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Exorcism: A psychiatric viewpoint

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Doctors, for several reasons, should be concerned with exorcism is the view of Professor Trethowan, who in this paper, looks at the main features of exorcism as practised in the middle ages and now appearing in the modern world, as was seen in the recent Ossett case in Britain. He examines in some detail the nature of supposed demoniacal possession and describes its symptoms and signs. He also touches on the social, as opposed to the religious, background in which demoniacal possession flourished (not lacking in the world today), so leading to an examination of the psychodynamic aspects of demoniacal possession and the question of absolute evil. Finally he compares the techniques of exorcism and of modern psychiatric practice.

No exorciser harm thee
Nor no witchcraft charm thee
Cymbeline Act IV, Scene 2

There are several reasons why the medical profession in general, and psychiatrists in particular, should continue to interest themselves in exorcism. While many might insist that the time is long past for such nonsense, at least in a seemingly civilised society such as we might like to believe our own to be, the matter still crops up, occasionally with disastrous consequences. The recent occurrence of a particularly tragic case in Ossett, near Wakefield, is an excellent but frightening example of what can happen when matters get out of hand. Here a man, said to be comparatively mentally normal, was alleged to have been brought by a process of exorcism to a state of mind wherein he was led to murder his wife in a particularly sanguinary manner. To be fair to his exorcists they, too, must have been appalled by this untoward result.

It would seem therefore that those who seriously set out to raise the devil may, in a sense, succeed. Shakespeare, had something to say about this, when, in Henry the IV Part 1 (Act III, Scene 1) he gave us Owen Glendower boasting:

Glendower: 'I can call spirits from the vasty deep';

Hotspur: 'Why, so can I, or so can any man; But will they come when you do call for them?'

Glendower: 'Why I can teach thee, cousin, to command the devil'

Hotspur: 'And I can teach thee, coz, to shame the devil
By telling truth: tell truth and shame the devil,
If thou have power to raise him, bring him hither
And I'll be sworn, I have power to shame him hence.
O, while you live, tell truth and shame the devil!'

The moral of this story is that would-be spirit raisers, lacking Owen Glendower's assurance perhaps, may find that the devil once seemingly brought to life is not so easy to command. Be that as it may, the unfortunate subject in the Ossett case was, it appears, found to be suffering not from a true psychosis, but from a hysterical pseudopsychosis, which had been temporarily induced in him by his exorcisers. This, it is reported, resolved spontaneously without further treatment within a few days of his admission to a mental hospital leaving him to face terrible remorse.

A second reason for maintaining a close watch on the matter is that from time to time doctors encounter patients who suffer from delusions of possession which are symptomatic of an ongoing psychotic illness. These do not, as a general rule, give rise to undue concern, for the fact that the subjects are mentally ill is usually fairly readily discernible, so that they are soon given appropriate treatment. More problematic, possibly, are other not necessarily psychotic but severely neurotic patients who exhibit hysterical and other symptoms and behaviour which resembles that occurring in so-called possession states, both in medieval and more modern times. If such symptoms and behaviour are not recognized for what they really are, ie, due to mental abnormality, the sufferers may not only fall into wrong hands but be subjected to inappropriate treatment, including exorcism. The misguided application of such procedures may amount to frank mismanagement and can have dire results.

Thirdly, because there is no doubt that the roots of modern psycho-pathology are to be found in medieval demonology and in the ideas contained in the literature of the period, there should be awareness that these ideas are not yet wholly irrelevant.

The writer once put this to the test in a study entitled: *The Demonopathology of Impotence* (Trethowan, 1963), in which a comparison was made of the various types and supposed causes of this complaint, as described in the first instance by Francesco Guazzo in 1608, in his *Compendium Maleficarum*, with those given by the late Dr E B Strauss, almost three and a half centuries later in the *British Medical Journal*. While Strauss (1950) formulated his ideas about impotence in psychoanalytical terms and Guazzo in those of the devil's doings, what emerged so clearly was how close were the resemblances between the varieties of impotence described quite independently by both authors. More interesting still was the discovery of how easy it was to draw appropriate analogies between the explanations given, there being much greater similarities than differences to be found in almost every instance. Indeed, in order to recast the demonological argument into a more up-to-date Freudian formulation, it was hardly necessary to do more than to translate the medieval concept of the devil into the currently more acceptable concept of the Id.

The exorcist's necessity for belief

Exorcism has been defined as: 'expelling evil spirits by conjurations, prayers and ceremonies', and an exorcist as: 'one who pretends to cast out evil spirits by adjurations' (Nuttall's Dictionary, 1901). The use in this particular definition of the word 'pretend' seems to suggest that all exorcists are swindlers of some kind who put on a deliberate act either for personal gain or in order to gratify some deep-seated deviant psychological need; much as in the same way as some prey upon the gullibility of others all too easily lured towards an uncritical belief in spiritualism and other seemingly supernatural matters. However, although exorcism could be construed as a pretence there do, nevertheless, seem to be good grounds for believing that most of those who attempt to carry it out really do believe that their purpose in doing so is genuine enough. However misguided, therefore, they appear to be, they cannot under this circumstance be called into question purely on ethical grounds.

