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## **Possession, Exorcism and Psychotherapy**

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*For all of recorded history, almost all human beings have believed in a spiritual plane of existence that somehow interacts with people in their daily life. A common belief is that souls, spirits, and demons exist, and that evil spirits can invade people and cause illness, especially mental illness. Throughout history the preferred method for eliminating evil spirits has been some form of ritual invocation or exorcism. Rather than dying out, belief in spirits, demons, and the supernatural is widespread today, in both highly industrialized societies like the U.S. and in less technologically developed countries. An understanding of how these beliefs came about and how they are practiced today can help psychologists provide appropriate services for clients with such beliefs.*

Keywords: *possession, exorcism, psychotherapy*

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Possession, Exorcism and Psychotherapy

### **Introduction**

Could there ever be a situation in which a psychologist would be justified in conducting an exorcism for a client who was thought to be possessed by a demon? Although this scenario might sound unlikely, some psychologists have in fact conducted exorcisms in recent years. Given the widespread belief in the reality of supernatural phenomena such as demonic possession in America and throughout the world, psychologists need to have a basic understanding of why so many people believe in possession and participate in exorcism rituals. This article summarizes the history of belief in spirits and possession, the position of churches on the issue, and some psychological explanations for how exorcism could help "possessed" people.

Since ancient times most people have believed in the existence of spirits, and specifically a human soul, thought to be an invisible spirit that inhabits people while they are alive and survives the death of the body to live eternally in a spiritual world. The Greek word "psyche" means mind or soul, and is the root of the words psychology and psychiatry, which mean the

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study of the psyche and the treatment of the psyche, respectively (Stone, 1997). Today the soul is considered a religious or spiritual concept, and psychotherapy addresses not the soul but the mind and disordered or distressing feelings and behavior resulting from suboptimal mental functioning (Fancher, 1995). However, since most people believe in spirits and the soul (Taylor, 2003), psychologists should have a good understanding of how these beliefs developed and how they can affect the treatment of people with psychological disorders.

The idea that spirits can enter and control a person is as old as civilization, and historical, biblical, and archeological evidence indicates its presence in diverse forms and in almost all cultures (Eliade, 2004; Prins, 1990). "Religiomagical rituals are major forms of healing in nonindustrialized societies and provide the foundation for faith healing in our own" (Frank & Frank, 1991, p. 87). The earliest healers were shamans who believed in magic and the supernatural; many thought that evil spirits invaded people's bodies and made them disturbed (Stone, 1997). An exorcism is a ritual that is used to drive the devil, demons, or evil spirits from a person (Wilkinson, 2007). Harner (1990) stated that a form of exorcism exists in all shamanic cultures. Skulls that have been trepanned (bored with small holes, probably to release demons) date back to at least 5000 B.C.E. (Porter, 2003). Belief in spirit possession and exorcism has been documented in Babylonia, Nigeria, Tanzania, Greece, India, Ceylon, Malaysia, Indonesia, China, Tibet, Korea, New Guinea, Brazil, Columbia, Haiti, the United States, and throughout Europe (Kiev, 1964). However, the possession phenomenon is not universal; it has not been found in certain tribal groups in the Philippines, the Malay Peninsula, or Australia (Ellenberger, 1970).

"The view that supernatural forces can cause and cure illness stretches back to furthest antiquity" (Frank & Frank, 1991, p. 88). Exorcism is one form of supernatural healing. Since the ancient Babylonians and Egyptians (circa 3000 B.C.E.) the mentally abnormal have been treated with techniques like the laying on of hands, music and herbs, and a ritual of exorcism. In fact, spiritual and religious practices such as exorcism, faith healing, prayer, charms, amulets, and similar methods have been the most common treatments for mental illness throughout human history. "Between the years 200 and 1700, almost all mental disorders were understood in terms of demonic possession" (Wolpert, 2006, p. 163), and even today "spirit possession is the most common explanation of problems throughout the world" (Haley & Richeport-Haley, 2003, p. 20).

