stigmata: In Imitation of Christ

O f reputed miraculous powers, perhaps none is more popularly equated with saintliness than stigmata, the wounds of Christ's crucifixion allegedly duplicated spontaneously upon the body of a Christian. Indeed one historical survey indicated that about a fifth of all stigmatics are eventually beatified or canonized (Biot 1962, 23).

The year 1999 brought renewed interest in the alleged phenomenon. Among the offerings were the movie *Stigmata* (which even contained a brief shot of my book, *Looking for a Miracle* [Radford 1999]); a Fox television pseudodocumentary, *Signs from God*, which featured a major segment on stigmata (Willsees 1999); and the Vatican's beatification of the Italian stigmatic Padre Pio (CNN & Time 1999). For an in-progress television documentary, I took a new look at the subject.

**Evolving Phenomenon**

From the death of Jesus, about A.D. 29 or 30, nearly twelve centuries would pass before stigmata began to appear—unless one counts a cryptic Biblical reference by St. Paul. In Galatians 6:17 he wrote, "I bear in my body the marks of the Lord Jesus." Many scholars believe Paul was speaking figuratively, but in any case the statement may have been sufficient to prompt imitation.

St. Francis of Assisi (1182–1226) is credited with being the first stigmatic—or at least the first "true" one, his affliction occurring just two years after that of a man from Oxford who had exhibited the five crucifixion wounds in 1222. That man claimed to be the son of God and the redeemer of mankind, but he was arrested for imposture, his wounds presumed to have been self-inflicted.

In 1224 St. Francis went with some of his "disciples" up Mount Alverno in the Apennines. After forty days of fasting and prayer he had a vision of Christ on the cross, whereafter he received the four nail wounds and a pierced side. Francis appears to have sparked a copycat phenomenon, since publication of his reputed miracle was followed by occurrences of stigmata "even among people who were much lower than St. Francis in religious stature, and have continued to occur without intermission ever since," according to Catholic scholar Herbert Thurston (1952, 122–123). He continues:

What I infer is that the example of St. Francis created what I have called the "crucifixion complex." Once it had been brought home to contemplatives that it was possible to be physically conformed to the sufferings of Christ by bearing His wound-marks in the hands, feet and side, then the idea of this form of union with their Divine Master took shape in the minds of many. It became in fact a pious obsession; so much so that in a few exceptionally sensitive individuals the idea conceived in the mind was realized in the flesh.

Thurston believed stigmatization was due to the effects of suggestion, but experimental attempts to duplicate the phenomenon, for example by using hypnosis, have been unsuccessful—except for a related case which appears to have been a hoax. (The psychiatrist reported that bloody tears welled inside the subject's eyelids, but a photograph shows rivulets originating outside the eyes [see Wilson 1988].)

As the thirteenth century advanced, exhibitions of stigmata began to proliferate, one authority regarding it as "a sort of explosion" (Biot 1962, 18). Within a hundred years of St. Francis's death over twenty cases had occurred. The trend continued in successive centuries, with no fewer than 321 stigmatics being recorded by 1908. Not only were they invariably Catholic, but more than a third had come from Italy and the rest mostly from France, Spain, and Portugal, demonstrating that "the Roman Catholic countries, mostly with a Latin and Mediterranean influence have dominated the history of stigmata" (Harrison 1994, 9; Wilson 1988, 10).

The twentieth-century record of stigmata, however, "shows a change in pattern." Italy dominated somewhat less, and cases were reported from Great Britain, Australia, and the United States (Harrison 1994, 9). The latter included (in 1972) a ten-year-old African-American girl named C loretta Robinson,

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a Baptist and thus one of a very few non-Catholic Christians to have exhibited the stigmata (including at least three Anglicans; Harrison 1994, 9, 87).