Ethical considerations apart, it is probably essential for anyone who wishes to carry out exorcism – or for that matter any other quasi-magical procedure – to have a strong if not absolute belief in his powers to bring about that for which he strives, and for which purpose he believes himself to be ordained; whether this be adjuring the devil to leave the body of one possessed; healing the sick by miracle; using hypnosis or other techniques for similar reasons; or merely indulging in sorcery. Here mere pretence alone is obviously insufficient to generate the necessary psychological force. We may except from this generalization what might perhaps be called minor quack magic under which heading can be included clairvoyant procedures such as palmistry, crystal gazing, astrology, and the use of the Ouija board, together with conjurations such as adorn the more vulgar type of spiritualistic séance. Those who indulge in these pursuits appear to be obviously fraudulent and their behaviour largely outside the realm of this discussion.

The need for a seemingly genuine belief in magical procedures in order for them to be effective, appears to be well exemplified by certain forms of spell casting, such as the Australian aboriginal ceremony of 'pointing the bone' and similar practices to be found in Africa and elsewhere whereby actual bodily harm, if not the death of the victim, is brought about by sorcery. Perhaps the best known and simplest example consists of sticking pins into a wax model of the intended victim. Such evidence as is available suggests that in order for this to work it is necessary that both the person who carries out the act and the one against whom it is directed, who of course must be made aware of it, must both believe strongly that the act itself is capable of producing the intended effect. Where the matter results in the actual death of the victim it is sometimes suggested that poison secretly administered may have been a useful adjuvant. However, there do seem to be a number of sufficiently well authenticated instances to suggest that death can sometimes be the result of psychological influences alone.

Consideration must also be given to other seemingly harmful influences which are believed to stem from partially depersonified sources. These include such notions as failing to appease the gods, behaviour which is believed to evoke disquiet among ancestral spirits and – related to these – breaking taboos and contravening other mystical prohibitions. The list of these ranges from a fairly concrete concept of diabolism at one end of the scale to, at the other, simple superstitions and an altogether much vaguer notion that misfortune is not just a matter of chance but due to some more positive kind of ill luck. Although perhaps not so important in western medicine, such factors may be of considerable aetiological significance elsewhere, as any doctor who has plied his profession in Africa, and in other still relatively primitive parts of the world, well knows.

But there is yet another proposition to be considered. This is that a belief in the devil, not merely in the abstract sense, which in itself is a matter requiring more detailed examination, but as a concept embodying at least some corporeal or carnal qualities, not only fosters the notion that possession is something which can actually happen but also fosters the equal and opposite possibility that the devil's tenancy can only be terminated by resorting to some kind of procedure such as exorcism. As will be seen there is reciprocity between these two ideas. Just as, therefore, an absolute belief in demoniacal

possession creates a need for an exorcist, so, in turn, does a belief in the effects of exorcism create a need to believe in the devil. How else can an exorcist possibly justify his existence?

The nature of supposed demoniacal possession

At this juncture it may be appropriate to examine in greater detail the nature of supposed demoniacal possession. In doing so it rapidly becomes clear that possession is not an homogeneous entity, but one which manifests itself in several different ways. These appear to be distinct enough to deserve consideration as separate syndromes. Oesterreich (1921), who wrote what must be considered to be the classic work on the subject, maintained that true possession occurred in two different forms only: a 'somnambulistic' form in which the possessed is in a trance-like state, and a 'lucid' or obsessional form, in which he remains in a state of clear consciousness but perceives his own actions as seeming to be controlled by a demon within him. All the rest of such beliefs – rarer he thought – were symptomatic of psychosis but lacked the necessary quality of compulsion.

Perhaps subjects who fall into this latter category should be designated as suffering from pseudopossession, in that, on account of some severe mental disorder such as melancholia, they develop delusions which may be derived from unassuaged feelings of guilt, such tendencies being essentially similar to the way that the melancholic will, on account of his wretchedness, wish upon himself, as it were, some fearful malignant disorder as a form of self punishment by which he seeks to expiate his sins. Alternatively something similar may arise from buried complexes which, on account of a psychotic process, are, the sufferer believes, exhumed and exposed in all their horrid nakedness for all the world to vilify. In such cases the delusional notion of being possessed by the devil can be regarded as refutation of the inner self. This, which touches upon the psychodynamic background of possession states, has yet to be examined. Yet a further possibility is that the notion of being possessed is symptomatic of a schizophrenic psychosis in which, due to a gross disturbance of ego functioning, the sufferer feels himelf helpless and under the influence of external forces – so-called 'passivity feelings'.

The term 'pseudopossession' may also be justified on the basis that, despite their protestations, the subjects are relatively easily recognized as being mentally ill, ie, delirious, depressed or deluded, so that their notion of being possessed is soon seen for what it really is. It is comforting to know that even in the days when superstition held greater sway than now, such insights were sometimes even then, evident. Thus Reginald Scot (1665) quotes a remarkable example which fortunately turned out to have a happy ending. He tells us of a housewife who 'grew suddenly . . . more pensive and more sad than in times past, then . . . to some perturbation of mind, so as her accustomed rest began to be withdrawn from her. Very soon there was a great lamentation, and that not without tears, and he (her husband) could not but demand the cause of her conceit and extraordinary mourning, but although at that time she covered the same, acknowledging nothing to be amiss with her, soon after, notwithstanding, she fell down before him on her knees, desiring him to forgive her for she had grievously offended (as she said both God and him). Her husband . . . tried to comfort her and on pressing her once more specifically, received the answer that she had given her soul to the Devil. . . . She was brought low and pressed down with the weight of this her humour, so as both her rest and sleep were taken away from her and her fantasies troubled and disquieted with despair. She constantly persuaded herself to be a witch: and judged herself worthy of death in so much as when she saw anyone carrying a faggot she would say it was to make a fire to burn her for witchery'. The story ended happily for not only did her husband believe her innocent but she recovered and remained 'a right honest woman, far from such impiety, shorn of her moodiness which she perceiveth to have grown from melancholy'.

