AZUSA PACIFIC UNIVERSITY

EXORCISM, DELIVERANCE, AND PSYCHOTHERAPY FROM A CATHOLIC-CHRISTIAN PERSPECTIVE: A CRITICAL LITERATURE REVIEW

by

Sean M. Tobin

A dissertation submitted to the

School of Behavioral and Applied Sciences

in partial fulfillment of the requirements

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ABSTRACT

EXORCISM, DELIVERANCE, AND PSYCHOTHERAPY FROM A CATHOLIC-CHRISTIAN PERSPECTIVE: A CRITICAL LITERATURE REVIEW

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In this dissertation, I present a comprehensive summary of peer-reviewed literature on the topics of exorcism, deliverance, and psychotherapy. I identified 73 articles and organized them according to the following themes: outcome case studies, conceptualization of exorcism and deliverance, differential diagnosis, and ethical issues. Several case examples of possession phenomena and interventions in various religious, cultural, and clinical settings were presented from studies. The articles related primarily to understanding the impact of interventions (e.g., exorcism and deliverance) and/or understanding possession phenomena. Several authors raised ethical issues considering abuses and injuries that have occurred in practice in relation to topics of spiritual integration and competency. I provide definitions of terms and a discussion of historical context regarding traditions of exorcism and deliverance based on accounts and descriptions given in both the peer-reviewed literature and supplemental materials. I discuss the articles according to a Catholic-Christian worldview, and provide

recommendations for conceptualization, practice, and future research. I further describe models of deliverance along with significant topics that emerged from the literature.

Keywords: exorcism, deliverance, prayer, possession, demon, psychotherapy

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CHAPTER 1

INTRODUCTION

An increasing body of research has examined the role of religion and spirituality (R/S) in psychotherapy. This is good news for the field, both for R/S-minded therapists and clients with R/S interests and backgrounds. Psychology has a history of conflict and ambivalence toward the role of R/S, having been founded on mechanistic-medical models (Hook, Everett, Davis, Jennings, & Gartner, 2010). However, recent movements in the field have stressed sensitivity toward cultural diversity issues and emphasized more systemic ways of thinking. Thus, the role and function of R/S have gained respect and validation from the psychological community, and R/S competence has been established as a form of multicultural competence (Vieten et al., 2013).

Numerous studies have demonstrated the positive effects of R/S on mental health, psychological distress, and well-being. Researchers have also described the many positive coping mechanisms and resilience factors that R/S provide, as well as the significance of R/S in the lives of both clients and clinicians. With the development of more client-centered approaches to psychotherapy, there has been greater demand for the exploration of spiritually integrated approaches and holistic conceptualizations and interventions. According to Kersting (2003), however, only 10% of new psychology PhDs report moderate to high levels of exposure to religious sensitivity or guided

practices in their training, most of which occurs in religiously-affiliated training programs.

In this critical literature review, I explore one controversial topic within the theme of R/S—deliverance and exorcism—and the unique history and significance these psychospiritual interventions have had in culture as well as their contention within psychotherapy. Deliverance and exorcism are viewed primarily as Christian interventions used to resist and overthrow the presence of harmful spirits that may be influencing a person's life. Various forms and models for ministry have become common practices in many contemporary Christian circles. These interventions are inherently based on the belief that harmful spiritual entities exist and that they have a pattern and way of interacting and influencing human lives, but not without the ability to be resisted or opposed. These beliefs occur within the context of spiritual warfare and are significant for the Christian's identity in Jesus Christ.

Tension has existed between the mental health field and some Christian communities, often as the result of the lack of dialogue precisely on this topic. The apparent incongruence between some theories of psychopathology/psychotherapy and demonic/spiritual influence has demanded research and reflection to clarify the distinctions and overlap between these domains. Psychotherapists are being challenged uniquely to discover and develop efficacious and ethical means to address these issues both in the therapeutic setting and in the broader dialogue of the scientific community. To advance and encourage dialogue on the topic, I present a preliminary compilation of articles to provide a meaningful foundation for others to integrate and expand on the topic. As a comprehensive literature review on the topic of deliverance and exorcism had

not been done prior to this study, this literature review fills that gap by exploring case studies and theories to identify challenges as well as suggestions for areas of future research.

Terminology

Several terms are important to define to begin this literature review. First, I briefly define the terms *deliverance* and *exorcism*, upon which I further expand as the articles elaborate on their many nuances. The International Catholic Charismatic Renewal Services Doctrinal Commission (ICCRSDC; 2017) provides a helpful definition of deliverance, which is also called *simple exorcism*:

> The effort to free a person of demonic oppression and bondage in the power of Jesus' name. Deliverance is carried out by lay people as well as priests and does not involve any set form of prayer or liturgical rite of the Church. (pp. 16–17)

The practice or ministry of deliverance is primarily a prayer-based intervention (with pastoral or follow-up components), with the goal of identifying and subduing the spiritual impingements to human flourishing. These impingements are analyzed using both faith and reason, an important dialectic I later discuss, by contrasting tools of assessment with gifts of discernment. As the primary agents being identified and confronted are spiritual in nature, the proposed sources of assessment and discernment are clinical intuition and the discernment of spirits. *Discernment of spirits* is a gift of the Holy Spirit whereby the individual, guided by the inspiration of the Holy Spirit, "distinguishes between spirits" (1 Cor 12:10)—human, divine, angelic, and demonic.

The use of the word exorcism has a strict and broad application, as seen in the variation of its uses in the literature. In the strict sense, it primarily refers to *major*

exorcism or *solemn exorcism*, which is the expulsion of demons "through the spiritual authority of Jesus entrusted to his Church, performed only by a bishop or by a priest with the permission of the bishop, using the liturgical rite of exorcism" (ICCRSDC, 2017, p. 18)—as has occurred historically in the tradition of the Catholic Church. In the broader sense, exorcism also includes deliverance, as well as public and private exorcisms (or those that are part of sacramental rites and private prayer). The term exorcism sometimes is used synonymously with deliverance. However, from a Catholic tradition, it refers to an exclusively observed and protected rite, exercised only in the case of actual possession. Generally, this requires a thorough assessment by mental health practitioners as well as through a discernment team and with the bishop's approval and blessing.

Demons are evil spirits or fallen angels whose hierarchy is headed by Satan (also known as Lucifer, Beelzebub, etc.; see Gen 3:1-15; Wis 2:24; Lk 10:18; Rev 12:3-9). Other names have been used in various cultures and traditions alongside different beliefs on the relation of these spiritual entities to mankind and creation. Although not as commonly discussed, there is the potential interference of *earthbound spirits* or *ghosts* as well—the spirits of human beings who somehow stay attached to people or places and are able to inhabit and influence a person in a harmful way (although not always maliciously).

Demonic possession (sometimes called *spirit possession* in a more inclusive sense) is the condition in which an individual loses a sense of personal agency in the involuntary control of faculties. There are, however, varying degrees of influence by evil spirits. The first level of influence is that of *temptation*. The second is that of *oppression* and *obsession* (sometimes called *harassment*), whereby demons gain some power of

influence or suggestion over a person through a combination of being targeted and gaining increasing permission to influence the individual through the agreement of the individual's will. The progression of involvement begins with temptation, as demons are believed to be able to communicate as sentient beings, through thought suggestion or emotional impression. These deceptions are aimed at personal vulnerabilities, so "one is tempted by one's own desire, being lured and enticed by it; then when that desire has conceived, it gives birth to sin, and that sin, when it is fully grown, gives birth to death" (Jam 1:14-15). Demons are immaterial-spiritual beings; however, the Christian worldview does not see spirit-matter as completely separate or dualistic, for God who "is Spirit" (Jn 4:24) created the physical world, and "spirit and matter, in man, are not two natures united, but rather their union forms a single nature" (Catholic Church, 2000, n. 365). Relatedly, it is believed that physical places may also be particularly affected in what is called demonic infestation. The final degree of influence is full-blown *possession*. The literature labels the demonically influenced person in a variety of ways, from the *possessed* to the *harassed*. The scriptural term is a *demoniac* or *energumen* (ICCRSDC, 2017); however, the individual experiencing suffering by the presence of evil spirits is primarily described as just that: a *person who is suffering*.

Throughout this review, there are several explanations for the possession phenomenon. Their differences are largely due to context and worldview, with articles written with emphasis on sociological or psychotherapeutic factors, or from a lens based on a Christian or secular belief system and epistemology. Briefly, the articles have attempted to define possession as the following: An explanatory model and idiom of distress, or a special form of paranoia. The result of suggestion (i.e., an imposed

diagnosis, such as by religious authority-figures to promote moral values, behaviors, etc). An adaptive defense mechanism that protects individuals from experiencing extreme emotions and arousal, especially if they lack the capacity to integrate adverse experiences. An escape from unpleasant realities or disagreeable/unintegrated aspects of the self. A complex response to trauma, such as through dissociated ego-states, split-off and projected parts of the self or mind. The projection of unmet psychological needs, for omnipotent power or attachment, or suppressed drives for what might be considered immoral in the culture context. An extreme projection of guilt onto a "not-me" to cope with emotional flooding. Extreme externalizations of conflict, emotional imagination, hallucinations, or a hypnotic state. Personification of self-parts, trauma, or of the narrative of evil. As the product of the process of nonrealization, or the disowning of experiences and failure to distinguish me/not-me. As a form of entreating social support through a sick role or victimization, or merely faking or malingering for some secondary gain. Lastly, the explanation most reluctantly considered, as a result of the demonic involvement in a human life, disrupting functioning at the level of the mind-body connection.

As dark and frightening as this topic may be for some, there is always hope for freedom, as ultimate ownership belongs by right to God, the Creator and Authority, who has given his disciples power over all unclean spirits (Mt 10:1; Lk 9:1). According to the Catholic tradition, the soul itself cannot be possessed, but merely the body and its faculties, which include the brain, granting access to the bodily, emotional, and cognitive life of an individual as partitions of the mind-body connection. It is generally believed that the human spirit and the faculties of the soul can be bound by these impinging

spiritual entities but cannot be penetrated, as the essence of the embodied host, the human person, is composed of similar spiritual substance. Confidence lies in the Holy Spirit, who, like an expert surgeon, can pierce and divide "between soul and spirit, joints and marrow" (Heb 4:12), and bring forth the wholeness and freedom of the incarnate Word of God.

Rationale

As previously mentioned, the significance of R/S in psychology has found growing recognition. From the correlation between R/S struggles and mental health to the tailoring of therapeutic treatment according to the cultural practices of clients, several evidence-based studies have demonstrated the importance for psychotherapists to be spiritually conscious and competent with R/S integration. Research has shown that R/S are important in most people's lives, that clients may prefer R/S addressed rather than ignored in therapy, and that R/S competence is a form of multicultural competence (Vieten et al., 2013). The American Psychological Association (APA; 2002) defines culture as "the embodiment of a worldview through learned and transmitted beliefs, values, and practices, including religious and spiritual traditions" (p. 8). The importance for therapists to be culturally competent has also been regularly described throughout literature on the ethics of psychotherapeutic practice.

Collaborative and interdisciplinary approaches are often emphasized to compensate for the lack of competence many therapists have in working with R/S topics, such as emphasis on referring or consulting with clergy or pastors. However, stressing such competencies may "inconvenience or even offend practitioners who do not engage the religious or spiritual domain in their own lives, find it distasteful or harmful, or view

such a requirement as a violation of the boundary between science and religion" (Vieten et al., 2013, p. 139). Research has demonstrated, however, the importance for clinicians to be able to attend to the diversity of psychological stressors in clients' lives, including issues relating to R/S. The ability of a clinician to accommodate the R/S issues of one's clients has a significantly positive impact on the development of therapeutic alliance and collaboration for a positive outcome. Exploring R/S issues in psychotherapy also provides a direct way of understanding a client's existential worldview. Acknowledging the limits of scope and impact of interventions in therapy (usually talk-therapy), even with the systemic and often indirect nature of interventions, it remains most effective to treat a problem with an intervention of the same nature (i.e., a spiritual intervention for a spiritually caused problem).

Holistic and systemic thinking are acclaimed qualities for conceptualization and treatment, which strengthen the anthropological foundations and premises of therapeutic orientations. Deliverance stems from a Judeo-Christian anthropology and worldview, which, according to the Judeo-Christian model, understands the human person as having a tripartite structure (Body-Soul-Spirit). This topic challenges psychologists to integrate the concept of the demonic and theological traditions on the nature of evil. Studying the phenomenon of possession also has growing importance, as cultural divisions become less apparent with migration and cultural assimilation through the expansion of technology and social media, especially for societies whose beliefs in spiritual realities are strongly embedded. Thus, culturally sensitive and responsive approaches to treatment are increasingly recommended.

Background and Context

Deliverance ministry addresses an immense spiritual need in the contemporary world where there are signs of a growing darkness. In the widespread abandonment of Christian faith and the rapid secularization of societies, a spiritual vacuum has been created that many have "sought to fill with occult practices, spiritualism, freemasonry, neo-pagan and New Age spiritualities, or even overt Satanism" (ICCRSDC, 2017, p. 11). According to Father Michael Scanlan, you have only to "walk into an occult bookstore and the oppression of evil spirits can literally be felt" (Scanlan, 1980, p. 103). Pope Francis (2013) also expressed that this movement is a reaction to a "materialistic, consumerist and individualistic society, but it is also a means of exploiting the weaknesses of people . . . looking for immediate solutions to their needs" (p. 63). This vacuum tends toward extremes of fundamentalism or proposed spirituality without God.

Beyond spiritual dangers, a growing sense of immorality has emerged in a society that is increasingly hedonistic and materialistic, leading to increased brokenness in peoples' lives, especially in the family where fewer than half the world's children are living in a home with both biological parents (ICCRSDC, 2017). The result is a vulnerability to spiritual deception and oppression, as those who are deeply wounded are unaware of the footholds demonic activity may find in their lives. "Deliverance ministry usually goes hand-in-hand with inner healing" (p. 97). Because the Devil can operate in human lives through the entryways of emotional wounds, healing robs evil spirits of these points of access.

Some of the articles I reviewed reference biblical passages; however, there appears to be a lack of historical information regarding the ongoing and historical

development of the practice of exorcism throughout the ages. The testimonies of exorcism and deliverance that have come from the early centuries and held within Church tradition indicate the casting out of demons has remained an ordinary part of the life of the Church since the apostolic era (ICCRSDC, 2017). The ICCRSDC provides examples from the early church and subsequent centuries: St. Justin Martyr (c. 100–165 AD) spoke of exorcism as "irrefutable evidence for the truth of the Gospel" (p. 78); St. Irenaeus (c. 115–202) spoke of it as a leading cause for the conversion of many to Christ; Tertullian (c. 155–240) saw it as convincing evidence that "the Christian life is far nobler and more enjoyable than the pagan life" (p. 79); Origin (c. 185–253) noted that it may be done by the simplest of people "without the use of any curious arts of magic, or incantations, but merely by prayer and simple adjurations" (p. 79); St. Cyprian of Carthage (d. 258) and St. Hilary of Poitiers (c. 310-367) described that the power over demons was a gift received by all Christians as an effect of Baptism.

The Church gradually regulated exorcism in reaction to abuses to protect its integrity and strengthen its efficacy, placing the Church's full weight of authority behind the intervention. Documents from the middle of the third century show that exorcists were a defined group within the Church, eventually creating an order of exorcists in the Western Church. There has always been recognition of the charism of exorcism, or the special gift or anointing of the Holy Spirit for more fruitful action, even among laity and religious who are not ordained. Even though Jesus and the apostle considered demons to be spiritual entities and with cases in the NT of exorcisms and deliverance, especially in the Gospels, it was not until the Fourth Lateran Council in 1215, under Pope Innocent III, that the church officially defined demons explicitly as spiritual entities. The Roman

Ritual of 1614 made exorcism a universal practice that only those given permission by a local bishop could perform, becoming Canon Law in 1917. The frequency and relevance of exorcism declined during the period from the Enlightenment through contemporary modernity.

"The first standard formulas appeared in the West in the eighth century" (ICCRSDC, 2017, p. 82), but it was not until the 17th century that the Roman Ritual was promulgated as the official rite. In 1884, after celebrating mass, Pope Leo XIII had a vision of Satan and composed a special prayer to Saint Michael the Archangel for the defeat of the devil. In 1972, however, Pope Paul VI removed the title of exorcist as one of the standard minor orders with which all priests were endowed as a step toward ordination (Csordas, 2017), and in 1972 only one diocese in the United States had a priest formally appointed to the office of exorcist. It was through the Pentecostal and charismatic movements, often because of inner healing or manifestations as a result of prayer, that deliverance ministries became popular, with a rapid number of books and resources on the topic emerging. In 1985, the Congregation for the Doctrine of the Faith issued *Letter to Ordinaries Regarding Norms on Exorcism*, which recognized the practice of deliverance, which is not exorcism in an exclusive sense, allowing laity to participate in these practices.

The formal Rite of Exorcism (see Appendix A) is still used in the Catholic Church today, with recent developments and rekindled interest as the perceived need has become evident. In 1999, a revised rite of exorcism was promulgated, and recognition of its renewed relevance began to spread within the hierarchy (Csordas, 2017). Following a series of murders in 1998 and 2004 involving the heavy metal rock band Beasts of Satan,

word spread that the Vatican wanted every diocese to appoint an exorcist. In 2005, a training course for exorcists launched at a pontifical university in Rome, and in 2010 the annual meeting of the Catholic bishops in the United States included a preconference explicitly addressing the topic of exorcism. More recently, in 2014, the International Association of Exorcists, founded in the 1990s, was granted official Vatican recognition by the Congregation for the Clergy. There are now annual courses on exorcism and prayers of liberation in Rome. As the Catholic Church has been wounded deeply by the scandal of priestly sexual abuse in recent years, the exorcist stands in stark contrast to the pedophile or abusive priest. Where the first "degrades the notion of spiritual father as protector, the exorcist engages in a strenuous cosmological struggle to protect and liberate the afflicted, sometimes at grave personal risk" (Csordas, 2017, p. 295).