Other evidence that stigmata represent an evolving phenomenon comes from the form of the wounds. Interestingly, those of St. Francis (except for the wound in his side) "were not wounds which bled but impressions of the heads of the nails, round and black and standing clear from the flesh" (Harrison 1994, 25). Since then, although bleeding wounds have been typical they have been exceedingly varied, showing "no consistency even remotely suggesting them as replications of one single, original pattern" (Wilson 1988, 63). For example, some wounds have been tiny, straight slits, others simple crosses, multiple slash marks, or indentations—even, in the case of Therese Neumann, shifting from round to rectangular over time, presumably as she learned the true shape of Roman nails. In some instances there were no apparent lesions beneath the seepages (or possibly fake applications) of blood (Wilson 1988, 64; Harrison 1994, 70; Nickell 1999).

Similarly, the wound in the side (representing the Roman soldier’s lance [John 19:34]) has appeared at different locations in the right or left side, or has been variously shaped—as a lateral slit, crescent, cross, etc.—or has not appeared at all. Some stigmatics have exhibited wounds on the forehead (as if caused by a crown of thorns [John 19:2]), markings on the back (representing scourging [John 19:1]), or abrasions on the shoulder (as from carrying a cross), and so on, while others have not exhibited these. There are even symbolic markings, such as "a vivid cross" that twice appeared on the forehead of stigmatist Heather Woods (a phenomenon previously experienced by seventeenth-century stigmatic Jeanne des Anges). And stigmata-like skin lettering—including the names of Joseph, Mary, and Jesus—appeared and reappeared on the left hand of Jeanne des Anges (1602–1665) (Wilson 1988, 64, 131–148; Harrison 1994, 2, 52).

Another trend in the evolving phenomenon—represented for example by Virginia priest James Bruse—is the location of nail wounds in the wrists. Others have tended to have them in the palms of the hands, so Bruse’s wrist marks seem instructive. As Harrison observes (1994, 40), stigmata in the wrists have appeared only since photography "revealed the wounds so positioned in the Turin Shroud." Actually, while the hands of the figure on the shroud are folded so that a single, exit wound shows, it seems to indicate the palm, although the flow of "blood" does extend to the wrist, thus giving the appearance of the wound being located there (Nickell 1983). Those who believe the shroud authentic (despite definitive scientific proof to the contrary [Nickell 1998]) have an interest in promoting the wrist site. They point to experiments with cadavers that supposedly show nailed hands could not support the weight of a body and would therefore tear away (Barbet 1950). (Skeletal remains have been discovered of only a single first-century crucifixion victim, a man known as Jehovah. A scratch on the lower end of the right radius suggests a nail had penetrated between the radius and ulna. Interestingly, a nail had been driven through the heel bones from the side, indicating that Jehovah had been forced into "a sort of sidesaddle position," quite unlike the familiar depiction of Jesus in Christian art [Wilson 1979, 50, illus. fol. p. 128].)

In any event, if it is true that the hand location is anatomically untenable—withstanding the gospels (John 20:25–27 and Luke 24:40)—the argument could be made that all stigmata in the hands are therefore false, a judgment that would exclude most reported instances. Certainly the shift of location to the wrists (in keeping with a modern view) is not surprising. Stigmatics in the Middle Ages likewise "produced wounds in themselves which corresponded to the pictures of Christ suffering around them" (Harrison 1994, 128). Similarly, the 1974 crucifixion vision of Ethel Chapman, during which her stigmata allegedly appeared, was "based on the images in an illustrated Bible which she’d been given" (Harrison 1994, 128; Wilson 1988, 147). Such strong connections between popular images and the nature of the stigmata are powerful evidence that the phenomenon is imitative.

**Stigmatic Profile**

A look at stigmata as an evolving phenomenon also sheds light on the people involved. The previously mentioned census of 321 stigmatics reveals "an interesting seven-to-one proportion of women to men." Not only were almost all Roman Catholics, but "a very high proportion were cloistered priests or nuns"—as was, of course, the first stigmatic, St. Francis, and such thirteenth-century stigmatics as the Blessed Helen of Veszprém (1237); St. Christina of Stommln (1268); and others (Harrison 1994, 10, 27–28; Wilson 1988, 131–133). Indeed, of the 321 stigmatics, 109 came from the Dominican Order and 102 from the Franciscans—an overall percentage of 66 percent from religious orders versus 34 percent layfolk (Biot 1962, 20).