We can perhaps agree with Scot when he remarked that he believed that if any mishap had occurred to her husband or children, few witchmongers might have judged otherwise but that she had bewitched them. This woman's condition is, of course, perfectly familiar to anyone who has handled a case of melancholia: the agitation, the self reproach, the self accusations of wickedness, the sleeplessness, the delusions of imminent punishment, were all present as indeed they commonly are today in such cases. Here is a modern example.

A 22-year-old West Indian woman was admitted complaining of 'terrible feelings' in her pelvis, of pains all over, of feeling hollow – as if something were 'eating her out' – of loss of appetite, weight and sleep, and a foreboding of imminent death. She put all these troubles down to being bewitched, stating that when she was a child an aunt, with malign intent, had given her some noxious substance to eat, and had tampered with her underwear. Three years before first being seen, she married, became pregnant, but shortly miscarried, which happening she ascribed to her bewitchment. In some distress she returned to the West Indies and consulted a witch doctor, who gave her tablets which, she insisted, saved her life. Following this, she stated, she vomited up a piece of fresh fat covered with hairs and shortly afterwards passed other similar pieces per rectum.[1] At about the same time she

[1]A phenomenon not unknown to medieval demonologists and recorded in Guazzo's *Compendium Maleficarum* (1608), with which this woman cannot possibly have been familiar.

claimed also to have had a visitation at night from the Holy Spirit. After her return to England her condition again deteriorated but on this occasion her devil was successfully exorcised by electroconvulsive therapy; though she only agreed to having made a really satisfactory recovery after another visitation. When followed up a few weeks later she appeared perfectly normal. Asked about her illness and its origin, she smiled and – with just a touch of embarrassment – said she had forgotten all about it. A year later she relapsed into much the same condition, but on this occasion also electrical exorcism proved as successful as before!

The chance to observe, at first hand, a case such as this, is one outcome of the near mass migration which is such a feature of twentieth century Britain. That the patient regarded herself as possessed rather than as depressed is an example of the influence of primitive culture on patterns of thought and behaviour, together with the intense reilgiosity which characterizes the lives of some West Indians, particularly women, who are inclined to read no book other than the Bible, and that from cover to cover, and to whom Heaven to Hell are not abstract concepts but hard facts.

Apart from such cases as are symptomatic of pseudopossession, together with those having a neurotic basis, there is yet another view which must be considered: that put forward by Ehrenwald (1975), which apparently recognizes certain paranormal features of the phenomenon, such as the 'ability of the gifted trance medium to detect subtle telepathic cues and weave them into the fabric of a seemingly autonomous secondary personality', this it is said, being 'analogous to the paranoid schizophrenic's extreme sensitivity to similar stimuli'. Such cues, Ehrenwald postulates, may be readily perceived as 'flowing from an alien force, from some possessing entity with which a struggle must ultimately ensue'.

There are several reasons for calling this formulation into question. First it assumes the possibility of the separate existence of an external force which to many may prove unacceptable. Secondly, there appears to be no real basis for the suggestion that the sensitivity of the psychotic opens for him at least a door of communication to an unknown alien world. The world of the psychotic may certainly be alien enough to those fortunate enough to live outside it, but one cannot, merely on this account, postulate that it has any exceptional qualities which do not stretch mental elastic beyond breaking point. The idea that psychotics have special powers of communication is not, of course, new. Thus, periodically throughout history, the notion has sometimes been advanced that the insane, like the Pythonesses of the Delphic Oracle, have been gifted with clairvoyant powers (Zilboorg, 1941). It could be suggested that a return to such beliefs may be a retrogressive step.

Ehrenwald has also put forward the notion that yet another variety of possession is based on emotional contagion or mass suggestion. This, he states, is a regressive phenomenon facilitated by any show of uncontrolled emotionally charged behaviour ranging, at one end of the scale, from such trivialities as contagious yawning and giggling to, at the other, very much more serious developments which, arising from public fear and panic, may all too readily assume disastrous proportions. Strictly speaking this cannot be thought of as fundamental to the notion of possession but as a contaminating factor which, by reason of the way in which it may escalate, can sometimes have the most serious consequences. While the behaviour of a lynch mob provides a good illustration, a not too dissimilar contagious psychological mechanism may well have been operative in the Ossett case.

As has already been suggested, true forms of possession may be seen as having a neurotic rather than a psychotic basis. Not only Oesterreich but Ehrenwald and Freud seem to have been agreed on this. Freud stated:

'Cases of demoniacal possession correspond to the neurosis of the present day; in order to understand these latter we have once more to have recourse to the conception of psychic forces. What in days gone by were thought to be evil spirits to us are base and evil wishes, the derivatives of impulses which have been rejected and repressed. In one respect only do we not subscribe to the explanation of those phenomena current in medieval times; we have abandoned the projection of them into the outer world, attributing their origin instead to the inner life of the patient in whom they manifest themselves' (Freud, 1946).