Simple exorcism falls under the umbrella of deliverance, as defined and practiced in several different denominations. "Whereas the healing of memories was borrowed from Episcopalian Charismatics, deliverance was borrowed from classical Pentecostals and nondenominational neo-Pentecostals (Csordas, 1997, p. 166). A spectrum of belief exists regarding the prevalence of demonic involvement in human lives, with extremes at either end. Some of the extreme beliefs within psychology and Christian traditions are reactions to the long-standing conflict between science and religion and traditions of doctrine. This conflict has led to the polarization of various worldviews and belief systems and furthered division within Christian communities. A rational basis needs to be regained to build bridges and engage in constructive dialogue once again.

This critical literature review serves as a way of spanning the rift between science and religion, with the hope of encouraging meaningful reconciliation among Christian

denominations. The psychospiritual intervention of deliverance demonstrates the interconnectedness of the psychological and spiritual dimensions with a holistic approach to psychotherapy that is both complementary and enriched. As such, in this literature review, through its theoretical and pragmatic approach, I demonstrate the theory and application of the various facets of deliverance in current psychological literature, providing suggestions and recommendations for clinicians and researchers to further support the exploration of this topic.

Professional Profile

I converted to the Catholic Church after living over a decade as a deterministic atheist. After exposure to the Catholic Charismatic movement, I have participated in various prayer ministries that addressed needs for both healing and deliverance. I have a great appreciation for ecumenism, with my formation rooted in scripture, the Father and Doctors of the Church, and the Catholic Church's rich mystical traditions. I hold a bachelor's degree in philosophy from the Franciscan University of Steubenville in Ohio and a master's degree in clinical psychology from the Divine Mercy University in Virginia (formerly known as the Institute for the Psychological Sciences). I earned a second master's degree in clinical psychology while enrolled in the Doctor of Psychology graduate program at Azusa Pacific University in California, for which this dissertation was written. I have also received specialized training in psychodynamic psychotherapy and am passionate about integrative psychotherapy.

CHAPTER 2

LITERATURE REVIEW

Seventy-three articles were found and included in this literature review, with dates ranging from 1895 to 2018. Many articles described studies attempting to translate possession phenomena with psychological concepts to understand it through an empirical lens. A range of epistemological foundations and biases was evident in the articles, ranging from religiously-oriented worldviews to materialistic rationalism, as well as several different theoretical orientations of psychology. Most authors did not state from what cultures or belief systems they came, though it may be inferred based on some of the conclusions presented in their studies. Four thematic categories emerged in the literature: outcome case studies, conceptualizing exorcism and deliverance, differential diagnosis, and ethical issues.

Outcome Case Studies

Many ancient myths and sacred texts refer to evil spirits. As belief in the existence of demons has endured the skepticism of rational thought, it may seem surprising to some that mention of such a significant experience seldom is heard in the public discourse of psychology. There may be several reasons for this, as generations of men and women have had to grapple with complex ontological mysteries, sometimes resulting in denial of the immaterial spiritual world. There may also be reluctance to speak of this topic because of fear or discomfort at the mention of hostile angelic beings.

For many therapists and counselors, investigations into this realm of human experience do not emerge or become relevant until demonic phenomena are presented in clinical cases. In response to such occurrences, clinical studies have been conducted to develop the observation and understanding of the demonic as it becomes part of the process of mental health care. A general goal of psychotherapy is to help a person function and flourish by helping modify feelings, conditions, attitudes, and behavior, which are emotionally, intellectually, or socially ineffectual or maladjusted. Potential obstacles to improvement must be carefully considered. As such, the psychotherapist must be competent to address whatever the obstructions to progress may be.

Cultural and Religious Settings

Several of the studies were more sociological in nature than clinical and examined anthropological themes rather than case examples from the therapy room. Set in the context of unique cultural groups or religious settings, these studies demonstrate important values and beliefs held by individuals in these diverse groups. For example, Betty (2005) contrasted culturally diverse expressions of demonic possession and exorcism from South and Southeast Asia, to Central and South America, to Sub-Saharan Africa. Betty asserted "exorcisms are commonplace. . . . There is no place in the world where they are unknown" (p. 13). He commented on the merit of universality that if spirit possession or demonic oppression were unique to one culture, region, or geographical area, it would be highly suspect, but that does not seem to be the case. He briefly described some supernatural accounts that have no scientific explanation, such as that of a Chinese farmer who was exorcised by a Taoist abbot. "We see a man who blows up like a balloon, exudes a pool of excreta from his pores as he deflates, becomes as rigid and

heavy as a cast-iron stature, caves in an iron bedstead while remaining motionless, resists being lifted by seven men, and writhes like a mortally wounded snake at the moment of expulsion" (Betty, 2005, p. 20). Betty further acknowledged there are materialistic assumptions underlying arguments against the spirit hypothesis, and it is an assumption, not a fact, that the voices heard or the images seen by the schizophrenic "exist nowhere but in his mind" (p. 27). He concluded his consideration of the apparent success of exorcisms with three challenges to psychiatrists: first, to challenge assumptions with philosophical rigor; second, to study literature investigating paranormal phenomena; and third, to conduct research to determine whether the tools and techniques of the exorcist and deliverance minister work better than the drugs and therapy of the psychiatrist.

Koss-Chioino (2005) also presented a cross-cultural study focusing on the prevalence of spirit healing in different societies and world regions. As a case example, she utilized qualitative data on Spiritist healing in Puerto Rico, examining aspects of the interface between mental illness, as defined by psychiatry, and spirit healing groups. She found, for some emotional disorders, that spirit healing is effective and sought to understand and discover the variables that made it so. She explained that indigenous healing practices are widespread in the contemporary world and are highly organized religious rituals. She theorized that emotional transactions are foundational "to most or all spirit healing rituals as they are to some psychotherapeutic and alternative-medicine modalities" (p. 409). Emotional regulation is seen as the lens through which processes of change in feelings and emotions can be viewed in the context of culturally specific rituals. Thus, she demonstrated it can be helpful to study such healing practices, as they complement the understanding of corrective emotional experience in psychotherapy.

Heckler, Braitmayer, and van Duijl (2015) presented empirical studies focusing on low- and middle-income countries, such as in Uganda and Mozambique, to assess the prevalence rate and explore the etiology of spirit possession. Despite the stigma associated with spirit possession, they found a strong correlation with traumatic experiences, especially in areas affected by war and devastation. In Uganda and Mozambique, prevalence rates were between 8% to 18% for those who reported experiences of spirit possession. The authors theorized that spirit possession was an adaptive defense mechanism that allowed individuals to protect themselves from extreme emotions and arousal when they lacked the capacity to integrate adverse experiences.

Similarly, van Duijl, Nijenhuis, Komproe, Gernaat, and de Jong (2010) studied 119 persons with spirit possession and theorized the experience of possession was an idiom of distress related to potential traumatizing events. The authors found many patients felt treatment by traditional healers and/or churches had helped them (45% felt better and 54% felt completely healed after treatment). The authors described one case of a 33-year-old Christian woman who had experienced forced separation from her child. She would enter a trancelike state, move her hands like claws and make animal-like noises, and speak in a strange language and voice. The authors explained that the voice was that of an uncle who had died a few years earlier but now inhabited her. The authors described that the uncle was symbolic of struggling against her father, the agonist of the separation, who also experienced conflict with the uncle because of religious differences. Spirit possession as an idiom for distress seemed to allow an explanatory model for her dissociative presentation.

The theme of interpersonal conflict, especially with primary caregivers, continued in the case of a male Bedouin patient (Al-Krenawi & Graham, 1997). He was initially misdiagnosed and treated as a paranoid schizophrenic according to the modern mental healthcare system's understanding of the form of his symptoms (i.e., auditory and visual hallucinations). The diagnosis, however, did not appreciate the content or cultural significance of his hallucinations. The authors formulated that his unresolved anger toward his family, which manifested in an angry exchange with his mother, created such guilt that the patient believed he had sinned against God and became possessed by demons. The psychiatric social worker who worked with this patient collaborated with a traditional Bedouin healer, a Dervish, to exorcise the patient, who was then cured and rediagnosed as neurotic by the modern system.

Löfstedt (2014) conducted a study in Russia comparing the beliefs of Russian Pentecostal and Orthodox leaders regarding demons, curses, and exorcisms, as well as their strategies for reducing people's fear. He identified two competing metaphors used when speaking of freeing people from evil spirits: "the medical and the military metaphors" (p. 80). These metaphors represent two ways of conceptualizing experiences of the demonic in these communities. The medical metaphor is more naturalistic, associating evil spirits with diseases, which naturalizes and associates the process of deliverance from evil spirits with healing in general. The military metaphor sees these evil spirits as agents of Satan, requiring an active role in the warfare. The author found that these communities tended toward a medical model of exorcism, being a form of a healing ritual, downplaying the dualism of spiritual warfare language which they claimed may increase fear among believers. The significant difference in the exorcism and

deliverance practices in the Pentecostal and Orthodox communities is due to the tradition of authority, as the Orthodox church is more hierarchical and requiring the blessing of a bishop before performing exorcisms. In this study, Löfstedt demonstrated that the Pentecostal and Orthodox traditions see these practices as a medical service, caring for those who are suffering from demonic oppression, as the exorcism ministries are healing ministries.

In a study of a monastery in Ethiopia, the Ethiopian Orthodox Tewahdo Church, Asfaw (2015) investigated the conceptualization of demons and the process of treatments for mental illness within the community. He organized the qualitative data according to three cluster groups: (a) how the narrative of the community began comprising demons and possession, their origins, identity of possessing spirits, symptoms of demonization, causes of possession, and types; (b) the healing process that included exorcism and healing rituals; and (c) the case presentations that were developed. One example was that of a 33-year-old woman to whom spirits of conjuration had afflicted her for more than 22 years. These spirits were seen as the cause of the premature deaths of several significant people surrounding her, including her parents, husband, and sister. Another example was given of a 36-year-old man who was possessed by the spirit of Ayine Tila, shadow of the eye, which had tormented him with sexual fantasies for over 20 years.

Asfaw's (2015) premise was that beliefs affect the type of treatment sought and received and that there must be a positive result for such a tradition of exorcism and healing to have endured. The case presentations included positive feedback from individuals who underwent exorcisms through the rituals at the monastery. The process of exorcism itself was explained through a series of three stages. The first stage is called

Meyaz (“to capture”), which is marked by manifestation attributed to the presence of these spirits. The second stage is *Masleflef* (“questioning”), where the exorcist speaks with the demon through the victim to ascertain information about its origins and identity. The third stage is *Maswotat* (“driving out”), where the spirit is asked if it is ready to go out of the host, made to swear in the name of Jesus, the Virgin Mary, Saint Michael, and other saints to not harm the host. The spirits are then ordered to “go out and be imprisoned in hell” (Asfaw, 2015, p. 86), with a manifestation that acknowledges their departure.

Cultural groups that are influenced by occult activities as part of their local folklore seem to have a more demonized worldview. Two studies focused on *bewitchment*, or the experience of being spiritually possessed because of the spells of a witch. First, Sapkota et al. (2014) conducted a mixed-methods study in a village in rural Nepal to identify the cultural contexts and psychosocial correlates of spirit possession. In the quantitative portion of the study, the authors found that possessed women reported higher rates of traumatic events and higher levels of symptoms of psychopathology and mental disorders compared to nonpossessed women. In the qualitative portion, the interview data identified possession as a functional idiom of distress that allowed individuals to express suffering related to mental illness, sociopolitical violence, traumatic events, and the oppression of women. The example of a 21-year-old woman was given, where 13 days after the death of her child and infant and after performing a brief *puja* (or act of worship), she had a vision of a woman clothed in a white shawl whom she thought was a deceased grandmother. She began experiencing panic and

frequent fainting spells, for which medical doctors prescribed only medication for hypertension.

Second, Ivey and Myers (2008a) conducted a qualitative study of individuals in South Africa who believed they had been bewitched. The phenomenological analysis of interviews showed that the individuals understood their bewitchment to attribute misfortune to malicious intentions and actions of hated others, by using supernatural means to harm them (as victims) with symptomatic consequences. The supernatural understanding of bewitchment offered the participants a meaningful explanation for negative life events, especially during times of transition. The authors discussed treatment of bewitchment symptoms, often occurring using *songomas* and other spiritual leaders/healers whom they considered to be superior to Western medical personnel.

Clinical Settings

General clinical cases. Several studies illustrated various elements of exorcism and deliverance, demonic possession, and spirit-affected symptoms. Mayer (1911) presented a case that illustrated so-called demonic possession. The article was a condensed narrative account of "McB," a male patient who shared his experience of possession through a series of letters written to the therapist after different periods of time over the course of treatment and acknowledged the benefit of an exorcistic intervention and the use of hypnosis. Mayer analyzed the case according to Freudian psychoanalysis. He considered the experience of this "demon" as a dissociated alter identity. The author presented various conversations and auditory hallucinations in the text, providing a naturalistic and medical explanation steeped in classical psychoanalytic thought. Mayer also mentioned, without noting any real significance, that the patient's sister was a

believer in spiritism and involved him in a mediumistic séance. He was instructed by the medium to "sit down at night and shut your eyes, make your mind go blank. You will hear sounds, and then voices, and if persistent see things" (p. 272). The patient attempted this, and one night, asleep, saw a shadow and sat up startled—he saw his mother-in-law with a child in her arms. The author conceptualized this hallucination because of autosuggestion, explained by his acute worry for his family. The author described the claim of demonic influence as "demonomania," a special form of paranoia.

Continuing in this vein of applying psychoanalytic-psychodynamic theory to demon possession, Ward and Beaubrun (1980) presented case studies of four patients: (a) Sonia, a 32-year-old African-American female who suffered from 15 years of a variety of somatic symptoms; (b) Salina, a 32-year-old woman of East Indian descent, who reported suffering from insomnia, various physical symptoms, and bitter domestic problems; (c) Phil, a 17-year-old male of East Indian descent, reporting dissociation, headaches, depression, and serious family difficulties; and (d) Nan, a 25-year-old East Indian woman, who began experiencing heavy menstrual bleeding, had dreams of blood, and was taken to a healer (an *obeahman*) who diagnosed her with demon possession. All the individuals believed their suffering was caused by demons. Ward and Beaubrun explored these cases from a psychodynamic orientation, also examining possessed individuals in contemporary Trinidadian society as the cultural context for the cases, indicating the incorporation of local folklore and superstition was the prime prerequisite for their "possession complex" (p. 201). The authors claimed Trinidadian cultural factors and precipitating events and stressors led to the association of demons with the patients' symptoms. Ward and Beaubrun specified the belief in witchcraft and demonology *per se*

is not intrinsically pathological unless symptoms interfere with adequate social and interpersonal functioning. The authors also found positive advantages of possession: escape from unpleasant reality and the diminution of guilt by projecting blame onto the intruding agent(s). The authors noted there are tendencies in patients reporting possession-related symptoms toward hysterical features and neurotic depression.

Ivey (2002) stated that evil and demonic possession are useful metaphors for understanding destructive aspects of human psychological functioning and are comprehensible in secular psychological terms. Ivey stated a naturalistic bias by explaining that if "evil and its demonic personifications are a supernatural portrayal of human otherness, then this otherness has to be claimed and reclaimed as an aspect of our identities" (p. 54). By this, Ivey implied archaic theological concepts can and should be mapped according to psychological discourse. Ivey discussed at length classical analytic theory to explain the intrapsychic process of demonic manifestations, defining them as "defensive strategies to protect ourselves against recognizing and integrating disagreeable aspects of ourselves" (p. 56). Ivey presented two case studies. The first was of a high-functioning, middle-aged, self-professed atheist, who had a negative reaction to psilocybin, a potent hallucinogenic drug. Over the course of being under the influence of this drug, the patient sensed an awakening of a formidable but cruel intelligence within his mind and began to believe it was in fact his true self and identified as Satan. His experience shifted over time, eventually leading him to feel like a helpless infant at the mercy of some evil predator and believing the family pet was the Devil. Ivey described that this case was evidence of the primordial unconscious foundation of evil and possession states, especially as the patient was an atheist.

The second case study was of a soft-spoken, intelligent, and likeable man who viciously beat his girlfriend. Ivey (2002) described "a pattern of sadistic attacks on her, which he [the patient] felt powerless to prevent" (p. 57). The patient, who had a history of depression and alcohol abuse, described his self-destructiveness as the result of the presence of a demon, constantly lurking beneath the surface of his life. His father had also beaten the patient frequently and severely when he was a child. Ivey then described the mythological figure of Satan as an evil part of the mind, "split off and projected, which offers omnipotence, omniscience, sensual gratification, and freedom from all moral authority to those who would sacrifice their allegiance of the life instinct and the good parts of the self" (p. 57). He described Satanism, the cult religion in which Catholic beliefs and liturgies are blasphemously inverted, as being simply an archetypal embodiment of evil, "the unambivalent, complete, and permanent identification with the sadistic parts of one's mind" (p. 58).

Next, Pfeifer (1994) studied the belief systems of psychiatric patients through a systematic investigation of the prevalence of belief in demons as the cause of mental health problems. His sample was comprised of 343 outpatients from a Protestant psychiatric clinic in Switzerland. Within this group, 37.6% believed in the possible causation of their problems as the influence of evil spirits, labeling their symptoms as "occult bondage or possession" (p. 247). Significantly, 30.3% had sought help through ritual prayers for exorcism and deliverance. The sample represented patients from Roman Catholic, Swiss Reformed, Traditional Free, and Charismatic Free churches, with a range of psychopathology from psychotic and schizophrenic presentations to mood disorders. Their ages were primarily between 20 to 50 years, with 114 males and 229 females.

Pfeifer found “the dissonance between the patient’s depressed [or any pathological] condition and the church’s ideal were easily interpreted as the result of ‘spiritual warfare’ and demonic influence” (p. 253). In other words, to make meaning from their suffering, they often found coping methods congruent with their faith and aimed to maintain some solidarity with their Church communities, as they often felt shame because of their sense of helplessness and struggles.