Many stigmatics seem—also like St. Francis—to have had an early life that might be characterized as notably "worldly," before coming to believe they had been called to serve God. As a youth, Francis, the son of a wealthy merchant, was "gay, adventurous, generous, and popular" (Coulson 1958) and spent his

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**Figure 1. Cross-shaped wound on back of Katya Rivas’s left hand.**
leisure time in “hedonistic extravagance” (Jones 1994), even being crowned by his friends “king of the revelers” (“Francis” 1960). He later claimed he heard Christ’s voice asking him to rebuild a church, whereupon he plunged into religious service, adopting the life of a hermit and later forming the order of friars named for him (the Franciscans; Coulson 1958).

Others who were transformed from worldly to austere included the Blessed Angela of Foligno (1250–1309) who had married and bore several children but lost them all after her husband’s death. After selling all her possessions, she gave the proceeds to the poor and joined the Third Order of St. Francis (Wilson 1988, 132).

Another example is St. Catherine of Genoa (1447–1510) who married at sixteen, spent “ten years of a pleasure-seeking existence,” then, with her husband, devoted her life to tending to the sick in a local hospital (Wilson 1988, 133).

A more recent example is that of Father James Bruse (the Virginia priest with the wrist wounds mentioned earlier). Bruse’s pre-ordination life included finding his way into the Guinness Book of World Records in 1978 for riding a roller coaster for five straight days. He became a Roman Catholic priest the following year but subsequently found he had lapsed into a routine. Then came the “dramatic” events of 1991–1992 in which he not only experienced the stigmata but discovered statues weeping in his presence (Harrison 1994, 80–87).

Illness is another frequent characteristic. René Biot, in his The Enigma of the Stigmata (1962, 57), exclaims with wonder at “how many stigmatics have been bedridden!” He notes that St. Lidwina (d. 1433) had so many alleged illnesses that she was “a sort of pathological museum,” indeed a “museum of horrors.” Similarly, Therese Neumann experienced alternate bouts of convulsions, blindness, deafness, mutism, paralysis, and so on—effects that appear to have been due to hysterical hypochondriac or, more likely, outright fakery since the alleged conditions evaded diagnosis (Rogo 1982, 65–66; Nickell 1993, 227–228).

Figure 2. Post-stigmata marks on top of one of Rivas’s feet, most or all of which are scars from previous “stigmata.”

Given such cases one researcher noted the parallels between stigmata and Münchhausen’s syndrome, an emotional disorder involving feigned or inflicted illness (Schnabel 1993).

Still other stigmatics—like St. Veronica Giuliani (c. 1640–1727), Victoire Claire (c. 1808–1883), along with numerous others—often lapsed into states of ecstasy (i.e., apparent trance arising out of religious fervor). Following St. Francis, who supposedly received his stigmata during a vision of Jesus’ crucifixion, came several emulators, including Passitea Crogi, who, on Palm Sunday 1589, fell into an ecstasy and later described a vision of Christ bruised and bleeding. Other vision-delivered stigmata were claimed by Johann Jetzer, Therese Neumann (1898–1962), and James Bruse.

A great number of stigmatics were blessed, allegedly, with other supernatural phenomena, including the powers of prophecy and healing, levitation, bilocation (supposedly being in two places simultaneously), and inedia (the alleged ability to forgo nourishment). As an example of the latter, Angela of Foligno (1250–1309) reportedly went without food for twelve years. After death, the bodies of a few stigmatics were discovered to be “incorruptible” (i.e., to withstand decay). Also vials of blood preserved from the stigmatic wounds of Passitea Crogi purportedly reliquify on occasion (Wilson 1988, 131–148).

Needless to say, perhaps, such claims are unproved, and may be attributed to folklore, misperceptions and misunderstandings born of superstition, and pious fraud (Nickell 1993).