Symptoms and signs of possession syndromes

Before pursuing this psychodynamic interpretation further, it is necessary to examine in rather more detail the phenomenology of possession syndromes. It will be recalled that Oesterreich maintained that these occurred in two different forms. What distinguishes the one from the other is that in the obsessional form there is a lack of ego participation which seems to prevent the supposed devil from taking over completely and which, in a sense, reduces his stature to what even the possessed (or more strictly speaking obsessed) person himself recognizes as being some kind of foreign body; this despite the fact that no effort of will power can free him from his compulsion to behave in some grossly distorted and unwanted fashion, as his devil seemingly dictates. The victim, therefore, while believing himself to be possessed, remains fully aware of his condition: a passive spectator, as it were, but one having at the same time, no control over his obsessive actions.

The second variety, which is even more striking,

is that which may be designated as hysterical in origin, which concept, while tending to become a trifle frayed at the edges, at least has the advantage of underlining the dissociative aspects of the concept of hysteria which are so important when used in this particular context. Indeed, the somnambulist or sleep walker, who is able to perform a whole series of complicated actions without any apparent awareness of doing so, closely resembles the hysterically possessed subject who, in his 'acting out', seems to be at the complete mercy of his – or more often her – personal daemon. But, at the risk of being regarded as cynical it may be observed that the word apparently often covers a multitude of sins, not the least of which is a powerful need to attract attention.

Taken as a whole the symptoms and signs of demoniacal possession are impressive both in their number and variability. In the *Compendium Maleficarum*, to which reference has already been made, Guazzo lists no less than 47 indications of demoniacal possession and another 20 of simple bewitchment. Among them are many which are familiar today as symptoms of mental disorder. Some of the commonest and most important include a variety of sensorimotor phenomena. Next in frequency are various kinds of obsessive-compulsive disorders including, particularly, those concerned with the utterances either of obscenities or the so-called 'speaking-in-tongues' phenomenon, ie, talking in a language thought to be unknown to the subject in his normal state [2]. Third in frequency are the more purely mental symptoms such as amnesia or others which may be unhesitatingly regarded as of neurotic origin, for example: 'Those afflicted are subject to sudden frights, their heads seem to swell to an enormous size, their brains seem as if tightly bound or pierced or stricken by a sword. Some suffer from constriction of the throat, feeling as if they are being strangled. Others have an acute pain in the guts, a feeling of forcible inflation of the stomach, a constriction of the heart as though it had been unmercifully beaten or eaten away'. One sign is particularly appealing: 'When the patient's sickness is particularly difficult to diagnose, so that the physicians hesitate and are in doubt and keep changing their minds and are afraid to make any definite pronouncement about it'. This statement is followed almost logically by: 'If, although remedies have been applied from the first, the sickness does not abate, but rather increases and grows worse' (Guazzo, 1608). All these are familiar enough today in any psychiatric outpatient clinic.

A special feature of possession, as opposed to simple bewitchment, seems to have been a sensation of bodily movement and, on some occasions, forced or involuntary movement of the limbs. Not unnaturally, convulsions were often thought to fall into this category: epilepsy certainly so, in ancient times; though later on, the majority of such convulsive states seem more likely to have been of hysterical origin. When such convulsions were simultaneously combined with peculiar utterances it must have been hard, in times gone by, not to believe that the devil was at the bottom of it. Likewise Gilles de la Tourette's syndrome, in which compulsive obscenities and bizarre tics occur, must have provided a further splendid example which could hardly but have astounded the naïve eye of the beholder.

There can be no doubt that the witchcraft delusion which, together with the notion of demoniacal possession, held the more gullible inhabitants of medieval Europe in its grip, provided fertile soil for hysterical imaginings to thrive. But let us not be too ready to lay the blame for the horrendous consequences of all this solely at the feet of the possessed. It is not only they who were – and still are – gullible, but their minions also: wide-eyes believers, vicarious pleasure seekers, gaolers, judges, executioners, exorcists, and perhaps above all, ourselves, who, with a keen nose for a bit of scandal – sexually tinged for preference – have never been far in the offing and always on the look out for a bit of blood and sacrifice. Oesterreich makes the point that Soeur Jeanne des Anges, the possessed Mother Superior at Loudun, whose hysterical convulsions led to the Jesuit priest, Urbain Grandier, being tortured and done to death in a particularly unpleasant fashion, did not become possessed 'in real earnest' until Surin, her exorcist, came upon the scene. But even before then Soeur Jeanne and her nuns were clearly assisted in their hysteria by those who were all too eager to see Grandier done down, both for political reasons and on account of his sexual escapades. Indeed, the cavortings of the Mother Superior and her companions provided Grandier's enemies with an excuse for action far too good to miss. By the same token Arthur Miller, who, in his play *The Crucible*, has so vividly dramatized the gruesome tale of the Witches of Salem, has pointed out how likely it is that the chief trouble maker, Abigail, would never have succeeded in getting the worthy John Proctor hanged had it not been for the 'long-held hatreds of neighbours' who found in this miserable and horrid affair an opportunity to settle old scores 'on a plane of heavenly combat between Lucifer and the Lord' (Miller, 1956). We should do well to remember that it is not only the exorcists