Non-Western societies often do not clearly distinguish between mental and bodily illnesses, or between natural and supernatural causes of illness. Supernatural causes may be described as soul loss, possession by an evil spirit, or the work of a sorcerer or ancestral ghost. It would be a mistake to think that such beliefs are found only in less industrialized countries: "Demonology continues to be a favored explanation for bizarre behavior even in modern, postindustrial, postfeminist, politically correct North America" (Bankart, 1997, p. 34).

### **Supernatural Beliefs Are Widespread Today**

The *DSM-IV TR* (American Psychiatric Association, 2000) describes several disorders involving spirits and possession in the appendix on culture-bound syndromes. For example, the phenomenon of Zar possession is common in many North African and Middle Eastern countries, including Egypt, Ethiopia, Somalia, Sudan, and Iran. Susto or "soul loss" is an illness that is said to result from the soul leaving the body, and affects Latinos in the U. S. and people in Mexico,

Central America, and South America. The *DSM-IV TR* notes that similar beliefs are found in many parts of the world. Many Native American tribes believe in spirit possession, and healers often suck illness-causing spirit objects out of patients; the Tlingit have a verbal exorcism ritual (Hultkrantz, 1992). The phenomenon of Windigo psychosis (possession by a cannibalistic demon) is well established among the Northern Algonquin Indians. The Ainu community in Japan believes in demonic possession and exorcism; in Nicaragua and Honduras there is a possession state called Grisi Siknis; and trance possession is found in Voodoo as practiced in Haiti (Prins, 1990).

Belief in spirits, demons, and other supernatural entities is extremely common today, even in countries where much of the population is well educated, as shown by numerous surveys. For example, a 2005 poll found that 68 percent of Americans believe in the devil (O'Connor, 2005). Three other surveys with large representative samples taken since 2001 have all shown that roughly 70 percent of Americans say they believe in the devil, including a national Gallup survey in May 2007 (Newport, 2007). According to a 2003 Harris survey, Americans harbor a wide variety of supernatural beliefs: 50% believe in ghosts, 31% believe in astrology, and 27% believe in reincarnation. Large majorities of the population say they believe in God (86%); angels (75%); and heaven (82%). Most Americans (84%) believe in the survival of the soul after death, 84% believe in miracles, and 68% believe in the devil (Taylor, 2003). Another 2003 poll found that 58% of Americans believe that the devil sometimes possesses people (Rice, 2003).

### **Demons and Exorcism in the Hebrew and Christian Traditions**

Due to the references to demonic possession and exorcism in the New Testament, these beliefs have been a part of Christianity since its beginning. Today exorcism is a recognized practice of Catholicism, Eastern Orthodox, and some Protestant denominations. The Church of England has an official exorcist in each diocese (Malia, 2001).

The ancient belief in spirits and souls leads logically to the belief in exorcism as a treatment for mental illness. If spirits exist, then maybe they can travel outside the body, and maybe evil spirits can invade healthy people and make them ill. This mind/body dualism is evident in the Hebrew Bible, which states that madness (*shigeon*) is caused by possession by evil spirits (Stone, 1997). "An evil spirit came upon Saul" and he tried to kill David (1 Samuel 21). Methods to avoid demons included fumigation (Lev. 16:12-13), wearing clothes with a blue thread (Num. 15:38) and posting demons-keep-away messages at the entryway of houses (Exodus 12:13). The medicine of the Old Testament is strictly supernatural and religious, and while methods to avoid demons are described, no treatments for the demon possessed are mentioned (Wolpert, 2006).

In the Greek New Testament the possibility of illness resulting from assault by evil spirits is widely assumed (Matt. 9:32-33; Matt. 12:22; Matt. 17:14-21; Mark 1:24; Mark 5:9; Mark 9:14-29; Luke 13:11; Acts 16:16). Jesus was Christianity's first great exorcist (Wilkinson, 2007). About one-fourth of all the healings of Jesus were exorcisms, and there are 26 references to exorcisms in the New Testament; for example, "Jesus preached and cast out devils" (Mark 1:39). There are 13 stories about demon possession involving Jesus, describing at least six separate episodes (Camille, 2006). Jesus exorcised evil spirits "with a word" (Matt. 8:16-17). In the entire New Testament there is no clear example of mental illness that is not attributed to demons and cured by any method other than exorcism.