Proven Frauds

That many stigmatics were fakes is well established. For example, Magdalena de la Cruz, having become ill in 1543 and fearful of dying a sinner, confessed that her stigmata, inedia, and other phenomena were deliberate deceptions. Another, Maria de la Visitacion, known as the “holy nun of Lisbon,” was accused by a sister nun who saw her painting a fake wound onto her hand. Although initially defended by doctors in 1587, she was brought before the Inquisition, whereupon her wounds were scrubbed and the coloration washed off, revealing “unblemished flesh” beneath (Wilson 1988, 26).

Another fake was Palma Maria Matarelli who not only exhibited the stigmata but also “miraculously” produced Communion wafers on her tongue. Pope Pius IX privately branded her a fraud, stating that he had the proof in his desk drawer and adding, “She has befooled a whole crowd of pious and

The authenticity of some stigmata may be questioned in light of the mystic's character. For example, Teresa Helena Higginson (1844–1905), an English stigmatic, was dismissed as a teacher on accusations of theft, drunkenness, and unseemly conduct. And Berthe Mrazek, a Brussels-born circus performer turned stigmatic, was first regarded seriously but doubts came in 1924 when she was arrested for fraud and committed to an insane asylum (Nickell 1993, 223). Still other stigmatics must be viewed in light of their propensity for self-punishment and self-mutilation. These include the thirteenth-century masochist Lukardis of Oberweimar, who, before exhibiting the stigmata, "had the habit of driving her fingernails into her palms" (Wilson 1988, 132).

Circumstances surrounding the twentieth century's two best-known stigmatics—Therese Neumann and Padre Pio (both mentioned previously)—raise further doubts about the genuineness of the phenomenon. For example, a Professor Martini conducted a surveillance of Therese Neumann and observed that blood would flow from her wounds only on those occasions when he was persuaded to leave the room, as if something "needed to be hidden from observation." He added: "It was for the same reason that I disliked her frequent manipulations behind the raised [bed] coverings" (Similar suspicions also accompanied her professed demonstration of imedia; Wilson 1988, 53, 114–115).

As to Padre Pio, the local Roman Catholic clergy accused his friary of putting him on display in order to make money. Certainly a cult grew up around him, and village hucksters sold his credulous disciples alleged relics in the form of pieces of cloth daubed with chicken blood. Some physicians believed his wounds superficial but the determination was made difficult by their supposed painlessness and their being covered by "thick crusts" of what was thought to be blood. A distinguished pathologist sent by the Holy See noted that beyond the scabs was a lack of "any sign of edema, of penetration, or of redness, even when examined with a good magnifying glass." Indeed, he concluded that the side "wound" had not penetrated the skin at all. And while in life Pio perpetually kept his "wounds" concealed (wearing fingerless gloves on his hands), at death there was only unblemished skin (Ruffin 1982, 146–154, 305).

Many Catholic scholars have expressed skepticism about the genuineness of stigmata. One was a neuro-psychiatrist who had personally observed thirty stigmatization cases and in none of them "was able to eliminate, absolutely and decisively, every kind of artificial action" (quoted in Briot 1962, 102–103). Although attributing most instances to suggestion rather than hoaxing, Herbert Thurston (1952, 100) found "no satisfactory case of stigmatization since St. Francis of Assisi."

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Thurston and others defend Francis on grounds of his piety and character; however, his single-minded desire to imitate Jesus, his "immense capacity for self-sacrifice," and the fact that "he was a son of the church to the marrow of his bones" (Coulson 1958, 188) may have led him to foster a pious deception—something that many others have clearly been unable to resist.

A Recent Case

The Fox network's "Signs from God" heralded the Bolivian miracle claimant Katya Rivas whose repertoire included not only stigmata but the production of an unusual "delta state" on an EEG, automatic writing in languages she allegedly did not know, and multicolored "glitter" on a print of the Image of Guadalupe in her home. (For a review see Nickell 1999.) The show was hosted by Australian journalist Michael Willsee who, during an airplane accident in 1998, had "re-embraced his Roman Catholic faith in an instant conversion" (Randi 1999).