[2] 'Speaking in tongues' appears today to occur most often during pentecostal or revivalist ceremonies in the southern States of the USA. It can, however, occur as an isolated neurotic phenomenon. Thus, in a case known to the writer, the lady concerned would, on retiring to bed at night, speak intelligibly in her sleep, in an entirely different tone of voice, usually in English but sometimes apparently in Hindi. It is noteworthy perhaps that she had spent her first five years in India and had been nursed by an Ayah. Her condition could be construed as 'doubling of the personality', currently a fairly rare form of hysterical dissociation.

who are guilty, but we, who as spectators, are all too ready to give encouragement to the witch-hunt, obtaining at the same time, a good deal of vicarious enjoyment from the chase. What better example in recent times can there be than the trial of Stephen Ward (Kennedy, 1964)? All the elements of a good witch-hunt were present in this sorry affair – sex, politics, personal spite and, ultimately, human sacrifice – if, as seems likely, Ward's suicide can be seen in this light.

Psychodynamic aspects of demoniacal possession

This leads us back to a consideration of the psychodynamic aspects of the matter. It is clear that man's idea of the existence of the devil almost certainly springs from his need to reupdiate his deep-seated instinctual drives such as are concerned with lust, hate, envy, and aggression and which, by their very nature, are so likely to arouse in him, feelings of guilt. Following Freud, it would seem also that the most common way in which man divorces himself from his own sense of vileness is via the psychological mechanism of projection. Strength is lent to this defence mechanism by a fantasy of evil as something personified. Thus is the devil brought to life while at the same time man is at least partly relieved of the responsibility for some of his more bestial actions. In this way the tale as told, all too readily becomes: 'It was not I, but the devil who made me do it'.

The question of absolute evil

The question as to whether or not there is such a thing as absolute evil – a matter which has often exercised the attention of philosophers – has, so far, been studiously avoided. William James pointed out that if we admit that evil is an essential part of our being we load ourselves down with a difficulty that has always proved burdensome in the philosophies of religion: this is that taking either a monistic or pantheistic view, evil, like everything else, must have its foundation in God; and the difficulty is to see how this can possibly be the case if God is absolutely good (James, 1962).

It is interesting to observe how Sprenger and Kramer, the authors of the *Malleus Maleficarum* (1484), fell into the same difficulty. They, too, adhered to the belief that because God created all things, He must have created the devil also. Whereas one of the prime accusations made against the devil was all about his apparent tendency to interfere with connubial relations which, incidentally, led to the *Malleus* becoming in large part, a textbook of sexual psychopathology, its authors nevertheless had little to say on the subject of sexual deviations of other kinds. While it is true that they did make passing references to sodomy and to any other sin whereby the sexual act is performed outside the rightful channel, they did not, curiously enough, ascribe this to devils, who they insisted 'Equally and of whatsoever order, abominate and think shame to commit such actions'. Clearly Satan, being a product of God, was in the last resort, a gentleman!

Putting all these arguments on one side, it may be observed that while there have existed, all through history, men capable of the most atrociously evil deeds, this in itself, does not necessarily imply an absolute quality to evil. Indeed, it can be argued that evil is no more than an abstract concept which can only be understood in relative terms and in comparison with its polar opposite – good. Mental life is full of such polarities, the opposing concepts of good and evil being only one of many. Thus we speak not only of better or worse but of goodness and badness or of gladness and sadness, of misery or merriment, or of fear or anxiety as against calmness or tranquillity – and so it goes on. Examples are legion. One of the most important of these dichotomous concepts is pleasure in contrast to pain, which, at times, may represent displeasure in its most extreme form. We are now, perhaps, just beginning to gain some understanding of the neural substrate of these sensations; though rather less so as yet, of the neurological basis of their attendant emotions. It has, however, been postulated (Marshall, 1972) that the motivation for devilish behaviour may originate in a hypersensitized subcortical area previously exposed to pleasurable or painful stimuli emanating from lower brain centres and resulting, according to which type of sensation predominates, in behaviour which may either be socially or anti-socially orientated – yet another dichotomous concept. But because such models are clearly an oversimplification, we should do well not to allow ourselves to become overpreoccupied with what may possibly turn out in the end to be no more than brain mythology.

Returning to exorcism: if we agree with Freud that the possession states of yesteryear correspond to the neuroses of today we may well ask with Bishop Hanson (Hanson, 1975), if, 'ever since the earliest days of the Church the use of exorcism has always depended on a belief in the Devil, and if early Christian exorcists were not attempting to cast out neuroses, but devils: how can we still continue to exorcise devils if we no longer believe in them?' What therefore, we may ask, are the successors of the early Christian exorcists trying to do, not in darkest Africa, but, right here and now, in Britain in 1976?

The primitive exorcist shares his client's delusions and confirms his fears, thus compounding according to Ehrenwald, the delusional trend both in the victim and in the community. He goes on to suggest that the current wave of artificial media-made hysteria about possession has had a similar effect.