Pfeifer (1994) also illustrated some of these struggles through specific case examples. One case described was of a 25-year-old woman with a “classic history of sexual abuse in childhood” (p. 254) suffering from emotional instability, frequent experiences of dissociation, and self-harming behaviors. She underwent several sessions of exorcisms, but after feeling negative about these rituals and fearing the loss of support of members of her church, rejected the demonic model and sought psychiatric help. Her story shows how rituals may be part of help-seeking pathways of religious patients, sometimes parallel to psychiatric treatment, which are not always perceived as helpful. After an exorcism session, this patient shared the experience of praying with elders of her church, who laid hands on her and prayed for deliverance from occult bondage. She described the ritual, which took an hour, as “enormously helpful and encouraging” (p. 255). However, there was no immediate or prolonged effect. A second case was of a 26-year-old woman who was a wife, mother, and pediatric nurse. Her family had a history of anxiety disorders, and she began showing symptoms of panic disorder and agoraphobia at age 24, shortly after the birth of her third child. In a third case, Pfeifer described a 36-year-old Catholic nun reporting emotional instability and mood swings since adolescence and fulfilling criteria for borderline personality disorder. She eventually attempted

suicide before finally seeking psychiatric help. In all three cases, verbally abusive methods of deliverance were experienced during exorcisms, although directed at demons. Pfeifer concluded that negative subjective experience is linked to strongly dogmatic and coercive attitudes of the healer.

In the Hebei province of China, 20 psychiatric patients were hospitalized who believed they were possessed (Gaw, Ding, Levine, & Gaw, 1998). According to Chinese diagnostic systems, the patients were given the diagnosis of *yi-ping* (hysteria). Three terms were used to describe possession: *kewi-fu* (the spirits of deceased individuals), *dzao-mo* (malevolent spirits), and *zhong-xea* (a wayward spirit or chi). Gaw et al. (1998) described two case examples, one of *kewi-fu* possession, another of *zhong-xea*. The first, a 30-year-old married woman, felt possessed by an aunt on the night after she died and reported she sometimes saw the spirit of her aunt walk into her house. During the sudden attacks, in which the spirit of the aunt manifested, she laughed and cried inappropriately and lost control of her actions. It is interesting that the woman did not believe in ghosts (*kwei-fu*) before her experience of possession. Despite the explanation from a doctor who gave her a psychiatric diagnosis, the family maintained the belief that she was indeed possessed. The second case, given the diagnosis of *yi-ping*, was of a 40-year-old woman and mother of five from a Buddhist background. She presented with anxiety, experienced sensations all over her body, had visual hallucinations, and had episodes of dissociative possession.

There is no convincing evidence that the phenomenon of demonic possession is becoming less frequent, despite the popular notion in secularized societies that such phenomena appears primarily in primitive societies. McCormick and Goff (1992)

explained that possession may accomplish certain functions for the afflicted individual, such as externalization of inner conflict, gathering social support, providing a degree of control by assuming the sick role, and allowing the expression of otherwise unacceptable behaviors. McCormick and Goff shared two brief case examples: first, of a Haitian Vodun ritual possession, and second, of a schizophrenic woman who believed Satan possessed her, had impregnated her, and now influenced her thoughts and behavior. In this example, while the woman never assumed the personality of Satan nor experienced dissociative amnesia, antipsychotic medication silenced Satan's voice and was partially successful in treating her delusion of being possessed. The authors suggested that in patients who describe episodes of altered consciousness as part of their possession state, hypnosis or amytal interview may be utilized to reproduce this state and to interview the 'possessing entity' directly.

McCormick and Goff (1992) further acknowledged it is not always possible to know to what degree symptoms may result from individual psychopathology, a reaction to stress, cultural expectation, or a combination of these and other factors. The authors described psychoanalytic treatment as a form of exorcism of identifications with introjected, ambivalently held objects. The authors reflected further on the bias of psychodynamic treatment, emphasizing intrapsychic conflict or family psychopathology as underlying hysterical or dissociative phenomena. In contrast, the authors described how anthropologists and sociologists tended to explain the behavior in a larger cultural context, with the tendency to arise under an oppressive social structure where possession and exorcism symbolically relieve the plight of those most oppressed. The authors provided a scheme for classifying types of possession, although neglecting a category for

authentic demonic possession. The proposed classifications were ritualized trance states, suggestibility phenomena, dissociative phenomena, and delusional possession. McCormick and Goff concluded that if a patient believes a cure can only come through direct removal of the evil spirit that possesses him, then the physician may still be able to offer Western medicine as palliative in some way.

Concerned that some priests are still classifying symptoms of schizophrenia as demonic possession today, a position that may disrupt response to clinical treatment, Tajima-Pozo et al. (2011) shared two case examples to encourage appropriate psychiatric treatment. The first was of a 28-year-old woman who attended sessions of exorcism and spiritualism, as she said she felt the presence of an evil spirit. She had been attending daily mass before what the authors described as her first psychotic episode, suggesting a background of religiosity. Per self-report, she expressed that she felt more restful and able to sleep better after the exorcism. Family members were disturbed by what they had witnessed during the session of exorcism, as she shouted, writhed, and occasionally vomited during the sessions. They began to distrust the diagnosis and sought a second opinion. The woman was placed in a psychiatric facility where she became depressed since her parents and the unit staff forbade her to visit priests; she was treated for depression with antidepressive medication. This example seems contradictory, as the authors clearly articulated their disapproval of exorcism despite evidence that exorcism sessions made the patient feel better—and inpatient psychiatric treatment for depression paradoxically led to an increase in depressive symptoms.

The second case example was of a 22-year-old woman who began to hear voices and felt someone or something invisible push her down a set of stairs. She stated that the

spirit had gotten inside her and would rape her. When she would feel the presence of the spirit in bed, she would squirm, vomit, and feel sick. She reported she also had auditory hallucinations and was commanded to perform self-harming behaviors such as jumping off a railing and injuring herself. Although in both cases the patients believed some symptoms, particularly mood, had improved following the exorcisms, the authors did not substantiate or consider any authenticity, maintaining the belief that the exorcisms only disrupted psychiatric treatment. Tajima-Pozo et al. (2011) considered possession disorder as an illness of attribution, defined not so much by its symptoms but by presumed etiological mechanisms. The authors warned of the danger of applying the "culture-bound label" (p. 361), as the illness may be misinterpreted as only a function of culture versus psychopathology or a combination of factors. As a product of hysteria, a form of psychoneurosis with characteristics of suggestibility, exaggeration, and emotionality, the authors proposed causation may be related to, modified by, or removed by suggestion.

Dissociative-identity disorder. As several articles related possession phenomena to the diagnosis of dissociative identity disorder (DID), it seemed fitting to group the literature into a subtopic. Allison (1985) described an account of working with a "possessed" patient, Leroy, though the author conceptualized the patient's experience as a form of DID as a result of trauma that had occurred in the patient's life. Allison concluded the patient was playacting or malingering to avoid legal penalties. Allison was the first to describe the delusion of being possessed by demons as "cacodemonomania," a development of mental illness. He described spirit possession as a culturally sanctioned, heavily institutionalized, and symbolically invested means of expressing various ego-dystonic impulses and thoughts.

A decade and a half later, Allison (2000) wrote an autobiographical article on his belief system as a psychiatrist. Initially having rejected the validity of concepts such as demonic possession, his opinion changed over the course of a 20-year period during which he performed an exorcism-like intervention on some patients who presented with DID-related symptoms. Allison witnessed patients manifesting "lost souls" and "evil demons" made by "emotional imagination," personifying internalized imaginary companions (IIC). These concepts fit within a model of hypnotic treatment for DID through integrating alter identities. Allison described some of his experiences working with clients who understood their symptoms as caused by *disembodied spirits* and *lost souls*. Through the course of working with patients suffering from DID, he began to develop a basis for differential diagnosis and described a significant difference between an IIC made by emotional imagination and an alter-personality created through dissociation. In the cases of DID patients, he suggested approaching each psychic entity with the guidance from the patient's inner self-helper as a non-direct, client-centered approach to integration of alters by leveraging the supportive role of this helper.

Pietkiewicz and Lecoq-Bamboche (2017) studied the experience of simple exorcism for eight people in a Pentecostal church and presented an in-depth case study of a Mauritian woman with a history of childhood abuse who underwent exorcism to dispel an evil spirit. The authors used an explanatory model based on structural dissociation of personality to explain what led to her possession-like symptoms. The authors defined personality as "a system comprising various psychobiological subsystems functioning in a cohesive and coordinated manner and determining characteristic behavior or thought" (p. 970). In this system, they contrasted normal parts of personality (ANP) from

emotional parts of personality (EP) and theorized dissociation of the personality usually involves alternating dominance of and limited interaction between these two categories. The authors warned of the risk of retraumatization during exorcisms by enacting painful memories and emotions during the ritual that would activate emotional parts, like an angry fighter EP or a paralyzed victim EP, as dynamics and circumstances were experienced as threatening.

Pietkiewicz and Lecoq-Bamboche (2017) described how victims of trauma often feel shame because of their traumatic past, especially in the case of sexual abuse, and try to conceal them. Dissociative absences or expressions of rage or terror are ways a person may distance himself or herself from shame and the triggering stimuli. It may be easier to attribute these symptoms to an alien entity than as part of the self. The authors related possession to the syndrome of nonrealization, "which involves disowning one's experiences, a failure to distinguish between 'me' and 'not me'" (p. 987). Attributing these experiences to demonic possession with the application of religious practices provides a sense of meaning and control and preserves a sense of social order. As people interpret their symptoms and experiences and seek help that significantly depends upon their cultural context and explanatory models, the authors advocated for an adherence to literature that shows the integration of traumatic memories and associated affect is the only solution for recovery.

Fraser (1993) also took a naturalistic, scientific point of view, and conceptualized possessing entities as dissociated ego states of the "possessed" person, "split-off ego states that exert control internally without the subject losing awareness or executive control of the day-to-day activities" (p. 239). These ego states can also assume full

executive control during which the subject experiences amnesia for that period. Fraser reviewed seven case studies of DID patients who had undergone exorcism rituals (but did not explicitly state from what Christian tradition). The cases presented were all females of ages ranging from 30 to 43 years. In his observations, Fraser believed ego states can be "banished" by exorcism ceremonies but remain dormant and not really expelled. Fraser described this experience as a "haunting feeling or force from within" (p. 242). He also advised potential exorcists of the danger of producing new ego states by exorcism rituals, especially when they are performed with harsh adjurations and treatment. He concluded by questioning whether a "symbolic" exorcism may be helpful for certain cases of dissociative disorders: "Theoretically, there may be some demonic ego states whose belief is such that they can only stop their activity if they are 'banished'" (p. 243). Properly executed and with the knowledge that it is a symbolic process, such an exorcism ceremony may be justified while respecting the goals of treatment and receiving the informed consent of the patient.

Bowman (1993) studied 15 female DID patients who had been told they were possessed and/or had undergone exorcism rituals. Thirteen of the women suspected they were possessed either before or after their diagnosis, 14 were told they were possessed by others, and 14 had undergone exorcism ceremonies. Bowman believed these exorcism interventions caused further trauma, resulting in severely dysphoric feelings, symptoms of posttraumatic stress disorder, and other dissociative symptoms. Several patients created new alters, and nine were hospitalized. These experiences caused a cessation or severing of religious life and practice in some of the patients. Bowman identified several characteristics of exorcism rituals that were crucial features of the experience of the

participants, from the laying on of hands to being jerked, shaken, or hit by exorcists. Bowman reflected on various opinions within the field of counseling, some believing "exorcism can function as a sanctioned integration ritual in which alters 'disappear' permanently" (p. 222) and noted the characteristic of patient permission was the most significant correlation to a positive result. Bowman also claimed demons and alters cannot be differentiated by the outcome of an exorcism, especially as many confounding variables may qualify such an experience as therapeutic or not.

The setting for exorcism can be highly structured and even have hypnotic features that allow the participant to reorganize his or her inner conscious state in alternative ways, using the metaphor and image of evil to permit behaviors and express emotions otherwise forbidden by the person's cultural and religious community. In a study on clinical and Rorschach findings of 10 DID patients who reported demon possession and were treated by exorcism, Ferracuti, Sacco, and Lazzari (1996) explained how the "religious theme may work as an external control for the psychological complexity and the reality distortion of these persons" (p. 536). The authors theorized that persons with dissociative trance disorder (DTD) "use extreme dissociation for regenerative purposes, performing the behavioral state in a 'safe' and controlled situation accepted within their cultural setting" (p. 537). Unlike other patients suffering from DID, the authors noted that trance states of possession are often expressed exclusively in the presence of the exorcist, thus allowing a kind of guidance or frame during the altered conscious state which provides the patient with an external locus of control. The authors acknowledged some reports suggested exorcism is not therapeutically effective with DID patients, but the DTD persons examined did not share these experiences and considered exorcism as

psychologically effective in helping to control dissociative symptoms and create a feeling of inspiration for their religious fervor.

To help understand and assess the experience of patients who had undergone exorcisms, Bull, Ellason, and Ross (1998) introduced the Exorcism Experiences Questionnaire as well as the Dissociative Experiences Scale and Spiritual Orientation Inventory. The authors utilized these measures in an outcome study on the effects of exorcism for 15 DID patients. Bull et al. analyzed and organized categorical forms in their study of episodes of exorcism based on Bowman's (1993) factor of patient permission and several additional factors. These factors included (a) an exorcist who understood the dynamics of DID, (b) a client-led approach in the context of and integrated with psychotherapy, (c) an exorcism compatible with the patient's beliefs, (d) use of "the patient's inherent belief system in dealing with the patient's internal world" (Bull et al., 1998, p. 189), and (e) teaching the patient the method of exorcism. The categories in which these accounts were organized ranged from exorcisms conducted with no factors employed and without patient permission, to an intermediate number of factors without full autonomy denied, to self-conducted exorcisms after being taught the procedure by the therapist and involving all the factors. Bull et al. found in the presence of all the factors, the subjective response to exorcism was incredibly positive, even resulting in full integration for some. Consequently, Bull et al. identified eight "therapeutic factors" that were present in positive experiences of exorcism (see p. 196):

1. Those conducting the exorcism understand the dynamics of DID;
2. The exorcism is done without any coercion or pressure on the patient;

3. The exorcism is done with the active participation of the patient, with the patient even taking the lead;
4. The exorcism is done in the context of psychotherapy and integrated with it;
5. The exorcism is compatible with the patient's spiritual beliefs;
6. The therapist is willing to use the patient's already inherent belief system in dealing with the patient's internal world;
7. The patient is taught to use the exorcism ritual him or herself so that he or she is not dependent on outside intervention; and
8. The patient gives permission for the exorcism.

Assessing other benefits of exorcism, Bull (2001) developed a phenomenological model of therapeutic exorcism for patients suffering with demonic-identified symptoms of DID, by using the patient's view of perceived demons and empowering the patient to use his or her own spirituality to expel them. He reviewed a history of the literature that shows the potential negative and positive therapeutic results of exorcism, postulating positive outcomes occur by using noncoercive methods, understanding dissociative dynamics, and using the patient's own worldview. Bull left the distinction and discrimination between alter and demon to the patients, seeking to work within the subjective experience of their suffering. He concluded with case examples of two female patients, aged 39 and 49 years, where he deemed exorcism was appropriate, which he described as when "the person has been treated with competent psychotherapy and the person still experiences feelings of being controlled or inhabited by an ego-dystonic entity" (p. 138). The patients were informed of the possible consequences of the use of exorcism and depended upon patient consent before proceeding. In both cases, especially

as Bull had significant knowledge of dissociative processes, in order to do no harm, the patients felt great relief and were able to integrate all remaining alters. Finally, Bull proposed further research focused on the possession-exorcism phenomena should be done to continue evaluating efficacy, while continuing to be mindful of ethical issues.

Conceptualizing Exorcism and Deliverance

The previous case examples provide a foundation of precedence within the experience of psychologists and researchers both inside and outside the therapeutic environment. In this next section, I examine how exorcism and deliverance is conceptualized from religious and psychological perspectives to better understand the processes and dynamics at work. The literature covers a range of nuanced subtopics, from biblical and theological traditions to comparisons with therapeutic models.

Judeo-Christian Tradition

Biblical. Demon possession and exorcism is frequently mentioned in the New Testament (NT), especially in the ministry of Jesus. Dunn and Twelftree (1980) underscored the importance of understanding some of the healings of Jesus as being exorcisms, "the expulsion of demons or unclean spirits" (p. 210). The authors recognized the concept of exorcism has been problematic for individuals who hold a scientific view of the world and of mental illness. The authors proposed that the biblical worldview is still valid and may be an important curative to modernity's simplistic scientific worldview. Dunn and Twelftree provided a cultural context for the legitimacy of the New Testament by validating its historicity with the Christian narrative's recognition by Josephus, a contemporary Jewish historian. The authors analyzed gospel stories relating to exorcism according to their form and content, as the unclean spirits address Jesus,

Jesus addresses the unclean spirits, and there is a clear interaction. An example is when Jesus permitted the demons to leave a demoniac and enter a herd of pigs, which then rushed down a slope into a lake and drowned (Mk 5:10-13).

Dunn and Twelftree (1980) explored the historical authenticity and authority of Jesus' prowess as an exorcist. His name was used by others (Mk 9:38; Acts 19:13) and invoked to harness power to exorcise demons. The stories of exorcism also include teachings of Jesus on his methods: "If it is by the Spirit of God that I cast out demons, then the kingdom of God has come upon you" (Mt 12:27; Lk 11:19). "Had the picture of Jesus as exorcist been entirely the creation of the early church, we would have expected the form of exorcism ministries to conform even more closely than they do to contemporary parallels" (Dunn & Twelftree, 1980, p. 214). However, Jesus does not use physical aids such as is common in several forms of exorcism, even contrasted with the book of Tobit where physical aids of burning the heart and liver of a fish (Tob 6:8) were used to expel a demon. Jesus does not even pray or lay a hand on demoniacs or invoke any source of authority other than his own spoken word. In this way, the ministry of Jesus differs from contemporary and other biblical accounts.