Apparently at the time of Jesus all mental illness was attributed to demon possession, and Jesus always used exorcism to treat what today we would probably see as mental illness. Interestingly, according to the New Testament, Jesus was not the only one who was able to cast out demons; some other Jews also did it successfully (Matt. 12:27) and an unnamed person who was not a disciple was reported to cast out demons in Christ's name (Mark 9:37-38). While some modern liberal readers of the New Testament might like to think that Jesus healed by psychological means (faith healing) rather than literally exorcising demons, this interpretation is not supported by the text. For example, on one occasion (according to the story in Matt. 8:28-34) the demons cast out by Jesus entered a herd of pigs, who then cast themselves off a cliff and died. It is hard to see how metaphorical demons could drive a herd of pigs to suicide; the reader is clearly meant to understand that the demons were objectively real and powerful.

Eventually Jesus gave his disciples and all believers the power to "discern spirits" (1 Cor. 12:10) and cast out unclean spirits (Mark 16:17; Matt. 10:1; Luke 9:1). For example, Paul removed a demon from a slave girl who told fortunes (Acts 16:16-24). Contemporary Christians who believe in demon possession as one cause of mental illness and exorcism as the proper treatment have clear justification in the text of the New Testament. Indeed, it would seem that any Christian who denied the objective existence of demonic possession and exorcism would find no basis for that belief in the text.

### **Exorcism in the Roman Catholic Tradition**

Today many religions, churches, and folk healers accept the reality of visions, spirit possession, and exorcism (Porter, 2003), but none have codified and institutionalized the practice of exorcism as much as the Roman Catholic Church (Wilkinson, 2007). The Catholic Church revised and renewed the rite of exorcism in 2000, and the importance of the rite was affirmed by Pope John Paul II, who is reported to have conducted three exorcisms himself. In 2005 Pope Benedict XVI spoke at a meeting of Italian exorcists and encouraged them to continue their important work (Washington Times, 2005). When the Church revised the exorcism rite the document included a new warning that psychiatric illness should not be confused with possession (Wilkinson, 2007).

Catholic theology asserts the reality of demonic possession and exorcism and the Catholic Encyclopedia (New Advent, n.d.) notes that "Superstition ought not to be confounded with religion, . . . nor magic . . . with a legitimate religious rite" (n.p.). The Vatican's chief exorcist Amorth has said "where [religious] faith declines, superstition grows" (Wilkinson, 2007, p. 30). The differences between the supernatural beliefs of magic, superstition, and religion are not always clear. Superstition is usually considered an attenuated form of magic. Superstitions are a mixture of religious and magical beliefs, folklore, and historical events. Few people admit to being superstitious, because the word implies ignorance and pre-scientific thinking, but many people freely admit to holding supernatural beliefs (Singer & Singer, 1995).

Some people might propose that when Jesus cast out demons he was actually conducting faith healing of people with an illness such as epilepsy, schizophrenia, multiple personality disorder, or hysteria. However, the Catholic Encyclopedia (New Advent, n.d.) points out that Jesus did not confuse demonic possession with illness. For example, in Luke 13:32 Jesus expressly distinguished between the expulsion of evil spirits and the curing of disease. Similarly, a report by the Church of England states "One cannot dismiss the New Testament exorcisms as

so much hysteria . . . it simply will not do to dismiss this language as metaphor" (quoted in Malia, 2001, p. 27).

In 2005 the Vatican began offering training to its exorcists to help them distinguish between psychological disorders and possession by the devil; half a million Italians seek exorcisms each year, but most are not considered possessed (Nadeau, 2005). The Vatican's chief exorcist, Father Gabriele Amorth, made news when he announced "Of course the Devil exists . . . I am convinced that the Nazis were all possessed" (Pisa, 2006, n.p.). Amorth is said to have conducted over 30,000 exorcisms in his career.