Techniques of exorcism

Of the actual techniques of exorcism not too much need be said, for much of it has been well described by William Sargant in his book *The Mind Possessed* (1973). What is of particular interest is that although there are many variations, the essentials of the process are remarkably similar in many different places thoughout the world. All of these are measures which are designed to produce increasingly excitement to the point where a state of trance, together with markedly heightened suggestibility, are induced. Convulsions not uncommonly occur. From an experimental point of view Sargant has pointed out how by using leading questions – a technique well known to the exorcists of early times – patients in a state of trance or in a condition of exhaustion, brought about by depriving them of sleep, can fairly readily be induced to announce that they are possessed, or indeed, and as we now well know, to confess to anything whatsoever. It only remains to be remarked how closely the phenomena of exorcism correspond to those of possession. Both having similar origins are as a glove turned inside out and outside in again. The one indeed causes the other.

Couched in psychiatric terms exorcism bears a close resemblance to that particular treatment procedure known as abreaction which, while it can be brought about wholly by psychological means, is often enhanced by the intravenous administration of certain drugs or by getting the patient to inhale ether or carbon dioxide. These and other measures tend to produce a state of growing excitement, together in the end, with clouding of consciousness and greatly heightened suggestibility. For psychiatry the technique has limited applications, but has been found to be of considerable use in the treatment of soldiers suffering from acute states of battle neurosis. Induced by this means to relive their experiences but, on this occasion under controlled circumstances, the subjects may usually be fairly readily relieved of their symptoms.

But there are other ways of proceeding which could, in the end, turn out to have more sinister potentialities for bringing about behavioural change. Although there is fundamentally nothing new to be found here, interest in such methods is clearly being rekindled in the light of current political developments. But instead let us return for a moment to Loudun and to the possessed Mother Superior, Soeur Jeanne, and her exorcist, Surin:

'From thirty minutes a day, the quota of mental prayer was raised to three or four hours, and to make herself fit for illumination she undertook a course of the hardest physical austerities. She exchanged her feathered bed for uncushioned boards; she made decoctions of worm-wood to be poured, in lieu of sauce, over her food; she wore a hair shirt and a belt spiked with nails; she beat herself with a whip at least three times a day, and sometimes, she assures us, for as much as seven hours in a single twenty-four hour period. Surin, who was a great believer in the discipline, encouraged her to persevere. He had noticed that devils who merely laughed at the rites of the Church were often put to flight in a few minutes by a good whipping' (Huxley, 1952).

Beyond noting that Surin was clearly aware, as of course many others have been, of the effects of aversion therapy, it would hardly seem necessary to pursue the matter further. We should, however, bear in mind, not only the march of events but the tendency of history to repeat itself. So, in 1975, a 25-year-old American girl was admitted to hospital having slashed her body with a knife in order to offer herself as a sacrifice to the witches and spirits she had heard around her house at Hallowe'en. She had come to England with her husband during the previous summer in order that he could find a job of a kind not easily available to him in the United States. During the autumn she became depressed and homesick, and borrowing books on witchcraft and allied topics from the local library, became increasingly absorbed in such matters. Then, as she became more severely depressed, she suddenly became convinced that there were spirits abroad, and that they were talking to her. Luckily she was, at this juncture, apprehended and admitted to hospital. Appropriate physical treatment in the first instance, followed by a process of sorting out of her many psychological problems, soon led to a considerable improvement in her condition.

Conclusion

Finally, another of Oesterreich's many cogent observations would seem to be appropriate: 'Possession begins to disappear amongst civilised races as soon as belief in spirits loses its power. From the moment they cease to entertain seriously the possibility of being possessed, the necessary autosuggestion is lacking.'

So, it might be added, does the need for exorcism.

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Comment

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Professor Trethowan illustrates the acute philosophical difficulties raised by the revival of exorcism, by an ambiguity in his own attitude – an ambiguity which is widely shared nowadays.

Most of the time Trethowan thinks that the practice of exorcism, and still more the cluster of beliefs underlying it, is quite obviously mistaken, harmful and historically superseded. The rise of modern science was from the first based on outright repudiation of any sort of explanation of odd events, in terms of the caprice of spirits, and its replacement by explanation in terms of physical law, expressed in mathematical or mechanical models. Insofar as the modern medical man is a man of science he cannot possibly have anything to do with the belief in evil spirits or with magical procedures for expelling them. Such terms as 'evil spirit' or 'possession' could not be introduced into modern medicine without a grotesque intellectual incongruity.

But alongside this view, Trethowan appears to show traces of another and more permissive attitude. When he compares Guazzo (1608) and Strauss (1950) he seems to suggest that old demonologist and new psychoanalyst are reporting similar symptoms, proposing formally corresponding explanations, and even recommending analogous remedies (exorcism, abreaction) in order to purge or discharge the unwelcome psychic entities. Trethowan's quotation from Freud suggests that the difference is merely that, for the scientific outlook, evil powers have become internalized: 'We have abandoned the projection of them into the outer world, attributing their origin instead to the inner life of the patient'.

In his scientific-rationalist mood Trethowan thinks there is an absolute disjunction between prescientific and scientific medicine; but in his more relativistic mood he sees analogies between them, and suggests that the difference between them is not so much factual as metaphysical.

To take this second line of thought further is to see why Trethowan is hesitant: for 1) the physician is understandably reluctant to sit in judgment upon his patient's metaphysical beliefs; 2) modern anthropology has emphasized the coherence of animistic explanations of evil, and ritual remedies for it, in tribal societies; 3) the variety of schools of thought in modern psychology is a reminder that it is impossible to be dogmatic about *any* language for describing psychic events; 4) a great many people, not only immigrants, in our society still have a prescientific rather than a scientific outlook, as is evidenced by the widespread beliefs in astrology, ghosts, monsters and so on; and finally, 5) many philosophers would agree that it is difficult if not impossible to produce a conclusive disproof of the belief in evil spirits.