Keener (2010) challenged assumptions that the NT descriptions are not eyewitness accounts, upholding their genuineness by comparing descriptions in the NT to possession-related phenomena in indigenous cultures. Keener described how anthropologists have documented spirit possession or analogous descriptions in many cultures today, as well as demonstrating a long history of the phenomena. These experiences give evidence to contemporary Western interpretations, which may be skeptical of biblical accounts and the truthfulness of the Gospel writers' testimonies.

Within the Christian tradition, as noted in the book of the Acts of the Apostles, "gifts of healing . . . and the working of miracles" (1 Cor 12:9-10) have been present within the church from the very beginning (see Mk 16:20; Acts 2:43; 3:1-10; 9:36-43; 19:11-12; 28:8-9). Grundmann (2005) discussed several references to the spirit world in the NT that provide Christians a context for the ministry of exorcism. One example is the contrasting of two mutually exclusive spirits, such as "the spirit of truth and the spirit of error" (1 Jn 4:6), which "become discernible as such by how people listen to the proclamation of the Gospel" (Grundmann, 2005, p. 65). These spirits may be distinguished by the exercise of certain charisms of the Holy Spirit (1 Cor 12:10; 14:12, 32) that provide the means to discern spirits, along with gifts of knowledge and understanding (Is 11:2). Other spirits mentioned are a "spirit of slavery" and "spirit of adoption" (Rom 8:15-16), as well as a "spirit of the world" (1 Cor 2:12) and other "messengers of Satan" (see 2 Cor 12:7).

Grundmann (2005) emphasized the authority Jesus gave Christians "to drive out impure spirits" (Mt 10:1; Lk 9:1). Christians, armed with the power of the name of Jesus, enable deliverance, causing demons to "shudder" (Jm 2:19) as demons know Jesus came to "destroy the works of the devil" (1 Jn 3:8; see Col 2:15). His name was also used by a man not immediately associated with the group of disciples (Lk 9:49-50) but with the same efficacy to cast out evil spirits and bring healing. The name of Jesus was a source of authority and power (Acts 3:6), confirmed in the Christian identity with Christ through baptism, where the nature of the person is ontologically marked and changed. A comparison may be with a judge or law enforcement officer, who, when speaking in the

name of the authority given to him or her according to his or her office, is given the power to pass sentence or intervene with a binding effect.

Theological. Moving beyond the scriptural witness and its precedence of cases of possession and Christian accounts of exorcism, several articles presented themes of theological traditions that reflect deductive reflections from biblical traditions. It is fitting, as both the early Christians and Jesus himself were steeped in Jewish culture, to begin with Somer's (2004) article on the history of Jewish spirit possession, *dybbuk*, and exorcism techniques from earlier centuries described in various manuscripts. Numerous cases of possession have been documented in Jewish sources through the ages, often used to promote moral values by providing substantiation to the existence of the hereafter and the dreadful penalty for sinning. Demons, according to Jewish tradition, inhabit deserts or ruins (Lev 16:10; Is 13:21; 34:14), inflict sickness (Ps 91:5-6), trouble people's minds (1 Sam 16:15, 23), and deceive (1 Kings 22:22-23). A point of divergence from Christian tradition is in the Jewish understanding of suffering as evil and the result of evil spirits sent by God (p. 133) to reinforce fidelity to tradition and values. Somer discussed some Kabbalist traditions from the 12th century that described the possibility of spirit possession caused by the transmigration of souls, or the disembodied spirits or ghosts of deceased people, rather than by demons.

Somer (2004) presented excerpts from several cases of women who had experienced some form of possession, highlighting the strong sexual themes that were obvious throughout. He theorized that as the direct expression of sexuality has been severely restricted in traditional Jewish communities, especially in previous centuries, any uncharacteristic behavior is tolerated only if the individual is not held responsible for

it, especially for a woman. Somer explained that the projection of "forbidden impulses onto a 'non-me' agent cohabiting with the core identity could have provided the outlet for the cultural forbidden sexual narrative" (p. 137). With a predominantly heterosexual male spirit-female victim relationship, Somer noted the loci of entry and exit was often vaginal or rectal, and even semantically, there was a profound connection between sexuality and spirit possession through the shared word for both impregnation and spirit possession, *'ibur*.

The argument for the existence of demons is helpful to conceptualize better how demons might interact with human experience, as well as to uncover modes in which their interaction may be treated. Dow (1980) described two stages of this argument: (a) the positive argument for the existence of demons by using the principle of correspondence, and (b) the negative argument critiquing the coherence of arguments that deny their existence. As Dow recognized the assumption that demons do not exist has become sufficiently widespread, he asserted that arguments by believers for their existence are "a matter of urgency" (p. 199).

Westhelle (2002) explored the distinction between *demonry* and *idolatry* to explain certain disorders of the soul as well as apparent cultural derangement. As this review continues, it is helpful to remember the distinction between the two, as not all spiritual affliction is caused by the demonic; it is also representative of the effects of original sin, the disordered inclinations of concupiscence and of the human condition. Westhelle described the *idol* as pertaining to the domain of the visible, while the *demon* is an unseen and insinuating reality. First, the idol "is the visible image that arrests the gaze and renders it incapable of seeing beyond the frame of the representation" (p. 9). It is a

failure of realization, and "what is being gazed at is the very gaze of the one who stares at the image" (Westhelle, 2002, p. 10). An idol is a self-directed feeling toward external objects, which are objective aspects in which a person worships himself, creating the roots of a culture of narcissism when idols are promoted and socially accepted. The result of this idol production is not a simple projection of the individual self, as in the psychological condition of narcissism, but is more a moral disorder of sin, as in hubris or pride, which has ontological significance beyond mere psychological adaptation.

The demon, conversely, makes its appearance by an act of invasion, by possession. "Its psychology is not of the conqueror, who 'sees' and so conquers . . . the demonic is the spirit of being homeless, of no longer belonging, of having been invaded, fragmented and shaken" (Westhelle, 2002, p. 11). Instead of the self-assured positivity of the idol, the demon negates. The spiritual reality, the demon, comes from outside and affects the human capability of self-expression, as "demoniacs are unable to express themselves in an authentic way" (Westhelle, 2002, p. 11). The processes of being set free or delivered from these disorders of the soul, Westhelle (2002) explained, are the function of communal and diaconal practice and solidarity within the church in response especially to demonry. The antidote for idolatry, conversely, is primarily through emphasis on the worship of God and the authority of scripture, as "all scripture is God-breathed and useful for teaching, rebuking, correcting, and training in righteousness" (2 Tim 3:16). The difference of the processes is based on the etiology of the disorder.

Relating more directly to exorcism and deliverance, several articles described the evolution of the practices from different perspectives. First, from an anthropological perspective with theological implications, Langley (1980) distinguished spirit possession

and exorcism from spirit mediumship and shamanism. Inferred from the ministry of Jesus and the practices in the Corinthian Church as expressed in the NT epistle, explicit boundaries between pagan practices and direct expressions of the demonic were drawn. These pagan practices are associated more with forms of idolatry, using idolatry as a means of a compensatory cure for demonry, as a ritualistic process to gain control in some way over illness or circumstances. In a social context, medium or shamanistic possession cults have been an expression of a movement of protest against structures of gender inequality that have been significant dynamics in many of the societies in which they are found, especially where women lack a sense of social influence or power. Langley identified this dynamic as a motivating factor as in cases of pagan and even early Christian "heretical" cults, such as Montanism and Donatism. Langley provided a chronological account of the history of marginality, liminality, and possession in Christian history, including cults during the medieval epidemic of the Black Death, in which peasant women of a peripheral cult used a cathartic dance ritual to treat the perceived causes.

Hunt (1995) provided another historical and chronological account but more specifically on the evolution of contemporary traditions of deliverance ministry. The collective tradition of deliverance is not exclusive to one denomination but covers a range of Christian doctrinal traditions. Hunt described deliverance as a form of "lesser exorcism" that developed in relation to the practice within traditional churches, such as the Roman Catholic Church and the Church of England. Hunt's historical progression focused mostly on the 20th century and illustrated the transition from classical forms of exorcism to modern lay deliverance ministries. The transition occurred especially through

the influence of classic Pentecostalism, with its mid-century itinerant healing ministries (such as the rise of the influential deliverance ministry called the Fort Lauderdale Five). Also mentioned was the influence of the Charismatic Renewal in the Catholic Church and Restorationism, which "is a distinct strand of the charismatic movement in Britain" (Hunt, 1995, p. 12).

Hunt (1995) also described some specific developments within the tradition and practice of deliverance. One example is the teaching on the legal doorways through which evil spirits may enter—of habitual sin, generational bondage (see Deut 27), and unforgiveness. Belief in the prevalence of witchcraft and the identity of demons has also grown through the contemporary Pentecostal movement, with demons seen as disembodied spirits trying to control persons, as well as geographical areas such as churches and cities (see Eph 6:12). Some Pentecostals also attributed several specific symptoms to demons, such as a "spirit of suicide, self-hate, or self-destruction" (p. 12), which may even manifest through pathology such as anorexia, a disorder of embodiment.

Pentecostalism and other charismatic movements have diverse traditions depending on their cultural contexts, such as in various African societies. Asamoah-Gyadu (2004) described the rise of Pentecostal and charismatic healing and deliverance ministries in Ghana, Africa, that provide ways of coping with challenges of life more specific to the native culture. In Ghana, there is a historical system of shrine slavery, which is also found in various forms among certain Sub-Saharan African peoples. It often stigmatizes victims, as well as generations after them into a cultish bondage. In these settings, the Pentecostal and charismatic ministries of healing and deliverance provide a Christian ritual context in which the enslaving effects of generational curses resulting

from the sins of one's ancestry may be addressed. These ministries, as well as the proclamation of the Gospel, break the chain of compulsion that demands a family member to be sent as a living sacrifice, sentenced to a life of shrine slavery. The validity of these movements is demonstrated in their effectiveness to draw people into the community through evangelization by a "demonstration of the [Holy] Spirit's power" (1 Cor 2:4), which are expected to have substantial impact beyond the effects of narrative testimony alone.

Stephen and Josiah (2014) theorized that religious forms of worship are a mirror image of societal beliefs and cultures, with a strong relationship between exorcism and culture. Especially in studies on Pentecostalism, the authors explained how the issue of spirit possession and deliverance is linked to the desire by churches to gain recognition and acceptance among local people. As religion seeks to address questions of individuals and society (e.g., death, wealth, health, illness, success, and misfortune), the discursive power, the power of the theological narrative, becomes a key factor in determining which religion gains prominence and which is brushed aside and subordinated by the dominant one. Stephen and Josiah claimed that at least in Zimbabwe, where their study was set, "Apostolic religion, Pentecostalism and Orthodox churches are constructed as mightier, dominant, and powerful because they worship the omnipotent God who is powerful" (p. 49). As an effect, either directly or indirectly, some indigenous religions have become demonized, with mishaps and ailments attributed to evil spirits that are somehow related to those traditional practices (often labeling them as occultic).

Themes in the practice of deliverance and exorcism may also provide symbolic representations of psychological needs that seek fulfillment. An example is in being

"born-again," separating oneself from a traumatic past and reconstructing one's personal narrative. According to Van Duijl, Kleijn, and de Jong (2014), Christian rituals express and renew certain basic values of society, "especially regarding the relationships of man to man, man to nature and man to the supernatural world" (p. 10). Van Duijl et al. explored the cultural context of spirit possession by studying help-seeking steps and explanatory models among patients suffering from spirit possession in Uganda. The authors demonstrated the correlation between claims of spirit possession with dissociative symptoms and history of trauma. Although dissociation in Western countries is associated with complicated, time-consuming, and costly therapies, the authors found patients with spirit possession in Southwestern Uganda often reported partial or full recovery after treatment by traditional and church-based healers. Also, in contrast to Western therapeutic strategies, the effective treatment provided by healers did not specifically address traumatic experiences during the treatment process. Van Dujl et al. provided evidence that uncovering and unraveling individual traumatic experiences are not always necessary to increase mental well-being. The authors described how cultural themes can also allow patients to process trauma on a symbolic level, as in a transitional relationship between the dynamics of deliverance and the internalization of trauma. Van Dujl et al. further stated, "verbalizing individual stresses and traumas in psychological explanatory models can be dangerous with certain social, cultural, or political contexts" (p. 11), as possible retraumatization may occur, or the individual may be placed in a position of danger while confronting persons or situations that may not be able to be resolved given current circumstances.

In a critical overview of the Catholic Church's ministry of deliverance from evil spirits, Theron (1996) identified and critically analyzed important aspects relating to the ministry of deliverance prayer in the Catholic Charismatic Renewal (CCR) and raised some issues that require further theological reflection. Theron described the development of the theological tradition of contemporary "spiritual warfare" and suggested it may be a response to Western worldviews and developments that inadequately understand or validate the reality of supernatural phenomena. Theron described the Catholic-Christian worldview of the tripartite arenas of the divine, the natural, and the demonic, rather than a spiritual dualism that often develops in fundamentalist movements. Theron explained that when theologies and methodologies have a dichotomous view of the cosmos between "God's kingdom of light and Satan's kingdom of darkness" (p. 80), there is a danger of adopting a paranoid worldview in which one can become entrapped and socialized into a paranoid universe. For such individuals and theological traditions, incorporating deliverance into therapeutic treatment may be helpful to provide a transitional context to integrate the natural with the spiritual.

Csordas (2017) described exorcism as a counterpoint to the CCR, as only priests under the authorization of a bishop can perform the solemn rite of exorcism (not that the CCR is only comprised of lay members). Csordas described how exorcism is a form of evangelization and delegitimization of other religions, as the discourse of evil central to its practice labels any spirit or deity outside of the Abrahamic religions as demonic, and any religious practice, occult. Csordas also described how exorcism raises not only the question of how scientific medicine and ritual healing interact, but also the relationship

between faith and reason. Csordas spoke on the role and importance of Catholic mental health professionals during these times:

> Not only do these individuals work across an empirical boundary, or perhaps threshold, between psychopathology and possession, but in synthesizing their own medical training and religious treatment they enact in actuality what theologians expound in principle as an intimate interaction between faith and reason. (p. 303)

Clinical Context

The introduction of demonic phenomena and the process of exorcism into the field of psychology has been controversial and complex, as the traditions providing their theological and philosophical foundations continue to evolve. According to Csordas (2017), exorcism can be understood experientially, in terms of "the therapeutic process put into play by the practice of ritual performance as an attempt to promote flourishing" (p. 294), and narratively, as it articulates a religio-political stance that stands against oppressive social structures and coercive secular ideologies. Exorcism is aimed at the negative function and removal of the demons as impediments to mental, physical, and spiritual health, creating a basis for flourishing. The establishment of its ongoing practice will progressively become more the fruit of dialogue with scientific and philosophical developments, identifying "variation in the cultural patterning of self and emotion in terms of which both affliction and flourishing can be recognized and defined" (Csordas, 2017, p. 296).

In an article providing an early example of this dialogue, Spanos and Gottlieb (1979) described the interrelations between exorcism and mesmerism, demonic possession and hysteria, from a social psychology perspective. The authors described the

prevailing psychiatric view at the time of writing concerning the relation among these historical phenomena. The authors described the opposition between religious exorcisms (which, in some instances, were done in public display) and mesmerism, an early form of hypnotic treatment. The authors also compared the role of the mesmerized subject and mesmerist with that of the demoniac and exorcist.

In Europe, during the 16th and 17th centuries, people suffering from various mental illnesses, particularly hysteria, were often thought by people to be possessed by demons. The "correct" diagnosis, according to Spanos and Gottlieb (1979), was still in development. Many patients treated with mesmerism and later with hypnotism were in fact suffering from a type of hysteria that presented symptoms characterized as demonic. Spanos and Gottlieb applied a social role conceptualization to the history of possession, hysteria, and mesmerism that acknowledged "disease theorists have been correct in pointing to behavioral similarities associated with these notions" (p. 541). Although exorcism provided a culturally acceptable and congruent means for believers to seek help, the authors criticized the practice of exorcism as being exploitative, "a proselytizing device . . . [that] in various ways supported the religious and moral values of the community" (Spanos & Gottlieb, 1979, p. 541).

Much of the literature from a clinical context has been built upon studies such as Spanos and Gottlieb's (1979) that reiterated the contentious roots of exorcism and the possession phenomena. Begelman (1993) similarly provided a brief history of possession and exorcism in European history that paradoxically considered possession a form of reductionism by contrasting it with naturalistic and supernaturalistic approaches. Begelman described exorcism as a treatment strategy for culture-bound syndromes meant

to accommodate the meanings of those who experience them, a byproduct of a belief system that attempts to treat itself from within. The appropriation of the exorcist role, like the emergence of the psychotherapist, is a compassionate response to the suffering of individuals using whatever means are available at the time, though there is an ethical duty to use the most effective forms of treatment. Begelman suggested there may be a basis for therapeutic approaches that maximize the congruence for the patient between his or her "spiritual plight" and psychotherapeutic treatment.

Begelman (1993) also challenged criticizers of this endeavor who reject efforts of integration: "While comparative effectiveness of any form of treatment must remain an empirical issue, prejudging its character could be tantamount to ignoring culturally prefigured recipes for the correct approach" (p. 209). Similarly, Noll (1993) suspected there is a form of Western ideological colonization where culture-bound beliefs are systematically reinterpreted, going as far as to say these may be weapons of "unconscious institutional racism" (p. 251). He raised the question, are the Western interpretations of Third-World cultures or traditions really that superior? Noll exposed the insecurity of psychiatry in being unable to satisfactorily answer ancient problems like spirit possession from a scientific point of view. Noll stated that in the promotion of phenomenological theories that may contrast ego states with spirits or demons, they are no less mysterious, with the intrinsic inconclusiveness of theory. Noll also challenged the apparent denial of the harm both exorcism and psychotherapy have had on people and emphasized the need to study how an exorcism is done before determining whether it is therapeutic or not.