### **Exorcism Exists in Many World Religions**

Besides Judaism and Christianity, exorcism rituals are found in many religions around the world, including Hinduism, Buddhism, Taoism, Shintoism, and Islam. There are several references to possession by evil spirits and exorcism in the Qur'an. Some verses state that Satan can possess people and cause insanity (e.g., Surah Al-Baqarah 2:275). Islamic clergy say that real cases of possession are rare, but they do exist (Islam, 2007).

Some people are convinced that exorcism is gaining medical credibility. For example, in the United Kingdom psychiatrists are increasingly referring patients for private exorcisms, and a member of the Royal College of Psychiatrists believes that evil spirits exist and can possess humans (Penman, 2007). Most of those exorcised by the Church of England are referred by registered psychiatrists; the Church has claimed an 80% success rate (Penman, 2007), although no documentation to support the claim is available; results are not published (Layton, 2006).

### **Exorcism in Protestant Denominations in America**

It is often thought that only the Roman Catholic Church practices exorcism, probably due to how it is usually portrayed in movies such as *The Exorcist* (1973), but some Protestant churches in the U.S. also recognize demonic possession and exorcism. Some of these churches perform exorcisms rarely, while others (particularly Pentecostal and other charismatic groups) perform it often. A conservative estimate is that there are at least five or six hundred evangelical exorcism ministries operating today in the U.S. (Cuneo, 2001). Many Latter-day Saints (Mormons) also believe in demonic possession and exorcism, although they call the ritual "the ordinance," and details about it are not publicized (Russell, 2006).

Although there are scientific and psychological explanations for the symptoms of alleged demonic possession, not everyone has respect for science or psychology. Many Evangelical, Pentecostal, charismatic, and other conservative Christian churches do not take psychology seriously. Biblical literalists understandably resist attempts to explain human behavior without reference to the Bible. For example, Koch (1972) said he had seen over 500 cases of demonic activity in people's lives, and "exorcism in its spiritual essence stands justified by the New Testament as a legitimate means of helping the possessed" (p. 250). Another minister advised "If you decide that there could be demonic involvement, then it is wise to consider exorcism" (Collins, 1988, p. 571). Arguing against the behavioral approach of B. F. Skinner, Adams (1986, p. 41) said "Can angels and demons be controlled by man?" Other books by Christian counselors include *Biblical Demonology* (Unger, 1994) and *Counseling and the Demonic* (Bufford, 1995).

In *Modern Psychotherapies* (Jones & Butman, 1991, p. 155) the authors stated "there are such supernatural entities as God, angels, the devil, and demons." This book has been called "the standard classroom text for over-viewing major theories of psychotherapy from a Christian perspective" (Kellemen, 2005, n.p.).

Excerpts from the textbook *Introduction to Psychology and Counseling*, which has been called "the standard Christian introduction to psychology" (Meier, Minirth, Wichern, & Ratcliff, 1991, n.p.) illustrate the fundamentalist Christian view: "The existence of supernatural evil forces is to be granted. . . . demon possession can imitate epileptic seizures" (p. 46). "A precipitating factor in depression can be an attack by Satan" (p. 281). "Individuals with personality disorders may be thought to be demon-possessed" (p. 259). The authors advise that "in clinical counseling the presence of the demonic clearly stands out from other abnormal behavior" (p. 260) and they list eight characteristics of demon possession, including superhuman strength, the ability to perform supernatural acts, and a change of voice when the demon speaks. The authors note that "Demon-possessed individuals do not respond to therapy" (p. 260).