These are the sort of considerations that, I suspect, make Trethowan reluctant to rule out exorcism, and the beliefs underlying it, dogmatically.

It might be of some help to have more empirical evidence as to the effects of exorcism. One practitioner is said to have performed 2000 in five years, so there is surely no shortage of material. But in any case I would join Trethowan in stressing the moral dangers of exorcism, both to the patient and to the exorcist.

Since the Reformation modern Christianity has made a great effort to purge its cosmology of animism, magic and crude ideas of supernatural intervention. In the process it has made, I believe, substantial ethical and religious gains. The self became more autonomous, and it was recognized that God acts through second causes. The current revival of superstitition and spread of religious irrationalism is alarming, not only to men of religion like me, but to men of science also (and to those who are both). It implies an intellectual regression, and a reversion to a more primitive view of the self as a theatre in which opposed supernatural forces battle for supremacy.

I believe that this regression began with the shock caused by Darwinism to traditional views of the self, and the consequent rise of fundamentalist forms of religion determined to defend moral and religious seriousness, and deeply mistrustful of the modern sciences of man.

One may respect that determination, but religious fundamentalism entrenches a sharp dualism between religious and scientific knowledge, and the revival of belief in Satan and evil spirits, far from 'taking evil seriously' is on the contrary profoundly

demoralizing. Here, I think, I am in complete agreement with Trethowan. The physician's interest is in the restoration of his patient's moral and intellectual health. It would be a dereliction of his duty to encourage the highly obnoxious belief that the self is at the mercy of alien forces – and consequently dependent upon the exorcist or other figure who claims to have the authority to expel evil. There is here the professional man's worst temptation, priestcraft, the spiritual domination of his client.

So, on ethical grounds, I think exorcism should not be performed. On intellectual grounds I think it has no place in modern medicine. And I deplore the suggestion that psychiatrists might recommend certain patients to priests for exorcism. For that proposal suggests an intolerable view of the relations of religion and science.

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Some time ago as a chaplain to a general hospital, I was visiting a woman with severe postpartum depression. Eventually the Duly Authorized Officer (the official whose authorization was required before a patient was admitted to a mental hospital) arrived and talked to her. When he returned to the ward sister's office his comment was, 'She's mad – God's been talking to her'. I asked him to think again before he signed the committal papers. I too thought that she was mad, not because God had been talking to her, but from what He appeared to have been saying. As I pointed out, 'Moses would have had little chance if you had met him on the way down from the mountain.' There are many patients who have delusions about God as well as about the devil but their delusions neither point to His existence nor do they point away from His existence. They remain delusions. So, in considering a subject such as exorcism, we have had to be continually aware that our emotional suppositions tend to cloud the exactitude with which we are able to examine it. It was not Freud's work in the analytical field that brought him to the point of agnosticism but rather his agnosticism which entered his analytical field. In his letter to Pfister about his book *The Future of an Illusion,* Freud wrote (26 November 1927): 'Let us be quite clear on the point that the views expressed in my book form no part of analytical theory. They are my personal views . . . if I drew on analysis for certain arguments – in reality only one argument – that need deter no one from using the non-partisan method of analysis for arguing the opposite view.' We must bear in mind that most of the arguments which Professor Trethowan appears to use against the existence of the devil, and still more of the devil's ability to use his powers in this world, might equally be applied to the existence of God and to the power of God in this world. I am not sure whether Professor Trethowan would in fact employ the same argument for the existence of God and the power of good. We must be very careful that we do not look at the question of exorcism in a totally reductionist manner but be fully aware of the other conclusions that might be drawn from the same evidence.

Language is one of the modes of communication, although psychology can sometimes help to correct the view that it is the only mode, and the story of the tower of Babel does not only apply to those who do not share the same vernacular. Language itself can become a tower of Babel. Today specialists conversing with specialists in other fields need interpreters. Language can imprison the communicator within its own categories, and a limited vocabulary limits the expression of emotion. It may be questioned whether the personality of a subculture which is so limited has created the limitations or whether the limitations were imposed upon it by the language. In psychology in particular we are in an area where the use of labels and categories is now much more open to challenge. No doubt many of the words which Professor Trethowan takes for granted in a medical and psychological context may even be challenged within that context itself. The language of theology creates an even greater problem since it is dealing with a Person who can never be known in this life, with things that can never be seen, with the depths and the heights that are impossible for man to explore. Moreover the danger of oversimplification of the divine is in itself the danger of heresy. It is not difficult then to understand the complexities of attempting to communicate feelings about human reactions to the divine, human response to evil, or even human responses to other human beings.