Crockett and Prosek (2013) presented a unique way to apply these methods in a therapeutic setting, infusing solution-focused brief therapy (SFBT) with ritual therapy.

The authors described the process of SFBT as (a) remaining focused on what the client wants (solutions) rather than what is troubling the client (problems), (b) refraining from searching for pathological causes of the client's problem, (c) encouraging and empowering clients to explore new behaviors and solutions, and (d) framing each session as if it were the last with the client. Crockett and Prosek defined a *ritual* as "a specific behavior or activity which gives symbolic expression to certain feelings and thoughts of the actor(s) individually or as a group" (p. 240) and can be differentiated based on form, duration, and focus.

Crockett and Prosek (2013) expressed that there are three predominate foci of ritual activity: liberation rituals, transformation rituals, and celebration or commemoration rituals—all of which have distinct characteristics and functions, creating meaning and forming a new identity in relation to the ritual event. The authors introduced a new multiphasic model for SFBT called brief solution rituals (BSR), rituals used in SFBT to incorporate emotional and spiritual aspects of client change. Crockett and Prosek claimed the practice of rituals includes several therapeutically "active ingredients" (p. 237) and may facilitate change by creating a transitional psychological state, a significant event marking a client's transition and direct and immediate interpersonal or intrapersonal changes.

In a study on the relevance, appropriateness, and use of prayer in addressing the recovery of women from substance abuse, Belcher and Cascio (2001) presented the process of deliverance-based practice within the Pentecostal movement and encouraged social workers to work in consort with this approach for the good of the client. Pentecostal practices have raised some concerns among clinicians who are not

Pentecostal, especially as mental health issues may be spiritualized as a doctrinally-enabled tendency toward this specific psychological defense. The idiom of deliverance in Pentecostal tradition has some parallels to mental health treatment that cannot be discounted by mental health workers from differing belief systems. Belcher and Cascio claimed some people with problems such as alcohol and drug addiction, personality problems, or other mental health needs are drawn to Pentecostalism. Belcher and Cascio suggested, "Pentecostalism tends to draw an overrepresentation of people with emotional problems" (p. 63), as it provides both structure and freedom of expression and has been described as functioning like a community mental health center.

In an example of deliverance techniques being used effectively, Goodwin, Hill, and Attias (1990) described seven common elements in exorcisms from Christian and Jewish traditions: (a) use of special diagnostic techniques; (b) use of incantations, scriptures, and music; (c) use of ritual objects; (d) physical interventions; (e) verbal confrontation of the possessing spirits; (f) aftercare; and (g) care to understand and avert risks to the exorcist. These techniques, when used effectively, as seen in the example of a dissociative patient, "may address various vulnerabilities in victims of childhood trauma who develop a major dissociative disorder" (Goodwin et al., 1990, p. 100). The authors described the technical difference between exorcism and psychotherapy in their emphases—exorcism emphasizes expulsion, while psychotherapy emphasizes integration. Despite this apparent difference, the authors illustrated how the contemporary concept of integration implicitly includes a lot of exorcism; that is, "a refusal to accept that the individual has more than one body and one psyche and an insistence on regaining

that sense of unity so that interpersonal conflicts can be perceived in their true dimensions" (Goodwin et al., 1990, p. 100).

In contrast, Mercer (2013) critically outlined treatment for mental illness with rituals of exorcism or deliverance by Pentecostals and other charismatic Christians. Mercer stated, "deliverance beliefs and practices are based on the assumption that both mental and physical ills result from possession of the sufferer by demons and are to be treated by the expulsion of those demons" (p. 595). Mercer criticized the interpretation of deliverance practitioners who claim to treat schizophrenia, attention-deficit/hyperactivity disorder, and reactive attachment disorders using spiritual interventions for problems related to sins of the patient or an ancestor. Rather than focusing on denouncing these spiritual methods, Mercer encouraged the establishment of ethical guidelines to consider the scope and competence of psychologists. Considering this, Mercer was openly skeptical of the validity of the deliverance practitioner's conceptualizations based on discernment and by "gifts of the Holy Spirit" (p. 605). He expressed that claims of a higher authority and mystically-experienced diagnostic tools may cause deliverance practitioners to be unconcerned with boundaries of competence and are problematic in the development of ethical guidelines.

Questions have been raised concerning the efficacy of exorcism or deliverance interventions and metaphors inside and outside the therapeutic setting, particularly in relation to impediments to the process as confounding variables. Pecoraro (2016) identified obstacles and/or impediments at three general levels of the intervention: first, at the level of functional/ministry availability; second, at the level of the person receiving ministry; and third, at the level of those providing ministry. Although there may be an

increase in availability of ministry in some church communities, Pecoraro emphasized the critical involvement of mental health professionals for the purpose of ethical and pastoral care. In cases determined to be authentic with extraordinary actions of the devil not otherwise explained by a physical or mental illness, it is important to assess whether the possession is aggravating a preexisting psychological weakness or mental illness or is simply coexisting with it. This is the role of the psychotherapist collaborating with ministry teams. Pecoraro also noted it is possible for extraordinary actions of the devil to produce certain tendencies, behaviors, or constellations of symptoms that are psychological illnesses.

On the part of the person receiving ministry, Pecoraro (2016) identified several impediments: impaired reality orientation, ongoing serious sin, irregular situations, grave injustices that have not been rectified, ongoing occult activity, misunderstanding, inability or refusal to do what is required to support deliverance, fear, and avoidance of the sacraments and prayer, unresolved emotional wounds, anger, resentment, unforgiveness, jealousy, unresolved serious psychological trauma, personality level factors, comorbid mental illnesses, and diabolical obsession all as possible roadblocks. On the part of those providing ministry, the primary impediments identified included overwork and lack of self-care, seeing oneself as a rescuer, frustration and anger, poor communication, excessive suspicion, poor boundaries, overconfidence in charisms, and preternatural phenomena that may be masquerading as holy.

Exploring the contrast between psychotherapy and spiritual healing/deliverance, Csordas (1990) described the underlying interplay between dimensions of healing as evident in sequences of vivid imagery. Csordas stated that in Christian psychospiritual

interventions, the imagery often included is "the figure of Jesus as an *internal representation of healing power*" (p. 79). The agent of change or locus of control in psychotherapy is often centered on the individual, facilitated by the interventions of the psychotherapist. In Christian healing and deliverance, however, the object of divine presence or the internalized faith in Jesus introduces a third agent to the therapeutic dynamic. For the Christian, faith in Jesus infuses the potential of hope, as what is possible in the psychotherapeutic domain is overshadowed by the omnipresent, omnipotent providence of God. "How God will move is often a mystery . . . that God will move is a certainty" (Tisdale, 2014, p. 361). It is in the presence of Jesus in process of deliverance and exorcism that the intervention finds its power: first in diagnosis, as "any spirit that does not confess Jesus is not from God" (1 Jn 4:3); second, in efficacy, for "if the son sets you free, you will be free indeed" (Jn 8:36), and the Word of God "is alive and active, sharper than any two-edged sword, penetrating between soul and spirit, joint and marrow, and able to discern the thoughts and intentions of the heart" (Heb 4:12). "In that sacred space enlivened by the Spirit of God the potential for healing and wholeness awakens" (Tisdale, 2014, p. 361).

In this section, I reviewed literature that emphasized the intervention and function of exorcism and deliverance. To go deeper in this discourse requires a closer look at the dimensions of differential diagnosis, and how we can understand the phenomena of spirit possession that calls for treatment in the first place.

Differential Diagnosis

The work of a psychotherapist depends on accurate diagnosis, as the nature of treatment should relate to the perceived cause of dysfunction. The question of demonic

influence, however, may be more elusive than other psychological mysteries because of a lack of knowledge, information, and training on the part of the practitioner. However, as many empirical studies have shown, religious faith and the meaning it provides are not so distinct and separate from human experience as scientific theory and inquiry may assume, with the two becoming increasingly complementary. Although "discernment can never be reduced to method or criteria alone" (ICCRSDC, 2017, pp. 93–94), distinguishing between demon possession or psychopathology may be the precipitating factor for healing as diagnosis informs treatment methods and plans, making it an ethical duty for mental health practitioners to study and explore this question. In this section, I explore the possession phenomena in a variety of ways: from theories of social psychology and anthropology, to phenomenological and psychoanalytic translations of concepts, to biblical and theological hermeneutics. Although this section in some ways overlaps with previous discussion, the following articles primarily explore the experience of possession rather than the process of intervention.

Diagnostic Foundations

It is helpful to first lay a foundation for differential diagnosis with current categories of diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013), especially as they compare with symptoms of possession phenomena. The first category that has been most associated with possession is DID. According to the *DSM-5*, dissociative disorders are "characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior" (p. 291). The following diagnostic criteria are given for DID:

1. Disruption of identity characterized by two or more distinct personality states, which may be described in some cultures as an experience of possession. The disruption in identity involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual.
2. Recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting.
3. The symptoms cause clinically significant distress or impairment in social, occupational, or other key areas of functioning.
4. The disturbance is not a normal part of a universally accepted cultural or religious practice (Note: In children, the symptoms are not better explained by imaginary playmates or other fantasy play).
5. The symptoms are not attributable to the physiological effects of a substance (e.g., blackouts or chaotic behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

The *DSM-5* follows diagnostic criteria with diagnostic features for each category. Possession-form identities are mentioned and may manifest and be identified as being a spirit, supernatural being, or outside entity exerting control. The examples given are of an experience of possession by a ghost "of a girl who committed suicide" (APA, 2013, p. 293) and of an individual who may be possessed by a demon or deity, with command

hallucinations to harm self or others. The *DSM-5* mentions, however, that "the majority of possession states around the world are normal, usually part of spiritual practice, and do not meet criteria for dissociative identity disorder" (APA, 2013, pp. 293–294).

A second comparison with possession-related symptomatology is with Post Traumatic Stress Disorder (PTSD), as there often appears a strong link between presentations of possession with traumatic history. There are explicit exceptions from a trauma-based theory, however, such as of footholds leading toward possession through involvement with the occult and other reported entryways for the demonic not related to immediate experiences of trauma. A third common comparison of possession-related symptoms is with those from the spectrum of Schizophrenia. The *DSM-5* differentiates between some of the positive symptoms that give psychological language for some of the experiences, such as hallucinations and delusions. *Hallucinations* "are perception-like experiences that occur without an external stimulus" (APA, 2013, p. 87). It is interesting to note that "hallucinations may be a normal part of religious experience in certain cultural contexts" (APA, 2013, p. 88) and, therefore, are not considered a generalized symptom of psychopathology without impairment to functioning. The definition, however, contradicts the claim by religious groups that what might be labeled a hallucination is a perception of an actual spiritual object, rather than the projection of intrapsychic dynamics and neural structures. *Delusions*, conversely, are "fixed beliefs that are not amenable to change in light of conflicting evidence" (APA, 2013, p. 87) and may present themselves as expressed in a perceived loss of control over mind or body, with one's mind, body, or actions being acted on or manipulated by some outside force or agent. In the context of possession, this definition of delusions seems to overlap with

possible dissociative identity theories, but with the difference being the emphasis on fragmented parts of the self or identity rather than the presence of a positive schizoaffective symptom. In contrast with authentic experiences of spirit possession, this also leads to some questions and concerns.

Recognizing the challenging distinction of identifying categories of symptoms according to a possession paradigm versus primarily a psychological, Crabtree (1993) proposed that a clinician can diagnose and successfully treat possession without taking a stand on the ontological status of possession. However, "in some cases, the diagnosis of possession is the only way that provides a workable basis for therapy" (p. 257). For instance, in the case of a patient who has a subjective experience of possession and other diagnoses are rejected outright by the patient so no working relationship can be developed outside provided by a diagnosis of possession, or when the patient has a subjective experience of possession and a lengthy therapy based on diagnosis of DID proves fruitless. Crabtree recommended the therapist adopt a Double Aspect Picture approach, able to hold diagnostically separate views, such as of accepting the presence of a "demon" (p. 258) while holding that the "demon" is really a dissociated ego state.

Crabtree (1993) also helpfully challenged the language of diagnostic criteria concerning delusions. To describe possession as a conviction, similar to the fixed belief of delusions, may sidestep the fact that there is an experience ABOUT which the conviction or fixed belief is based, or an experience that precedes the conviction about the experience. In other diagnoses, such as DID, the language of the diagnostic criteria of the disruption of identity by two or more distinct personality states implies a psychological reality that precedes the individual's judgment about that reality.

Again, the distinction between a delusion and a strongly held idea "is sometimes difficult to make and depends in part on the degree of conviction with which the belief is held despite clear or reasonable contradictory evidence regarding its veracity" (APA, 2013, p. 87). What is not mentioned in the description of criteria is the significance of diagnosis in the case of someone suffering from possession-like symptoms, where he or she may present in a vulnerable and suggestible state to the psychotherapist or mental health professional. Despite a possible recurring belief that the experience of the demonic is authentic, the psychotherapist has a tremendous amount of power and authority to label these experiences as delusional or not and could even be prejudicial. It is important to approach this presentation with a certain degree of intellectual humility, which may be difficult for both the zealous believer and the resolute scientist. A certain degree of mystery is involved in the unknown, with the possible presence of demons being primarily an article of faith, as well as experience.

The dialectic between faith and reason is evident in this epistemological conflict, where the problem for theology is "the mystery must be accepted as a matter of faith, whereas for anthropology a mystery is to be resolved through experience, thought, and the interpretation of data" (Csordas, 2017, p. 304). Thus, exorcism and possession raise not only the issue of how scientific medicine and spiritual healing interact but also, and especially for its practitioners, an abiding concern between this relation between faith and reason. Catholic-Christian mental health professionals "work across an empirical boundary, or perhaps threshold, between psychopathology and possession, but in synthesizing their own medical training and religious commitment they enact in actuality

what theologians expound in principle as an intimate interaction between faith and reason" (Csordas, 2017, p. 303).

It may be helpful to note that faith, "the assurance of things hoped for, and the conviction of things not seen" (Heb 11:1) has a natural expression in scientific developments. The very process of scientific inquiry and the precursor of theory as a basis for the scientific method presupposes a capacity to go beyond what is currently known, even if it appears as a logical deduction. A degree of uncertainty is always explored in the development of a theory or hypothesis. This topic, especially on the theme of differential diagnosis, necessarily includes epistemological and phenomenological elements as the basis of its discussion; otherwise, implicit bias may be present in asserting one truth as having greater trustworthiness over another truth.

For some, the spiritual hypothesis of possession is readily disproven by the biological and neurological basis that may be present, thus reaffirming the phenomena as being primarily a psychological phenomenon. However, as seen in the literature subsequently reviewed, the concept of embodiment has tremendous implications on this topic, as the biological and psychological do not inherently disprove the spiritual but may demonstrate its complementarity and mutual impact further, as the spiritual and psychological affect one another and may imprint on and be affected by biological factors. It is helpful to consider that explorations of possession phenomena that highlight sociological themes, such as secondary gain, or analytic theory that describes intrapsychic structures and dynamics do not disprove possession's authenticity. Rather, they may be demonstrative of the collateral effects the presence of possessing entities has

on/in an individual's life. Returning now to the literature, the disposition of curiosity is helpful in integrating the complex dimensions of these phenomena.

Investigation of Literature

To contextualize the development of differential diagnosis, it is important to understand the context in which the anthropological and psychological concepts originated. Westerink (2014) provided a unique description of the link between demonic possession and the development of psychology. Rather than hold the popular view that psychiatry and its related fields emerged in a "victory of enlightened science and rationality over outdated religious beliefs and ecclesiastical authority" (p. 355), Westerink described how they emerged more through the ensuing doctrinal conflict after the Protestant Reformation, especially in relation to possession and the changing anthropologies of evil. Westerink defined two forms of possession that were emphasized by the differing religious institutions in the 16th and 17th centuries: *spiritual possession* and *bodily possession*. Bodily possession manifested itself in bizarre behavior, convulsions, spasms, and so on, but did not contaminate the soul, "hence, the possessed can still be and remain a justified sinner (believer) despite suffering from demonic possession of the body" (Westerink, 2014, p. 340). Spiritual possession, however, described the experiential dimension of man's estrangement from God (i.e., man's unbelief): "It consists in the profound awareness of one's natural inclination to sin and godlessness" (Westerink, 2014, p. 340). There, the devil was not a force that overtook the body but was the enemy that seduced man to further estrangement.

Westerink (2014) further described how the Protestant leaders, especially Luther and Calvin, redefined sin and dismissed the classical notions of the virtues and vices,

arguing that man's nature was profoundly sinful, always inclined to evil and therefore in principle not virtuous. "It made no sense any longer to associate sins with the lower appetites and faculties of the soul, such as sexual desire (*concupiscentia*), when in fact the whole soul was inclined towards evil" (Westerink, 2014, p. 341). Sin became equated to madness. The affective states involved in religious life of lethargy, lack of care, sadness or despair, especially for Luther, were now relocated under the heading *melancholy*. The construct of melancholy began to expand and included moral-theological aspects formerly categorized under vices. These affective experiences, including "powerlessness, anxiety, trepidation of mind, guilt and despair" (Westerink, 2014, p. 342), produced humility and the abasement that allowed people to turn to the mercy of God as their only haven. Westerink noted, however, that sorrow needed careful interpretation, as it could be a sign of vastly different processes.

In Britain during the 16th and 17th centuries, demonic possession and exorcism were subject to religious controversy. Westerink (2014) explained that several Puritans discovered they could exorcize individuals by means of exorcism. Exorcism provided them with a powerful evangelistic tool, even though the main protagonists of Puritanism were critical of these practices, as they were strongly associated with Catholicism, magic, and superstition. In this religious-political context, the Anglican Church sent physicians to attempt to prove these exorcisms were fraudulent. It was there, at the beginning of the 17th century, that possession and exorcism became described as "scientific projection of medicalization with a desire for power by the Anglican establishment . . . arguing that these phenomena should be interpreted as hysteria" (Westerink, 2014, p. 346). Thus,

melancholy and hysteria found their place in the dialogue and conflict between religious groups and the science of physicians.