In an issue of the magazine *Christianity Today* readers were advised that "demonization may go hand in hand with a psychological disorder" (Tennant, 2001, p. 60) and natural causes should be ruled out before attempting to expel evil spirits. The author suggests that prayer will help determine whether true demons are involved. Well-known Evangelical minister Pat Robertson (2003) has written that "demonic oppression can cause depression . . . what starts as depression can become oppression, then possession" (p. 249) and "not all drug addicts or alcoholics are demon possessed, but I do know that there are demonic spirits behind most addictions . . . they need to be delivered" (p. 239).

Many Evangelical churches have streamlined exorcisms; "deliverance" ministers in Bakersfield, California conduct exorcisms during altar calls, in group meetings, and during private office visits (Barna, 2006). Some ministers routinely put diagnosed psychiatric patients through an exorcism called "whole personality deliverance;" one minister said "Demonic spirits are real. We need supernatural help" and another said "Spirits may cause psychiatric conditions such as schizophrenia" (Barna, 2006, n.p.). According to one counselor, "It just seems logical if demons bothered folks once, they might still, and where better to hide in modern society than behind a *DSM-IV* diagnosis" (Timmins, 2006, p. 97).

### **Some Psychiatrists and Psychologists Practice Exorcism**

Some psychiatrists and psychologists not only believe in the reality of demonic possession, they practice exorcism rituals. M. Scott Peck, who died in 2005, was a psychiatrist who described himself as a nondenominational Christian and became famous for his bestseller *The Road Less Traveled* (1978). In his last book, *Glimpses of the Devil* (2005) Peck revealed that he believed that possession is a genuine phenomenon, and that he had conducted exorcisms of some of his patients, in collaboration with priests. In the book Peck describes one patient whose symptoms "did not fit the established categories of psychiatric diagnosis, which was why, as a scientific-minded psychiatrist, I thought she might be possessed. . . . My instinct was that she likely required an exorcism" (Peck, 2005, p. 23).

Even psychologists who scoff at the idea of demons would probably admit that certain clients who are resistant to psychotherapy and who think they are possessed may be helped to

feel better by going through an exorcism ritual. However, conducting an exorcism is not considered to be within the scope of practice for psychologists, as several cases have affirmed.

In 1993 Phoenix psychologist Kenneth Olson had his license revoked for unprofessional conduct after he performed an exorcism on a ten-year-old boy, using a Bible, holy water, a crucifix, and prayer. Olson, who said he had practiced exorcisms for 12 years, billed Arizona Child Protective Services \$180 for the two-hour procedure; the state board said that exorcism is not recognized as a legitimate form of psychological treatment (Chicago Tribune, 1993). Olson sued the licensing board, and the case went to a federal appeals court, which dismissed Olson's suit (Churchill, 1999).

In 2001 Memphis, Tennessee psychologist Terry B. Davis had her license revoked after she told a client that demons were controlling her and conducted an exorcism ritual, asking the demon to leave (Ross, 2001). In 2003 a "Christian psychologist" in Missouri named Thomas DeVol faced loss of his license because a client complained that he invoked Jesus to cast out the client's demons; DeVol claimed that up to four percent of his clients were possessed by evil spirits (National Psychologist, 2004).

An unnamed charismatic psychiatrist who did exorcisms (which he called "deliverance" work) told writer Michael Cuneo (2001) that counselors and psychologists should tell their clients that the exorcism is not part of their professional treatment, and the office should not be used for the ritual; "otherwise you'll be raked over the coals by lawyers" (Cuneo, 2001, p. 139). Today it is relatively easy to find someone who will conduct an exorcism, both within churches and outside any particular spiritual tradition. For example, Wanda Pratnicka, who describes herself as a therapist, exorcist, and parapsychologist, claims to have "30 years experience with 25,000 successfully performed exorcisms" (Pratnicka, 2007, n.p.).

### **Casualties Resulting from Exorcisms**

Some have said that a "possessed" person who does not respond to medical treatment or psychotherapy should be given an exorcism, since at least it cannot hurt them. For example, physician and author Andrew Weil (1995) recommended the use of religious healing practices in medically hopeless cases since they do no harm and may activate healing responses. The Vatican's Amorth has said "An unnecessary exorcism never harmed anyone" (Wilkinson, 2007, p. 17). However, exorcisms have caused many injuries and deaths; following are just a few examples.