Each group of specialists which tries to formulate some understanding of man creates its own formulations: the historian, the anthropologist, the sociologist, and psychologist and the theologian create their own language systems; a tower of Babel is built as men try to reach the heights of understanding. At the psychological and medical level there are disputes as to what is meant by mental sickness, by health, by the purpose and the means of healing, and still more do we encounter difficulties when we ask the more existential questions as to what life itself is about. In the theological field we are faced with the use of concrete words and expressions as symbols of realities which, while they cannot in themselves be concrete, are none the less real. But how can we appreciate, human as we are, that something may be real and yet not concrete? Have we really tested out the full implications of the word 'real'? We know in theory that much of our theological language is anthropomorphic but does this mean that we are thinking of God in terms of man and so He is but a projected man? Or that since none of these thoughts can be accurately and concretely a

reality, nothing exists? Or that the poverty of our ability to define and explain God means that there is no reality in our faith?

I am concerned in considering these major problems (some of them of semantics) about the method with which Professor Trethowan approaches the subject of exorcism. He seems to see no basic underlying problems in the words which he uses, relying on the pure strength of commonsense. The question of evil and the devil and God can be examined under the same concepts as any physical and psychological disease, but Professor Trethowan seems to accept these concepts as absolute in a way not often given to the theologian. Richards (1974) attempted to look at evil in a much broader context, seeing the forces of evil in man as parallel in some way to that in which the forces of an evil environment might cloud the judgment and take possession of the individual. Some of the studies of mass hysteria can show how the group can influence the individual, even robbing him wholly of his senses. The fact that we have in group hysteria a model of the mechanics of the way in which an individual may lose the whole of his will does not necessarily mean that we therefore know the cause. Professor Trethowan is anxious to point out that many of the 'fits' that were once attributed to the devil can now be seen as epileptic fits. On the other hand, similar 'fits' may have different causes, and what in fact triggers that fit may still be a question even for full medical understanding. I do not think that we shall get far if we follow Professor Trethowan's tight medical categories when he asks us to 'examine the phenomenology of possession syndromes'. To examine something in medical terms, using medical classifications, must force us to a medical conclusion. There seems to be a false logic here. Because at a certain point in time such phenomena were misinterpreted in theological language is not an argument against all theological interpretation of facts any more than the terrifying misinterpretations in medicine current at the same period and even later, as shown in *The Birth of the Clinic* (Foucault, 1973), are any slight on the interpretations of modern medicine.

James (1962) pointed out that evil, like everything else, must have its foundation in God, and thus the difficulty of seeing how this can be, given that God is absolutely good, may also be stated the other way round. The world is not absolutely good, and yet it is the product of divine creation. If there is no evil being, can we attribute the evil to God, or is evil merely an absence of good? However interesting it might be to play these intellectual games, those who feel themselves in a situation of suffering have no doubts that evil appears to them more than merely the absence of good. As Richards (1974) appears to put the question, 'Was it something more than just mass hysteria that enabled man to descend into the depravity of organizing and running the concentration camps. I am not sure that it is easier intellectually to accept that there is no evil force than it is to postulate that there is one'.

Professor Trethowan seems to see Sargant (1973) as showing how people can fairly readily be induced to announce that they are possessed, or indeed to confess to anything whatsoever. Those who take a critical view of analysis are equally interested in the way in which patients may be helped to express their views and attitudes in terms of Oedipal conflict or the difficulties of coming to terms with their archetypes. Faraday's work (1972) has illustrated how easily the factor of the analyst's conceptual frame could influence the dreams of the patient. This says nothing for the validity or accuracy of either Freudian or Jungian concepts. They remain modes of expression and frameworks for understanding, and we may still be far from the reality of the dynamics of man. Far though they may be, it seems to me that there is a sense in which, pastorally speaking, the concepts of Freud and Jung can be of immense value, and have indeed proved so to many whose analysis has brought them towards the fullness of their own potential. It seems equally true that there also are some for whom the expression of their inner conflict in concrete terms of the battle between good and evil may be as valid as defining it in terms of an Oedipus complex. There appears to be an assumption that acceptance of the devil as a reality implies the acceptance of some 'thing' – being, person, concrete reality – totally outside man who somehow 'influences' him or 'possesses' him and yet is distinct from him and remains some sort of eternal being. And yet if the Kingdom of God lies within man, if the spirit of God dwells in man, cannot also some spirit of evil which can grow until it becomes an obsessional and possessive thing – 'the very devil'. Some psychotherapists tend to argue against the concept of the devil since it allows a projection of the internal battle of man onto the outside. The true Christian mystics, however, bring that battlefield right into the depths of themselves. It is a battle, it is an acceptance of the forces of evil within. In this conflict there must be the dark night of the soul and turmoil, so how is man to describe such a conflict? He can only communicate that conflict in words and symbols, and one symbol may not be more real than another. Man is in conflict with himself, whatever it may mean and however it may be expressed, and the remedy for the conflict may be exorcism, abreaction, incantations or ECT, a little pill or a little prayer. In some ways is the mode of the psychiatrist any less in the symbolic sense than the mode of the exorcist? Each has his own incantation, each his own mysticism, each raises his eyes to 'higher knowledge', each appeals to the strengths of his own discipline. Is one true and the other false? The paradox surely remains the individual torn by conflict, a conflict which itself defies our symbolic words of definition.

My own appeal is for humility. Those who work with patients with the troubled mind walk into areas of human darkness with little but their own faith to guide them. We know so little, we comprehend in so shallow a fashion that there is no reason for confidence in our own assumptions. For the sake of the people who put their trust in us, we must be open to our own limitations, to take care that where we do not help we do not hinder, and continue to grope towards the truth together rather than engage in wars of doubtful symbolism.

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