Lastly, Westerink (2014) described how possession of the body was emphasized by Catholics, as the domain of the flesh was the domain of the exercise of power; that is, "the whole set of procedures, techniques and practices of examination and control of . . . the excitable body" (p. 346). It is on the level of the lower appetites and of bodily sensations that man's sinfulness must be located, a sinfulness that always threatens to overpower and undermine the higher faculties of the soul. "Demonic possession is thought of in terms of a penetration of the body and subsequently of the lower appetites... Convulsions are the main characteristic of this type of demonic possession (Westerink, 2014, p. 346).

The psychological concepts of melancholy and hysteria are not the effect of replacement of a religious worldview but the result of an intensification of religiosity and the development of different models for religious subjectivity. This occurred through the conflicting religious denominations and their pastoral forms of examination and direction related to their different anthropologies. Westerink (2014) hoped his insight into the influence of religious discourse on the conceptualization of psychopathology would provide insight into the way contemporary religious denominations position themselves in modern society.

Rusu (2016) provided an overview of Roman Catholic demonology and exorcism traditions and the evolution of the demonic narrative in contemporary culture. Rusu noted a physical image of the devil was not given in scripture and a visual representation of the demonic did not appear until the imagination of the Middle Ages and afterward during

the post-medieval period. During the Middle Ages, Rusu credited Gregory the Great in the West and John of Damascus in the East with having articulated a philosophy of evil that provided a theological basis for unfolding doctrinal understanding. After the Great Schism between the West and East in 1054, Roman Catholic theology began to view demonic possession as "the outcome of departure from the canonical principle of good Christian practice" (Rusu, 2016, p. 94).

At the end of the Middle Ages, as Rusu (2016) described, emerged the practice of witch hunting and the inquisition's strongly held belief in the idea of contracting with the Devil. During the late 16th and early 17the centuries, Rusu claimed thousands of individuals were sentenced to the stake after being accused of witchcraft, often because of forced confessions through the extensive use of torture. This is a controversial topic, however, as it is reflective of an anti-Catholic myth popularized by Protestant and secular critics. Rusu then described the famous case of the convent of Ursuline nuns who experienced a demonic invasion of their abbey in 1633 in Loudon, France where the newly introduced ritual of exorcism was used in a public spectacle. The exorcist, Father Jean-Joseph Surin, a devoted Jesuit, later claimed in a 1636 letter to a fellow Jesuit that the devil turned against him, the infernal devilish trinity made of Leviathan, Lucifer, and Beelzebub.

Rusu (2016) stated that the magical thinking engrained in the medieval Western church led to publications in the late 18th century with hundreds of special blessings, such as of herds, wine, bread, oil, and exorcisms against worms, rats, snakes, and other varmint animals. Rusu credited the decline of superstitious practices and the use of exorcism to the aftermath of the Scientific Revolution, spanning from the 16th to 19th

centuries. Public attention focused more on the dark side of human personality rather than on the Devil, as the fight became increasingly heated between secular scientists and the traditional Church, which opposed the desacralization of life. Against this backdrop, Rusu described, psychoanalysis can be easily understood, especially because "by internalizing Evil, some people believed the Devil resided within their inner selves" (p. 102). Finally, during the 20th century, the image of the demon and demonic possession receded into imagery provided by the cinema, where the devil is now a movie star, with devils being entertaining: "The devil uses the cleverest trick in trying to convince us that he does not exist" (Rusu, 2016, p. 102).

Continuing with the literature, the oldest article in this review comes from the father of psychoanalysis, Freud. Notably, Freud never encountered a case of demonic possession, despite his fascination with religious and occult phenomena. In exploring early theories of hysteria, consistent with his analytic framework, Freud and Breuer (1895) stated:

> The split-off mind is the devil with which the unsophisticated observation of early superstitious times believed that these patients were possessed. It is true that a spirit alien to the patient's working consciousness holds sway in him; but the spirit is not in fact an alien one, but a part of his own. (p. 250)

Throughout his career, Freud maintained a medical approach to psychotherapy along with a materialistic worldview. Freud (1923) described:

> In our eyes, the demons are bad and reprehensible wishes, derivatives of instinctual impulses that have been repudiated and repressed. We merely eliminate the projection of these mental entities into the external world which the

> middle ages carried out; instead, we regard them as having arisen in the patient's internal life, where they have their abode. (p. 72)

The entrance of theories that consider the validity of demonic possession appear to have begun with early attempts by psychologists to gain insight from scripture. These theories are helpful to balance the emphatic declarations of Freud and open consideration to other possibilities for differential diagnosis.

Using an apophatic approach, Sall (1976) discussed demonology and witchcraft in Western culture along with a biblical viewpoint. Sall contrasted mental illness and demon possession considering demonic reactions to Jesus. In doing so, Sall revealed the separate personality, rational nature, and object-relatedness of demons, as well as of the cure. Similarly, by using scripture as a primary source of understanding the role of demons in the etiology of physical and psychological illness, Virkler and Virkler (1977) conceptualized the involvement of demons through temptation to sin on a continuum, a spectrum going from sinful human nature (where there is no immediate demonic involvement), to demonic temptation, to demonic oppression, and, in the extreme, to demonic possession. Both Sall and Virkler and Virkler acknowledged that Jesus and the authors of the biblical texts attributed etiology to either physical or spiritual causes, and the cure for a condition was not generalized or applied in a reductionist way.

Virkler and Virkler (1977) summarized biblical passages regarding manifestations of demonic oppression as a "blindness and hardness of heart toward the Gospel, apostasy and doctrinal corruption, and indulging in sinful, defiling behavior" (p. 98). In themselves, these symptoms overlap with various forms of psychopathology. To make it even more complicated, diagnosis is always forced to contend with the problem of role

enactment, where people are continuously fulfilling a variety of roles in which they behave, as they consciously and unconsciously believe persons in these roles should act. Thus, psychopathological states and demonic possession may coexist within the same person, with the setting being a significant factor in diagnosis (i.e., the therapist's office vs. the church).

Irmak (2014) challenged assumptions of psychopathology, especially of schizophrenia, stating that if all hallucinations are really illusions related to a real environmental stimulus, one could advocate consideration of the possibility of a demonic world. As the primary treatment of schizophrenia is antipsychotic medication, but with 25% being resistant to this type of treatment and 30% to 40% being residually symptomatic, Irmak suggested exploring the similarities between clinical symptoms of schizophrenia and demonic possession. Irmak proposed shared symptoms in schizophrenia and demonic possession such as hallucinations and delusions "may be a result of the fact that demons in the vicinity of the brain may form the symptoms of schizophrenia" (p. 776). Irmak further explained the comparison in greater detail by discussing the positive symptoms of schizophrenia:

> Delusions of schizophrenia such as "My feelings and movements are controlled by others in a certain way" and "They put thoughts in my head that are not mine" may be thoughts that stem from the effects of demons on the brain. In schizophrenia, the hallucination may be an auditory input also derived from demons, and the patient may hear these inputs not audible to the observer. The hallucination in schizophrenia may therefore be an illusion—a false interpretation of a real sensory image formed by demons. This input seems to be construed by

> the patient as "bad things," reflecting the operation of the nervous system on the poorly structured sensory input to form an acceptable percept. On the other hand, auditory hallucinations expressed as voices arguing with one another and talking to the patient in the third person may be a result of the presence of more than one demon in the body. (p. 776)

To defend this proposal, Irmak described the case of a psychiatrist in London who became a priest in the Anglican Church, as medicine failed to address certain human sufferings such as in cases of real possession. Irmak also referred to churches in the United Kingdom in which faith healers expel demons in cases of real possession.

In contrast, Barker (1980) identified the extremes of seeing demons in every odd manifestation and denying the demonic altogether. Barker described one such extreme as *demonomorphization*, or the projection of sinfulness onto Satan, which is an erroneous view of man and of the Fall, according to the biblical account of the Fall of Man. Skeptical of exorcism, Barker described such an extreme as a removal of responsibility from an individual and even contrary to the biblical message of a call to repentance and public admission of Jesus Christ as Lord.

In another critique of spiritual interpretations, Ivey and Myers (2008b) argued for a psychological explanation of supernatural phenomenon in a sequel to their study on bewitchment experiences—the experience of being possessed by spirits because of spells, or witchcraft. The authors described four characteristic features of bewitchment: (a) a paranoid state of mind, (b) the presence of a precipitating interpersonal context of hostility and envy, (c) a dichotomous moral and religious belief structure, and (d) the subjective experience of having one's body infiltrated by poisonous substances or

destructive alien entities. Ivey and Myers applied the classical analytic theories of Freud and Klein in an argument that bewitchment "is a culturally sanctioned supernatural belief system used defensively by individuals to protect themselves against acknowledging and experiencing a range of painful and anxiety-provoking feelings, typically involving hostility, envy, and loss" (p. 75). Ivey and Myers hypothesized that bewitchment arises when individuals split off and project problematic aspects of the self, elicited by adverse or stressful experiences, locating these in hated or envied others who are then believed to use witchcraft to "magically attack and harm the victims" (p. 75).

Boddy (1994) contrasted the epistemic premises of the belief in spirit possession from rationalizing materialism and its presence in scholarly traditions. Although the otherness and worldwide prevalence of the phenomenon demands explanation, "the very categories that describe the field are inescapably ideological and preconstructed, freighted with cultural meanings and valuations, and laden with traces of their repeated reformulations as a subject for scientific investigation over time" (Boddy, 1994, p. 408). This tendency of rendering phenomena in Western scientific terms often suspends epistemological inquiry of those terms and may be incomplete and even culturally solipsistic. From an analytic approach, Boddy expressed that possession may be understood as a defense, induced by stress and providing a primitive explanatory model; from a more biological approach, it has been theorized as the result of physiochemical deficiencies from a behavioral approach, learned and cued behavior. As an idiom of communication, however, reductionist theories disrespect beliefs, as possession has significant meaning. Although it may be more appropriate to speak of introjection, the possession idiom transcends objectified feelings and dynamics. The result is a frozen

identity, requiring interventions focused on curative transformation rather than expulsion. Boddy challenged generalized theories of possession by differentiating between exorcism and *adorcism*, or the expulsion of intrusive spirits from the accommodation and establishment in a medium or ritual possession. The result of such a plethora of explanations is a more "complex geometry of the soul" (Boddy, 1994, p. 409).

Boddy (1994) showed how Christian Pentecostalism resonates with indigenous practices of conducting spirits. During ceremonies, "adherents possessed by the Holy Spirit channel[led] its power toward the healing of bodies personal and social" (Boddy, 1994, p. 419), as they had undergone a holistic transformation of personal identity through conversion. Exorcism, then, is a ritual reordering of relationships in a process of self-construction and healing. Boddy described the condition of possession as the interpenetration of the self with a new social other, where the *me* abates and "a demonically overdetermined *I* takes hold" (p. 422). A successful exorcism distances *I* from *me* and reconstitutes the dynamics of self and now social, not demonic, Other, reintegrating and asserting the self. The embodiment of the demonic can be understood as an internalization of objectification caused by the objectification and depersonalization of the self in trauma. Boddy described possession as mimetic, reflecting an embodiment of knowledge and the "bodying forth of knowledge" (p. 425), where knowing is an intimate corporeal act with an ability to "yield into and become Other" (p. 425). Boddy's conceptualization challenged Western cultural assumptions and "sheds new light on religious and psychiatric iatrogenesis and pathological forms of embodied aesthetics like anorexia nervosa" (p. 427).

Lastly, Boddy (1994) described how spirits furnish an implicit commentary on human order and morality, where possession "intersects with numerous cultural domains including medicine and religion but is itself reducible to none" (p. 413). Unlike biomedicine, which collapses into the body, possession widens out from the body and self into other domains of knowledge and experience, "catching these up and embodying them" (Boddy, 1994, p. 414). Boddy acknowledged how possession had been a metacommunication of class dynamics and was significantly more prevalent with oppressed individuals and women. However, Boddy challenged the assumptions of an "androcentric anthropology" (p. 415) and described how gender relations appear more complementary in the disparity of possession along gender lines. In trance cults, women are the predominant spirit healer. Boddy described women's bodies as both "metonyms and icons of the enclosed, fertile, moral village, repositories of its salient values and more vulnerable than men to their rupture" (p. 417). But rather than seeing this as weakness only, ritual possession situates women in a wider social discourse and practice of power as women enter therapeutic but painful trance on behalf of others, with some indigenous traditions of spirit healers having a matrilineal inheritance.

Seligman (2005) described several etiological factors in a study of the path to mediumship in Candomblé, an Afro-Brazilian religion. Seligman stated that medical models often emphasize psychological disturbance as a motivational factor, while social theories suggest oppression or disempowerment. The pathway to mediumship, however, is a continuous, fluid interaction between the psychosocial needs of potential mediums and the parameters of the culturally defined role, with a therapeutic dynamic at work in the process. Seligman opposed a reductionistic view of equating ritual possession with

mental illness, as those suffering from some form of psychosis are "unable to effectively express their distress in the idiom of mediumship, incapable of an ongoing performance of the mediumship role, and unable to take advantage of its therapeutic aspect" (p. 87). This may be translated to validate the potential for demonic possession to exist apart from or in the absence of mental illness. Seligman explained that mediums, or those prone to possession, tend to somaticize, which relates more to the way individuals attend to their suffering.

Seligman (2005) expanded somatization through extending the process of embodiment to memory and cultural knowledge that are imprinted on the body in part through physiological processes, "as when experiences shape the pattern of neuronal connections in the brain, or the actions of hormones affect memory formation in the hippocampus" (p. 90). The phenomenology of possession then becomes culturally centered, as stimuli entrain in physiological systems attached to the neurological networking of embodied systems of belief. Seligman stated that many psychologists conceive the self as a "hierarchical set of subsystems rather than a unified whole. The self is typically experienced as unified because higher-level or executive systems control lower subsystems, resulting in a sense of volitional control" (p. 92). Dissociation occurs when the order of lower subsystems and higher executive controls become disrupted, causing gaps in experience or the usually integrated functions of consciousness, memory, identity, or perception. The maladaptive mechanism of dissociation is challenged by the therapeutic process of possession in Candomblé, with the effect of its reconstructing narrative and belief in possession.

Cohen and Barrett (2008) conceptualized spirit possession using ethnographic and experimental evidence and theorized that the emergence and transmission of beliefs in possession concepts resulted from cognitive capacities and constraints, or the structure of cognitions themselves. The authors studied the prevalence of belief in models of possession in an Afro-Brazilian religious house, where trance-like practices were often done as part of rituals. The models of possession were defined as a *displacement*, *fusion*, or *oscillation* of self and conscious states with that of the possessing entity/entities. Cohen and Barrett found that despite the doctrinal-theological understanding of possession experiences describing more of a fusion model, when critically assessed, most individuals conceptualize possession with the displacement model, which they attributed to simplistic tendencies of cognition and the difficulty to conceptualize the genuine fusion of two entities.

The relation between possession states in psychiatry and spirit possession in anthropological literature, according to Bhavsar, Ventriglio, and Bhugra (2016), "must be resolved in order to improve the current conceptualization of dissociative trance/possession" (p. 553). Bhavsar et al. argued that Western psychiatry itself is individualized, biologized, and reductive in its theoretical and methodological approaches. Such an approach has often led to diagnostic categories that underplay the role of social context and invalidate spiritual epistemology. Individualistic concerns in the West are suggestive of an inflated concern for the self, which, in the extreme, "can give rise to a sense that there is a loss of meaning in contemporary life" (Bhavsar et al., 2016, p. 556).

Attempting to understand the experience of possession, Bhavsar et al. (2016) reflected upon the concept of agency as a focus of dialogue, as there appears a pervasive displacement or disruption in individual agency during such experiences. The authors defined *agency* as a feeling or sense of being able to do something in the world that is one's own. Agency is realized over time through cultured processes of socialization within a specific cultural setting. Individual agency must "negotiate with interdependent social structures through the development of the personality" (Bhavsar et al., 2016, p. 557). Bhavsar's hypothesis was supported by data on the prevalence of spirit possessions and dissociative disorders in epidemiological studies, where rates are higher in societies undergoing rapid change or shifts in cultural makeup or conflict.

In a study on projection, double bind, and demonic possession, Zuk and Zuk (1988) found common elements in three theories of psychosis. The authors described points of convergence between these topics and theories in their negative injunction, persecutory belief, and obedience to a transcendental command. Persecutory belief, or the notion that one is a victim, is a critical feature of a psychological theory pertaining to all the psychoses—especially those in which a thought and/or mood disorder predominate. Zuk and Zuk presented a theory of possession as a learned behavior, fulfilling a social role. The human element involved in this behavior may be found in traits of personality. Spanos and Moretti (1988) studied a sample of 124 female university students who completed measures of mystical experience, diabolical experience, absorption, hypnotizability, and psychopathology. The authors found mystical experience correlated significantly with absorption and hypnotizability but failed to correlate significantly with indexes of psychopathology. Diabolical experiences also correlated significantly with

absorption and hypnotizability and with neuroticism and psychopathology, showing some personality features may influence the vulnerability or tendency of manifestation of possession-related symptomatology and phenomenon.

Kay (1998) explored personality differences to explain a demonized worldview among Pentecostals. In a study of 760 Pentecostal ministers, Kay divided them into two groups: those who agreed they were in daily conflict with demons and those who did not. Kay concluded the two groups of ministers held two distinct worldviews due to personality differences, based on Eysenck's dimensional model of personality. Although there were no significant differences between the participants on extraversion or neuroticism scales, the psychoticism scale showed a significant difference. Kay concluded the higher score on the psychoticism scale was due to participants being tough-minded, decisive, aggressive, and lacking empathy. Translated into a worldview, this personality dimension "produces individuals who engage in conflict, who see human history in terms of conflict and who therefore assert themselves to achieve their objectives" (Kay, 1998, p. 25). This personality characteristic fit individuals with a demonized worldview. What was surprising was these same people were more led to compassionate social action, more "inclined to believe that the church should offer help to disadvantaged groups, but they were more literalist in their interpretation of the bible and more likely to believe Christians are obliged to seek healing by supernatural means" (Kay, 1998, p. 17).