The feature film *The Exorcism of Emily Rose* (2005), was based on the real case of a 16-year-old girl who died by battery and starvation during a lengthy exorcism conducted by two Catholic priests (O'Connor, 2005). In 1995 a woman died after she was beaten by Pentecostal ministers to drive out her demons. In 1997 a Korean woman was stomped to death during an exorcism, and, also in 1997, a 5-year-old girl died of strangulation after her mouth was taped shut during an exorcism. In 1998 a 17-year old girl was suffocated with a plastic bag during an exorcism, and in 2001 a woman was strangled to death by a minister during an exorcism (Carroll, 2007). In 2006 a woman who had been diagnosed psychotic was told by her pastor that she was possessed by a demon instead and that she should stop taking her medication; she did, and shortly thereafter she killed her daughter (Glick, 2006).

In February 2007 a Romanian Orthodox Church priest who conducted an exorcism on a young nun was sentenced to 14 years in prison after the nun died of dehydration, exhaustion, and

suffocation (Washington Post, 2007). The nun, who had been treated for schizophrenia in the past, was tied up and chained to a cross for several days without food or water. In July 2007 police responded to a report of a man attempting to exorcise demons from a three-year-old girl by choking her; the officers used stun guns to subdue the man, who then died (Sun-Times, 2007). Some of these cases involved unsanctioned "exorcists" who may have been mentally ill themselves, but it cannot be said that conducting an exorcism is without mortal risk. In addition, people who are ill may get worse when they get involved in exorcism instead of appropriate medical or psychological treatment.

### **Exorcism in the History of Psychology**

Frank and Frank (1991) said that one of the roots of modern psychotherapy is religio-magical healing, which originated before recorded history, and regards certain forms of suffering as caused by a supernatural or magical event, such as the loss of one's soul, possession by an evil spirit, or a sorcerer's curse. The treatment for such conditions was an emotional ritual conducted by a healer who combined the role of priest and physician. When successful, the rituals undo the supernaturally or magically caused damage, thereby restoring the patient's health. "The religiomagical tradition is still influential, even in secularized Western society" (Frank & Frank, 1991, p. 3).

Naturalistic healing appears to have begun with the Greek physician Hippocrates in the fifth century B.C.E. His view that mental illnesses, like all illnesses, can be studied and treated empirically, is the dominant view in the Western world today. Historically, both religio-magical and naturalistic therapies combined physical and psychological methods, but the two spheres became separated after Descartes articulated the doctrine of mind-body dualism.

In all cultures spiritual healing, including exorcism, is most often applied to illnesses or conditions that have significant emotional components (conditions for which secular psychotherapy is also appropriate) (Frank & Frank, 1991). In retrospect, some of the early religious healers could be seen as practicing a primitive form of psychotherapy. Father Johann Gassner, a Catholic priest, was the foremost exorcist of his day. He believed that illness could result from demonic possession, and at the height of his popularity in 1774-75, he treated 2700 patients a month with great success (Bankart, 1997). Franz Anton Mesmer heard about Gassner, copied his methods, and actually cured more people than the priest. However, he ridiculed the religious basis of Gassner's exorcisms and presented himself to the public as a scientific healer, explaining his success on the basis of "animal magnetism." When independent experiments failed to validate the existence of animal magnetism, Mesmer was barred from practicing medicine. The board of inquiry that investigated Mesmer said he was a charlatan because he used psychological and interpersonal factors to alleviate emotional distress, rather than animal magnetism as he claimed. Mesmer could therefore be seen as the first psychotherapist (Bankart, 1997).

Although Freud was an atheist, he respected and learned from the healing traditions of antiquity, and from the developers of what would later be seen as hypnosis, like Gassner and Mesmer (Ellenberger, 1970). C. G. Jung thought that the phenomenon of possession may result when archetypal figures in the psyche escape from conscious control and become independent. Unconscious material that is disturbing may be perceived as coming from outside the person, even though the demon originates from within (Jung, 1959).