Rivas claimed she received a message from Jesus telling her that while she would not produce stigmata as hoped on Good Friday (the day Christians commemorate Jesus' crucifixion), patience would be rewarded. A later message announced that full stigmata would take place on the day following Corpus Christi (a Catholic festival honoring the Eucharist or Lord's Supper). The night before the stigmata were to appear, Rivas gave a sample of her blood as a control, since there was speculation that the blood from her stigmatic wounds might not be hers exclusively.

Figure 3. Small cuts on author's hand produce sufficient blood to simulate a sizeable wound.
Come the appointed time, unsuspecting viewers were treated to what had all the signs of a staged event. Rivas was abed, in a fashion reminiscent of Therese Neumann, and the covers provided ample concealment if trickery were involved. No doctor was in attendance. Michael Willesee made a cursory examination of Rivas’s hands and feet, and referred to scars from previous stigmata. These were seen on her feet but it was unclear whether there were prior marks on her hands also. (This is significant in light of developments, as we shall see.)

During real or pretended suffering, Rivas exhibited, first, pricklelike marks and bleeding on the forehead (as from a crown of thorns)—though apparently not on the sides or back of the head, suggesting the marks were only for show. Then there was (possibly) a pink mark on the left palm, followed by a tiny cross on the back of the hand that was initially without blood. Later there were bloody “wounds” on both sides of the hands and feet. Willesee used swabs to obtain samples of the blood for analysis. No side wound or other crucifixion markings ever appeared. At the end of the experience—or demonstration—Rivas displayed paroxysms of a death-like agony imitative of Jesus’s crucifixion.

Rivas’s wounds were never seen in the act of spontaneously issuing but instead were shown in incremental shots after each appearance—just as they would if self-inflicted during periods of concealment. Among other suspicious elements were the mismatching of “entrance” and “exit” wounds, those on the left foot being far out of alignment. Also, those on the palms and soles of the feet were, as far as could be seen, only smells of blood.

Moreover, such wounds as could be distinguished were not puncturelike but rather consisted of multiple cuts, including the cross on the back of the left hand (figure 1) and an array of slashes atop each foot. The latter are curiously in pairs (see figure 2) as if produced by a two-pronged implement, like the sharp-cornered, calyx-like ring Katya Rivas wore during the event.

Supposedly only 24 hours later, the camera recorded Willesee inspecting Rivas’s wounds. Apparently those on the palms and soles had healed completely (but were not specifically shown) and the markings that remained were seemingly in an advanced state of healing. Willesee treated this as remarkable, although another interpretation is that the vanishing of some “wounds” indicated they were never there in the first place and that most or all of the markings were old cuts from previously faked stigmata.

A genuine element of the affair was the blood itself, which was shown by DNA analysis to be Katya Rivas’s. Unfortunately for the miracle-mongering journalist Willesee—who made much of the possibility that it might be Christ’s blood in whole or in part—it proved to be Rivas’s alone.

When I was asked to appear on a television documentary on stigmata and to discuss the Katya Rivas case, I decided to experiment beforehand by inflicting wounds on myself. I used a sharp blade to cut a cross on the back of my left hand. This shallow, superficial wound yielded enough blood to produce the effect of a larger wound (figure 3) and even (by transfer) create a “wound” on the palm (figure 4). The next day the latter had of course vanished and the cross had begun to heal. There are certain medicinal preparations one can apply to promote healing and, as I found, cosmetic creams that through their hiding power can seemingly advance the healing or eliminate the wound entirely.

My examination of the video showing Katya Rivas’s alleged stigmatization and the simple experiments I performed persuaded me that not only could her stigmata not be authenticated, but, indeed—like other instances of the alleged phenomenon throughout history—they cannot be distinguished from a pious hoax.

Note
1. I also discovered that one could produce the opposite effect, renewing the bleeding of a cut that was many hours old, by applying hydrogen peroxide. This has implications to cases of stigmata in which bleeding was reported over an extended time, although there are many ways of accomplishing such an effect.

References