Lastly, Rosik (1993) stressed the need for an interdisciplinary dialogue between psychiatric and religious communities, for example, concerning distinctions between non-trance, trance, and ritual possession as well as normal and abnormal possession or

dissociation. According to Rosik, these distinctions had been inadequately defined in literature and were not acknowledged as significant criteria in precise conceptualization. Rosik (1997) subsequently presented limitations of outcome studies on the effects of exorcism on DID patients, such as the challenge of psychiatry and the limitation of studies of efficacy in acquiring valid samples. There is an assumption of the negative impact of exorcisms on patients, because for many clinicians, the only patients who may be sharing such experiences are those who have failed to find help through exorcism and deliverance methods. It is difficult to present any statistic on the efficacy of these interventions, other than exploring what common factors among discouraged patients led to painful experiences associated with these spiritual interventions. Interdisciplinary dialogue may be able to normalize the challenge presented in either failed therapy or deliverance and present more pastoral approaches that emphasize a collaborative effort between therapists and deliverance ministries.

Ethical Issues

Throughout the body of literature, several authors have raised ethical issues concerning the integration of psychospiritual techniques in psychotherapy. It is helpful here to consider some of these issues to aid in clinical decision-making, for example, the value of religion, particularly prayer, in the role of healing and supporting mental health—exorcism and deliverance at the most foundational level are forms of prayer, or a communication with the spiritual. The process of healing may be more familiar to psychology, and it may be helpful to note that much of contemporary deliverance ministry is a byproduct of healing ministries (ICCRSDC, 2017), and apparent blocks to the healing process that have manifested in the form of demonic involvement. “To

address healing together with deliverance is to place the primary focus on the human person rather than the evil spirit" (ICCRSDC, 2017, p. 97).

Frederick (2014) described how "spiritually oriented psychotherapy is an important and critical way to address the sacred in psychotherapy" (p. 109), and the relationship between psychology and spirituality may be understood in five domains of overlap and primacy. The first domain is when spirituality and psychology are remarkably similar but with psychology having primacy. The second focuses on similarities between the two but with spirituality having primacy. The third posits both domains are distinct, but with psychology having primacy. The fourth emphasizes they are different, but with spirituality having primacy. Finally, the fifth is holistic in nature, with neither having dominance. In the fifth relationship, the therapist addresses both psychological and spiritual issues, moving comfortably between psychological therapy and spirituality or spiritual direction while keeping interventions focused on the short- or long-term goal. Frederick explained spiritually oriented psychotherapy that does not consider the teleological, tactics, or target perspectives of the client's spirituality may have a conflict wherein value is placed in the therapeutic exchange. It is valuing personal preferences that "transforms spirituality into a psychological experience" (Frederick, 2014, p. 114). The goal of character formation is proposed to be a common goal for both the spiritual and psychological emphases, where the inner person is the locus of personal transformation.

From a Christian perspective, the goal may be to cultivate the fruits of the Spirit: "love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control" (Gal 5:22), which are self-evident qualities of mental health. The long-term goal of

treatment may also be common, for instance, with the goal of self-transcendence—"a relational construct whereby an individual transcends self-preoccupation and becomes intimate with another. In this intimacy with the other, the self is known. Self-transcendence, then, is a dialectic process between independence and intimacy" (Frederick, 2014, p. 111).

La Torre (2004) cited recent research contrasting religion and spirituality, clarifying that:

> Religion is the outward form, the 'container,' specifically the liturgy and all the acts of worship that teach praise and give thanks to God. . . . Spirituality is the inward activity of growth and maturation that happens in each of us. (p. 2)

La Torre also defined prayer as "a simple act of turning our mind and heart to the sacred… and act of the will in which we focus our concentration and open up to our inner depths" (p. 2). La Torre explained that looking at prayer in this way makes it easier to see it as a part of the therapeutic interaction, since recommending prayer as a self-help tool does not necessarily mean one is prescribing religion.

Vieten et al. (2013) expressed how R/S have been empirically linked with several psychological health and well-being outcomes. Recognizing R/S competence as a form of multicultural competence, the authors proposed 16 spiritual and religious competencies for psychologists categorized under attitudes, knowledge, and skills (p. 135). The authors described three competencies related to attitudes. First, psychologists should demonstrate empathy, respect, and an appreciation for clients from diverse spiritual, religious, or secular backgrounds and affiliations. Second, psychologists should view spirituality and religion as important aspects of human diversity, along with factors such as race,

ethnicity, sexual orientation, socioeconomic status, disability, gender, and age. Third, psychologists should be aware of how their own spiritual and/or religious background and beliefs may influence their clinical practice, and their attitudes, perceptions, and assumptions about the nature of psychological processes.

Next, seven competencies related to knowledge. First, psychologists should know many diverse forms of spirituality and/or religion exist and explore spiritual and/or religious beliefs, communities, and practices that are important to their clients. Second, psychologists should be able to describe how spirituality and religion can be viewed as overlapping yet distinct constructs. Third, psychologists should understand clients may have experiences consistent with their spirituality or religion yet may be difficult to differentiate from psychopathological symptoms. Fourth, psychologists should recognize spiritual and/or religious beliefs, practices, and experiences develop and change over the lifespan. Fifth, psychologists should be aware of internal and external spiritual and/or religious resources and practices research has indicated may support psychological well-being and recovery from psychological disorders. Sixth, psychologists should be able to identify spiritual and religious experiences, practices, and beliefs that may have the potential to negatively impact psychological health. Finally, psychologists should be able to identify legal and ethical issues related to spirituality and/or religion that may surface when working with clients.

Lastly, six competencies related to skills. First, psychologists should be able to conduct empathic and effective psychotherapy with clients from diverse spiritual and/or religious backgrounds, affiliations, and levels of involvement. Second, psychologists should inquire about spiritual and/or religious background, experience, practices,

attitudes, and beliefs as a standard part of understanding clients' history. Third, psychologists should help clients explore and access their spiritual and/or religious strengths and resources. Fourth, psychologists should be able to identify and address spiritual and/or religious problems in clinical practice and make referrals when necessary. Fifth, psychologists should stay abreast of research and professional developments regarding spirituality and religion specifically related to clinical practice and engage in ongoing assessment of their own spiritual and religious competence. Finally, psychologists should recognize the limits of their qualifications and competence in the spiritual and/or religious domains, including any responses to clients' spirituality and/or religion that may interfere with clinical practice, so they seek consultation from and collaborate with other qualified clinicians or spiritual/religious sources (e.g., priests, pastors, rabbis, imam, spiritual teachers, etc.), seek further training and education, and/or refer appropriate clients to more qualified individuals and resources.

Cohen et al. (2000) challenged common misunderstandings of the nature of prayer in evidence-based research on the curative powers of prayer, as "the effort to test the efficacy of prayer is grounded in an impossibility: prayer is not the sort of practice that can be measured" (p. 42). Despite these challenges, questions about religious and spiritual beliefs are justifiable "because health care professionals need insight into these beliefs in order to support patient autonomy and well-being" (p. 45). Ethical issues arise when professionals address patients' religious and spiritual concerns without respect for the patients' feelings and boundaries and by proselytizing—when patient privacy, autonomy, and well-being are subverted by professional proselytizing or inadvertent coercion.

Kersting (2003) described a broader list of techniques, including the use of prayer during the session, spiritual journaling, forgiveness protocols, using biblical texts to reinforce cognitive and emotional health, and working to change punitive God images. Kersting cautioned that in the context of implementing these techniques, there is a possibility that religion may have a negative influence on a client's beliefs—in an angry God, for example. Kersting recommended asking about R/S backgrounds during assessment, such as whether clients pray and how it helps, if they have a belief in a personal God, and what they believe God may want from them right now, which may lead into meaningful discussion. Kersting also mentioned creating space for R/S in therapy may bring beauty to the encounter, even a sense of God's presence in the room that may bring an epiphany to the client.

Weld and Eriksen (2007) addressed the intersection of spiritual interventions, particularly prayer, and client welfare, multicultural sensitivity, values, and countertransferences. The authors stressed the need for counselors to assess clients' (and their own) spirituality and developmental capacities carefully, to educate themselves about healthy and unhealthy spiritual practices, and to manage their own countertransferences related to spiritual issues. Weld and Eriksen described competence with spirituality as a capacity to "enter the client's worldview" (p. 135). The authors discussed six types of countertransference to identify the phenomenon in the possible roles that can be played in the therapeutic relationship: the sibling complex, the missionary therapist, the spiritualizer, the reactionary, the window shopper, and the "My way is Yahweh" therapist (p. 134).

In a similar vein, Frame (2000) warned that counselors who also participate in religious settings or assume the role of a spiritual authority in the clinical setting may cause a dual role or create role confusion, with "the potential for blurring of social and professional boundaries, and lack of objectivity" (p. 73). Frame also warned of the danger of imposing religious values on clients (i.e., prescribed attitudes or behaviors). Praying with clients, depending on how it is done, "could result in an abuse of power, . . . in an imposition of values, or in violation of the clients' autonomy" (p. 74); therefore, a therapist should be clear about his or her motives and purpose prayer would serve in overall treatment and talk with the client about how the client perceives this praying may be helpful to the therapeutic process. It may also be a violation of work setting rules or boundaries (e.g., church and state) if a therapist is employed by a public agency.

Gubi (2009) explored insights from qualitative studies of mainstream British counselors to identify ethical issues they consider but whose concern over potential ethical issues is not strong enough to override their therapeutic use of prayer if facilitated with due care. Gubi described 11 ethical issues: (a) if prayer changes the way the counselor is perceived, (b) when using prayer with issues of psychopathology, (c) if the counselor uses prayer to impose faith on a client, (d) when being professionally held to account, (e) if prayer is used for avoidance or as a defense, (f) if prayer is used to enhance the counselor's power, (g) if prayer is not part of the client's agenda, (h) if prayer is used routinely, (i) if prayer cannot be challenged, (j) if there is a cultural pressure to pray, and (k) if the prayer method is not matched to the client.

Gubi (2007) also explored the supervision experience of mainstream British counselors who integrate prayer in their work to examine why the use of prayer in

counseling is not brought to supervision in some cases. The data indicated there was not a culture of openness toward the use of prayer; the counselors did not feel free to explore their practice of prayer because of fear of (a) not being understood or being judged, (b) losing respect and credibility, (c) being thought of as transgressing and exposure by the supervisor, (d) how the supervisor will treat the disclosure, and (5) the condemnation and dismissal of something that is important and precious to the counselor. These concerns illustrate several implications for supervision and clinical practice and encourage the need to create a culture of openness and a collaborative working alliance where all aspects of the counseling process can be explored with appropriate theoretical consideration and personal challenge.

Conclusion

In this literature review, I identified and categorized 73 articles into four categories to add to the current psychological literature and bridge a gap by promoting interdisciplinary dialogue on the topic of exorcism and deliverance. It is my hope that this discussion will bring awareness to the precedence, encourage further study, and respond to the concern of some Christians who are skeptical of psychotherapy. The review was limited in the scope of research examined, as it primarily focused on Christian exorcism and deliverance and related topics. The literature compiled included case studies to stir curiosity, conceptual histories from multiple frameworks, and practical implications for psychotherapy through applying the concepts in directing differential diagnoses and to protect the safety of both patient and therapist considering ethical implications. In the concluding chapter, I discuss some of these topics further and the implications of the literature reviewed.

CHAPTER 3

METHODOLOGY

Due to the lack of precedence of a comprehensive literature review on this topic, the collection of articles I discuss in this dissertation covers several distinct areas that converge under the topics of deliverance and exorcism. I located the materials for this literature review in the following databases: PsychARTICLES, PsychINFO, ATLA Religion Database, ProQuest, EBSCOhost, WorldCat.org, SAGE Knowledge, ResearchGate, and Google Scholar. Due to the breadth of the topic, I limited the search to full-text, peer-reviewed articles based upon the following search terms: *deliverance*, *exorcism*, *spiritual warfare*, *evil spirit*, *demon*, *demoniac*, *demonized*, *demonization*, *demonic*, *occult*, *demonic possession*, and *spiritual intervention*. I combined the terms in a variety of ways with the following terms: *psychology*, *psychiatry*, *counseling*, *mental health*, *theology*, *religion*, *spirituality*, *prayer*, *spiritual integration, ethics*, *Christianity*, and *Catholicism.*

I limited the search further to publications from September 2014 through November 2018, with the relevance of the articles determined based upon the reputation of source, references, and accuracy on the topic. Preference was given to articles from databases related to psychology, psychiatry, counseling, mental health, anthropology, social psychology, epidemiology, theology, and religious studies. After locating the materials, I collected and organized the literature. As many authors raised ethical issues,

while not exhaustively, it seemed fitting to include a section specifically on ethical issues in this study, which includes articles relating to psychospiritual interventions in therapy.

Several factors determined article inclusion. First, the articles needed to relate to psychology and psychotherapy. Second, the articles needed to relate to exorcism and deliverance interventions, with prayer as a related theme for ethical issues. Third, I included articles that focused on ritual possession or trance possession that represented non-Christian and pluralistic cultures and religious practice to examine the general phenomena of possession. Fourth, I gave primacy to articles relating to Christian and Catholic tradition with a relative continuity of Christian thought. Fifth, the articles needed to be peer-reviewed. The age of material was inclusive, allowing older articles relevant to the topic to be included (e.g., Freud & Breuer, 1895). As Christianity is present throughout the world, especially Catholicism, I did not limit geographical and cultural criteria. It was important that the articles found be available, full-text, and obtainable through these databases, rather than requiring additional costs. Thus, I found the information lawfully and with availability for others who have interests in this topic. I also adopted an inclusive approach to psychological theories without preference for articles representing any single theoretical orientation.

I categorized the literature according to three primary categories, with a fourth focused exclusively on ethical issues. The three categories emerged according to the emphasis on case examples, conceptualizing exorcism and deliverance, and differential diagnosis in relation to the possession phenomenon. By categorizing the literature in this way, I aimed to create a progressive narrative that would deepen as the review unfolds.

The terms exorcism and deliverance are usually associated with Christianity; however, I included some articles relating principally to possession to provide a broader conceptualization for the phenomena. While holding a Theistic assumption, the purpose of this critical literature review is not to prove or defend the existence of demons, as I do not believe it is demonstrable. “Discernment can never be reduced to method or criteria alone” (ICCRSDC, 2017, pp. 16–17). Under the umbrella of deliverance and exorcism as psychospiritual interventions, in this review I respect the diversity of the literature and worldviews and seek to validate the core principles of each article, noting biases or assumptions where obviously present to reflect most genuinely on the complementarity of the research and assortment of theory. It should also be noted that for simplicity’s sake, I take preference of the term deliverance over exorcism, as the deliverance process may be understood as a broader narrative of moving from a place of bondage to a place of freedom rather than simply being a process of the expulsion of demons. It is more inclusive and reflective of the language used across contemporary Christian denominations.

CHAPTER 4

DISCUSSION

Discussing such a controversial topic requires a degree of openness and self-awareness. The diverse studies presented in this literature review represent a range of worldviews, many of which are different than my own. In the realm of psychology, belief in the involvement of demons in human life and functioning is certainly a provocative topic. Some are content to explain what is wrong with the world as the evil in human nature and may even appeal to scripture to justify claims, such as:

> When Jesus is reported to have driven out demons, he was just speaking according to the mentality of his age which attributed mental illness to evil spirits. Talk of demons seems like a throwback to the Middle Ages or to the witch-hunts of Salem. (MacNutt, 1999, p. 169)

This topic also challenges psychological theories and calls for greater integration in theory and practice for those who hold a worldview that embraces these spiritual realities. Beyond ethical issues that may arise, introducing such topics within interventions may conflict with the significance of maintaining a pure therapeutic frame. Nevertheless, the existence of co-transference within the interpersonal field—with the beliefs of the therapist potentially being both consciously and unconsciously present—challenges Christian therapists to have increased transparency regarding their beliefs, and be

proactive in seeking an integration that does not compartmentalize or suppress parts of the personal self.

Competence and Integration

As I have previously discussed, competence with integrating these beliefs in clinical work and conceptualizations calls for an increased collaboration and consultation with faith leaders such as clergy and pastors. Thus, a healthier bridge may be formed between mental health practitioners and faith leaders to provide resources and services for religious individuals who are not aware of the complementary assistance psychotherapists may be able to provide and the potential to positively impact spiritual development. There may exist an intellectual pride among psychologists in not wanting to be associated with religious leaders, especially with the common disdain of the intellectual world for the image of the exorcist with its "stigma of fundamentalism coupled with fanaticism" (MacNutt, 1999, p. 168). Avoidance of the need for integration may be indicative of a need to grow in deeper competence and integration or to confront fears "of moving into an area that savors of superstition and primitive religion" (MacNutt, 1999, p. 169).

Therapeutic skills may also be gained by learning how to integrate personal beliefs with one's work as psychotherapist, such as the skill of redirection when a client asks questions about a therapist's personal beliefs. It may be beneficial to provide space to process the significance of these questions. However, it is equally important for Christian therapists to develop competence and skill in being "prepared to give an answer" (1 Pet 3:15) and being able to discuss these topics when appropriate in a way that is not minimizing or invalidating. Therapists who compartmentalize their belief

systems may be withholding substantial presence from the therapeutic relationship, preventing clients from an authentic connection in the potentially healing substance of the therapist-client relationship.

The presence of a belief in the demonic in the client and/or practitioner may result in various transferential dynamics that may become clinically relevant. For example, there may be an additional component of suspicion that changes dispositions in the room. Depending on the experience one has of the demonic, there may also be elements of tension, fear, or threat that exist in the consideration of demonic presences. It may even be that fear could create an unconscious atmosphere that enables such a presence to invade.