Jung was not the only great psychological theorist with an interest in the supernatural. For example, Carl Rogers and his wife Helen visited "a thoroughly honest medium" (Rogers, 1980, p. 90) who appeared to contact Helen's deceased sister, and after Helen's death the medium reportedly contacted Helen and relayed messages from her to Carl. Rogers said the experience left him interested in all sorts of paranormal phenomena, including precognition, thought transference, clairvoyance, human auras, the soul, and reincarnation (Rogers, 1980). Though Rogers did not talk about exorcism, a belief in souls and transmigrating spirits is compatible with the idea that evil spirits could potentially infect humans.

### **A Psychological Perspective on Exorcism**

Michael Cuneo (2001), a journalist, observed over 50 exorcisms and said he saw no evidence of either demonic possession or of demons being exorcised. Of course, since possession is subjective, there is no way for an observer to know what is going on inside people who think they are possessed. Since there are no outcome studies, it is impossible to say how many people have improved as a result of an exorcism (Cuneo, 2001).

Although exorcists claim that people who are possessed demonstrate superhuman strength and perform supernatural acts such as levitation, a literature review shows that no evidence for this exists other than the anecdotal statements of believers. Given plausible psychological explanations for possession behavior (such as self-deception and communal reinforcement), and the lack of evidence for the existence of demons, there appears to be no good reason to believe in the reality of demonic possession. However, an exorcism ritual, like many other spiritual healing rituals such as prayer and the laying on of hands, may have some limited therapeutic benefits due to the power of suggestion.

Today most psychiatrists, psychologists, physicians, and scientists dismiss demonic possession as a case of suggestible people acting on unconscious impulses or following the cues of a priest (Wilkinson, 2007). Symptoms that contemporary psychologists would consider manifestations of mental illness appropriately treated with psychotherapy would be classified in other times and places as evidence of spirit possession requiring exorcism. "The psychotherapist is the true successor of the exorcists" (Favazza, 2004, p. 282). Indeed, Ellenberger (1970) considered exorcism as psychotherapy; "Exorcism is the exact counterpart of possession and a well-structured type of psychotherapy" (p. 14).

Many of the symptoms and behaviors of demonic possession fit well known psychological disorders such as dissociation, schizophrenia, bipolar disorder, and histrionic personality disorder. Epilepsy can be accompanied by delirium and hallucinations, as can several alcohol and drug disorders. If demonic possession caused schizophrenia, then exorcism could be a feasible treatment, but exorcism has not been helpful in treating schizophrenia (Koenig, McCullough & Larson, 2001).

Many cases of alleged demonic possession probably involve people with brain disorders such as schizophrenia, epilepsy, or Tourette's syndrome; others involve people who are distressed and get pulled into playing a social role (Carroll, 2003). Since an exorcism is highly emotional and suggestive, mentally unstable or susceptible people could be convinced that they are possessed, and display the symptoms out of imitation, compliance, or a need to please the exorcist. Disturbed people want to believe in the devil, and priests encourage them. "Exorcisms are riddled with autosuggestion, manipulation, and misdiagnosis" (Wilkinson, 2007, p. 153). A

Catholic scholar who studied exorcism concluded that mental or physical illnesses have caused all alleged cases of demonic possession (Adamson, 2000).

After extensive research and observation of exorcism and deliverance rituals, Cuneo (2001) concluded that all the symptoms exhibited by people who thought they were possessed were fully explainable in social, cultural, medical, and psychological terms. He saw no need whatsoever to bring demons into the equation. The debate over whether demons exist, whether they can infest people, and whether they can be driven out is, of course, not a debate where consensus can be expected. By definition, spiritual beliefs in demons cannot be verified objectively, any more than the existence of God can be verified. "Religion is not logical. It is based on faith, not reason. . . . Belief requires the suspension of logic and reason" (Wilkinson, 2007).

Presumably exorcism helps (when it helps) because the "possessed" person believes the exorcism will help. There is really no other explanation that fits what we know about how the world works. Exorcism is a form of symbolic healing rather than naturalistic or empirical healing. Religious healing ceremonies supply the patient with a conceptual framework for making sense out of their disturbing symptoms, and suggest a plan of action.

In their research on people in Trinidad who believed themselves to be demon possessed, Ward and Beaubrun (1980) found that in all cases the individuals exhibited histrionic features, which allowed them to escape from an unpleasant life situation, and diminished guilt by projecting blame onto an intruding demon. Possession also provided a way to strengthen social bonds and group support. Psychologists and physicians have attributed the symptoms of possession to hysteria, unconscious role-playing, and high suggestibility (Wilkinson, 2007).

"The healing power of these procedures probably lies in patients' expectations of help, based on their belief that the healer has special powers derived from the ability to communicate with the spirit world" (Frank & Frank, 1991, p. 96). That the spirit world and the mythology of healing possession through exorcism does not correspond to objective reality does not matter, as long as the patient believes in it. Like shamanistic healing and psychotherapy, exorcism can be an emotionally powerful healing ceremony that helps the patient harmonize inner conflicts, combat demoralization, and strengthen their sense of self-worth.

One psychologist (Gettis, 1976) has claimed that psychotherapy as it is usually practiced is itself a form of exorcism; repressed impulses such as guilt, shame, and hostility (what Jung called the shadow) can grow and erupt into symptoms of disorder and cause distress, which prompts the person to see a therapist. Psychotherapy clients recognize, confront, and share their demons; but these demons are symbolic and metaphorical, not literal. Although exorcism is not psychotherapy, it does share the four common features of all psychotherapies: an emotionally charged relationship with a helping person; a healing setting; a rationale or myth that provides a plausible explanation for the patient's symptoms and prescribes a ritual or procedure for resolving them; and a ritual or procedure that requires the active participation of both patient and therapist and that is believed by both to be the means of restoring the patient's health (Frank & Frank, 1991).

Some psychologists argue that clients' beliefs in spirit possession can be integrated with culturally sensitive psychotherapy. For example, Martinez-Taboas (2005) treated a Puerto Rican woman who attributed her psychogenic seizures to attacks by the spirit of her dead grandmother. Spiritism is common in Puerto Rico, where many people consult spiritual healers. Some tenets of spiritism are that the soul is immortal, people can communicate with the spirits of the dead, and

sometimes spirits can possess a living person and cause mental illness. The therapist never challenged the client's spiritual beliefs, and at one point even offered to bring a spirit medium into the treatment. By the end of therapy the client's symptoms were dramatically reduced (Martinez-Taboas, 2005). Although some psychologists feel they can work within the worldview of a client who believes in possession, most feel that possession is not a valid medical condition. For example, Lilienfield stated that "Exorcism is the most dangerous hoax in treating mental illness" (quoted in Nadeau, 2005, n.p.).

### **Implications**

The issue of demonic possession provides an interesting case of conflicting worldviews. Members of many tribal societies who believe in magic and the supernatural will most likely continue to believe in the phenomenon, as will members of many of the largest religions throughout the world. Physicians, psychologists, and others who tend to require empirical evidence for extraordinary claims will dispute the phenomenon.

Clearly, it is possible that people who believe themselves to be possessed by a demon may benefit in the short run from an exorcism ritual. The ritual could work as a placebo treatment, resulting in the patient feeling calmer for a while (Cuneo, 2001). But given the unreliability of spiritual healing methods, the lack of a rational foundation for supernatural beliefs, and the potential danger resulting from neglecting appropriate treatment, exorcism cannot be recommended, even for those who believe it is effective. Nevertheless, people who believe in the reality of demons and the efficacy of exorcism are likely to continue to utilize it. Even psychologists who consider exorcism a form of faith healing should understand that supernatural beliefs and practices seem to meet the emotional needs of many people, and are not likely to decline anytime soon.

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