Competence necessarily includes self-reflection and self-knowledge regarding the connotations and countertransference clinicians and researchers may experience toward demons and even the topic of demonology. Depending on the reactions to the topic, self-care may include a call for a maturing in personal faith to create safe space within the therapeutic setting. As the therapeutic frame is held and filled by the competence and presence of the therapist, without confidence rooted in the power and authority of God, a subtle hopelessness and paranoia may exist in a belief in the supernatural. Furthermore, a therapist's own God image becomes a significant object relation brought into the room and affecting therapeutic containment. The discrepancy between creedal faith and experiential faith may be a starting place for integration, as one may choose to embrace logical truth, though in moments of crisis, "generally we will submit to that which we feel is true rather than that we know to be true" (Smith, 2005, p. 113). In addition, growth in one's personal relationship with God, the "wonderful counselor" (Is 9:6), will help

direct the process of therapy: “Whoever wishes to heal man must see him in his wholeness and must know that his ultimate healing can only be God’s love” (Pope Benedict XVI, 2007, p. 177).

Integrating Spiritual Life

Personal growth for the Christian therapist occurs principally through the transformation that comes as the fruit of prayer. The ability of the therapist to be emotionally available to the client is impacted by the quality of relationships in the therapist’s personal life; this is also true of the relationship with God. Communication is essential in any relationship, and this communication with God occurs through prayer. It seems warranted to encourage proactive self-care by integrating faith and practice through a diligent prayer life. Relating specifically to the topic of spiritual warfare in a believer’s life, it may be helpful for a therapist to develop a repertoire of prayers that foster mindful experience and ongoing discernment. Cleansing or binding prayers are examples that may be helpful, especially if a lingering presence of spirits is discerned during therapy. It should not be a surprise that the substantial healing presence of the therapist unearths these presences as they lose footholds during the process of healing, since “perfect love casts out fear” (1 Jn 4:8). It is the practice of some priests who, after hearing confessions, might pray a kind of binding prayer to remove the presence of any demon from the confessional after the penitent leaves, because of understanding the process of reconciliation, of repentance and forgiveness, may expunge the foothold a demon may have on areas of a believer’s life. The same may be said for prayer ministers involved in any form of healing or deliverance ministry, as is often recommended.

Demons may linger in search of embodiment much like the story of the herd of swine in the Gospels (Mk 5:13; Mt 8:32). Although this may seem overly mystical, it may not be outside the experience of some empowered by the gift of discernment of spirits. Cleansing and binding prayers, even said interiorly without the knowledge of a client, may prove to be effective tools to guard actively the therapeutic setting. For more intuitively minded therapists, projective identification and reenactments may be due to the presence of these spirits that invoke a response through unconscious impressions, seeking to gain control over thought and behavior in both client and therapist. The logical end in this divide-and-conquer tactic is to perpetuate a cycle of interpersonal role dynamics to reenter the life of an individual through familiar points of weakness. If this is the case, where the action of demons can be related to such psychological concepts, beyond prayer is a life of holiness where one is able to "resist the devil, and he will flee from you" (Jas 4:7).

Integrating Psychological Models

There are several models of identity formation that help guide conceptualization related to cultural dimensions of human formation, including religious identification (see Sue et al., 1998). In the effort to develop greater integration and synthesis between psychological and spiritual models of maturation, the works of individuals such as Saint Teresa of Avila (Avila, 2007) or Saint John of the Cross (John of the Cross, 2003) provide meaningful descriptions of the spiritual life according to developmental stages. An excellent synthesis of these mystics, along with several other Doctors of the Church is provided by Martin (2006). Martin presents a systematic progression of the spiritual life through the three stages of the Purgative, Illuminative, and Unitive ways. The

development of concrete models may be especially helpful when discerning the demonic to distinguish between experiences of desolation as the result of various health reasons or psychopathology, such as depression (May, 2005), and/or the presence of demons.

Another theory that is helpful and complementary to both psychotherapy and the practice of exorcisms and deliverance, as previously mentioned, is the development of God image, as well as other attachment-based relational theories that impact relationships. The understanding of God image may also serve as a helpful tool not only to help conceptualize an individual's worldview and intrapsychic system, but also to encourage sensitivity in treatment when the God image or experience of God by a client or prayer recipient differs from that of the clinician or minister; the God (even if the same by name) experienced by the confident minister is being submitted to in trust by the recipient, which may also create other issues related to this vulnerability.

What is believed about God has significant impacts on the way he is experienced, especially during interventions such as deliverance that rely on calling forth divine assistance. "What we are thinking at the conscious level is often contrary to what we are thinking and believing at the subconscious, experiential level" (Smith, 2005, p. 80). Rizzuto (1979) explained the distinction between the beliefs people hold and internalized representations of God, or what people believe versus the God they appear to experience. As in the Genesis account of the Fall, God image becomes uniquely significant relating to spiritual warfare, as Satan has always sought to distort the image of God through his many machinations, with mental schema from internalizing the interpersonal interactions Satan has affected.

Differential Diagnosis

The topic of deliverance and exorcism, with its premise of demonic influence, challenges existing working models for the process of healing. As deliverance ministry becomes increasingly significant through healing ministries (ICCRSDC, 2017), it may become more expected to experience blocks or a kind of resistance in psychotherapy that may be rooted in these spiritual causes. Although, full-blown demonic possession may be rare, "the situation where victims are 'demonized' and are attacked or *oppressed* by demonic forces, is a relatively common experience" (MacNutt, 1999, p. 173). It may be that in current models of healing, the process of therapy has psychologically baptized some dynamics that have a spiritual origin. Current working models already include concepts such as impingement, a presence of cognitive distortions, and so forth. Rather than operating in a compartmentalized way, these resistances to healing should be addressed in a holistic way that considers the possibility of the demonic. "The most powerful healers are acute diagnosticians who employ both technical and symbolic means of healing and derive their authority and effectiveness from their roles as intermediaries between humans and the supernatural realm" (McCormick & Goff, 1992, p. 165).

Instead of developing a paranoid spiritualized worldview (Barker, 1980; Kay, 1998; Theron, 1996), a competent and integrative approach should include the ability to hold multiple possibilities at once, as the therapist is constantly discerning and assessing. The interpersonal and intrapsychic effects on the client may remain the same as the psychological and spiritual domains complement one another. The use of psychological metaphors may help bridge the epistemological divide. One example may be in the

conceptualization of trauma, which has become a popular topic of late in the field of psychology, as reflected in several of the articles reviewed.

Trauma implies the penetration or impact of an object that causes rupture or injury, even the case of blunt force trauma. In psychological terms, the metaphor of trauma may be construed as relating to the penetration or impact of an object-relation against the psychological system. A demon is experienced as a "not-me" object or infused object-relation. It may be that trauma-informed care and deliverance models share complementary strategies to transform the effects of trauma and other barriers to treatment that may be suitable in both cases. The distinctive working model may simply be due to difference of diagnosis.

Considering the Demonic

Not every Christian acknowledges that the cause of some or any suffering is because of demons. A healthier approach to approaching diagnosis might be by seeing the shift between purely psychological or purely spiritual causes along a spectrum with potential overlap rather than separate categories. Having a purely spiritual belief in the etiology of mental illness results in a rigid and concrete worldview that can not only hurt individuals, but also enable invalidating interventions that fail to acknowledge the benefit of empirically-based psychological theory and practice. Conversely, a purely psychological approach may fail to see not only the significance and complexity of the human spirit and psyche, but also focus on interventions that may help aspects of the individual (i.e., the "psychological"), while a spiritual life is neglected. The Catholic Church (2000) expresses the Catholic view that "spirit and matter in man are not two natures, but rather their union forms a single nature" (p. 365).

The need for exorcism is becoming increasingly recognized and experienced by more psychiatrists and counselors. Peck (1978) shared his journey from disbelief in the existence of demons to belief through his experience with clients that convinced him of their existence and the need to seek freedom from such influences. Over the course of his psychiatric practice, he participated in two formal exorcisms:

> When the demonic finally spoke clearly in one case, an expression appeared on the patient's face that could be described only as Satanic. It was an incredibly contemptuous grin of utter hostile malevolence. I have spent many hours before a mirror trying to imitate it without the slightest success. . . . The patient suddenly resembled a writhing snake of great strength, viciously attempting to bite the team members. More frightening than the writhing body, however, was the face. The eyes were hooded with lazy reptilian torpor—except when the reptile darted out in attack, at which moment the eyes would open wide with blazing hatred. Despite these frequent darting moments, what upset me most was the extraordinary sense of a fifty-million-year-old heaviness I received from this serpentine being. . . . Almost all the team members were convinced they were at these times in the presence of something absolutely alien and inhuman. The end of each exorcism proper was signaled by the departure of this Presence from the patient and the room. (Peck, 1983, p. 196)

The confrontation of evidence and the recurring testimony of exorcism practice calls for a closer look at the reality of the demonic and presents several difficult topics for differential diagnosis that go beyond the scope of this dissertation and the literature reviewed. For example, is the problem of evil and etiology of suffering and disorder? Or

of man's ontological and eschatological struggle? Or of the reality of sin? Where does the mark of concupiscence fit into anthropological models? Over the last several decades, discussion has emerged on such topics (e.g., Menninger, 1988), though it has yet to become a part of the formal dialogue in the field of psychology. Such integration would respect and recognize that for the Christian, the general etiology or "primary root of our suffering and sickness is separation from God, resulting in the fragmentation of our bodies and souls, and thus manifesting in broken relationships with other people and nature" (Schuchts, 2014, p. 77).

Related philosophical models have also challenged anthropological and structural models of the human psyche, especially as they identify the existence of the soul. One important topic that has become evident throughout this review is the capacity of the mind and body to "house" or "host" these spiritual entities in the first place. This suggests a unique ability of the psyche to internalize and embody these spirits and implies the existence of an intrapsychic space in which a foreign entity could reside, with its own consciousness and rationality, influencing the soul at some level of cognitive fusion. Considering the history of psychology from Freud's structural model to various models of development, it seems appropriate to advocate for new models to be developed, such as a tripartite model of mind-body-spirit, according to the Pauline biblical tradition.

Diagnostic Criteria

Categories of diagnostic criteria often focus on the cognitive, relational, and behavioral markers to give a formal psychological diagnosis. Diagnosis is significant, as it guides the treatment plan. The closest diagnostic categories to spirit possession, as discussed in the literature review, are DID and schizophrenia. However, because

involvement of the demonic in an individual's experience may be comorbid or mark itself with other psychological conditions, it may be helpful to advocate for specifiers to reflect struggles related to spiritual phenomena. This would be beneficial in the transfer of clients, in treatment planning, and to justify collaboration as part of individual therapy or on an interdisciplinary team.

It is important that a Christian clinician have some proficiency in complex disorders such as DID, such as in the manifestation of alters—especially ones that claim to be a demon even when identified or experienced as an "outside force" apart from the personal self. Without requiring expertise on the topic, a general degree of competence seems important to direct a client to receive ethical and efficacious help. Trauma-informed care also seems significant here, as when working with individuals who suffer from PTSD. The literature and additional resources (e.g., Pecoraro, 2016) often view situational and chronic stress or trauma as common entry points to demonic involvement. As the effects of trauma can be complex, familiarity with current research on the topic is critical for anyone involved in deliverance ministries.

General guidelines from the Catholic tradition to recognize authentic possession are when there are the presence of specific phenomena, including speaking in a language previously unknown to the person, knowledge of things that the person would have no way of knowing, supernatural strength, aversion to sacred objects and things (even the name of Jesus), and other supernatural phenomena (such as levitation). As I have discussed, there are broader levels of demonic influence beyond demonic possession. Various explanations have been given for distinct levels of demonic involvement, but in the context of differential diagnosis between lesser forms of influence and mental illness,

empirical verification may be inconclusive. Some theories have developed through deliverance ministry based on observations of behavior and the cognitive-emotional processes that accompany them. Scanlan (1980) stated that in the case of someone who has committed a sin, especially when stuck in a pattern of habitual sin, if the person experiences "oppressive guilt, it is almost certain that an evil spirit is behind the sinful habit" (p. 96).

Charles Spurgeon (1993), who lived during the mid-1800s, described three ways the hindrance of Satan may be discovered: first, by the object: to prevent glorifying God; second, by the method in which they come: God employs good motives, Satan bad ones; and third, by their nature or motivating according to carnality. Spurgeon described the suggestions of Satan as evident especially during moments of prayer, which may become conscious especially during sessions of healing or deliverance.

> Hindrances to prayer, for instance, if they are satanic, come out of the natural course and relation of human thoughts. It is a law of mental science that one thought suggests another, and the next the next, and so on, as the link of a chain draws on another. But satanic temptations do not come in the regular order of thinking – they dash upon the mind out of nowhere. When my soul is in prayer, it would be unnatural that I should then blaspheme, yet the blasphemy comes. (pp. 121–122)

It is tempting to simplify diagnosis to a checklist of symptoms and dynamics, but the boundaries between the spiritual and psychological may not be so obvious. Any claim of supernatural phenomenon in therapy is grounds for scrutiny with the tools of empiricism and hypothesis testing at the disposal of the clinician. It does not seem ethical

to advocate for a "diagnostic exorcism," to test a hypothesis without reasonable proof. Before any concrete intervention is applied, the practitioner must be able to express reasonable evidence for the diagnosis through tools of inquiry available to anyone. Assessment tools could be developed that incorporate exposure to sacred objects or practices to provide an additional level of assessing psychopathology. If a psychologist is in a supportive role for exorcism or deliverance teams, then it would be of utmost importance to assess trauma and other personality factors that may inform treatment and diagnosis, and advocate for the client even when the psychologist is not the primary caregiver for the intervention.

Applying Deliverance-Based Interventions

Deliverance ministry should only be considered appropriate in the following situations (ICCRSDC, 2017): the afflicted person's own sense that evil spirits may be involved, outward symptoms of demonic influence, bondage to a pattern of sin or negative behavior, or an inner oppression. It is not appropriate in the case of total possession, mental disorder, or if a person is seeking deliverance for someone else. Healing should always be the focus to not give too much attention or glorify the demonic. It is important to realize that in all people there are areas where

> sickness, sluggishness, and death are at work spiritually, emotionally, and physically. . . . If there is a great deal of sickness . . . it may take time for the radiating power of Jesus to begin to dissolve the ailment. (MacNutt, 1992, p. 39)

The question often is not if there are spiritual, emotional, or physical wounds, but how much the person is wounded and in what way can healing and wholeness be brought to

them. “We who are inspired by Jesus and enlivened by His Spirit have the potential to be His hands, heart, and voice in the lives of broken humanity” (Tisdale, 2014, p. 362).

As for the essential elements of deliverance ministry, they are prayer, an interview, the encounter with Jesus, repentance, forgiveness of others, renouncing the works of Satan, words of command and petition, prayer for the infilling of the Holy Spirit, concluding advice and follow-up care (see Goodwin et al., 1990). It is important to remember deliverance is essentially “freedom from demonic influence . . . for the sake of freedom for the fullness of life in relationship with God” (ICCRSDC, 2017, p. 112) and, therefore, should always include a pastoral approach to follow-up. Scanlan (1980) also described convalescence after deliverance: “After surgery, the body is weak and in need of rest. It is more susceptible to disease and infection until it has regained strength” (p. 103). This pastoral approach acknowledges there may be some residual pain and it is encouraged to allow time to recover.

The ICCRSDC (2017) also defined six conditions that should be avoided in deliverance ministry, as they may lead to potentially harmful and unethical results. First is a lack of discernment, where natural causes may be confused with demonic influence and ministers are incompetent for the circumstances. Second is when deliverance is being done for some personal gain, such as self-promotion or in receiving payment for deliverance ministry, which should not be done. Third is a lack of respect for the person through inappropriate probing and/or abuses of confidentiality, misuse of charismatic gifts, and degrading or humiliating practices. Fourth is spiritual traps, such as inappropriate sexual behavior, emotional involvement, and creating a relation of dependency. Fifth is a lack of respect for the Church, such as in teaching things contrary

to Catholic doctrine, theological innovation and liberality, and lack of respect for Church authority. Lastly is giving ground to demons through excessive focus on the demonic, dialogue with demons, superstitious practices, and sensationalism. On this last condition to be avoided, dialogue with demons does not include commanding identification, which is often a part of the process during formal exorcism. One of the most basic principles of deliverance ministry in its classical Pentecostal form is the necessity to know the name of an evil spirit before it can be cast out: "Knowledge of a name grants power over the person named because the name participates in the essence of the person" (Csordas, 1997, p. 168). The name of a demon also indicates the effect it has on a person, which adds considerable therapeutic substance. Lists and classifications have been developed to categorize spirits according to a hierarchical structure of influence, from ministering spirits to cardinal spirits (see Hammond & Hammond, 1973, pp. 113–115).

Boundaries of Practice

The application of deliverance-based interventions calls into question the boundaries established both within the therapeutic relationship and the overall role of the psychologist and practice. Some boundaries are more obvious, while others are nuanced. An example of a clear boundary, especially as the formal exorcist is a male priest, is that "if the person present for ministry is a woman, then another woman . . . would be most helpful both in the session and the follow-up" (Scanlan, 1980, pp. 79–80). Other boundaries relate more in the distinction of roles and identities of pastors, clergy, and the psychologist.

There may be overlapping areas of interest and domains of focus in ministry and treatment, but a difference may be in the goal of treatment. A faith leader or spiritual

director may seek the maturation of a person's spiritual life, while a psychologist primarily seeks the growth and development of a person's psychological life—cognitive, emotional, behavioral, and so forth. A possible compatible goal may be promoting an increased personal awareness, "allowing for clients to develop their own pathways on the spiritual journey" (Frederick, 2014, p. 113). A second goal may be targeted at transformation by forming spiritual emotions in the believer, as "emotions reveal an internal dispositional and value structure. . . . Emotions are perceptions of events, circumstances entailing a subject's internal experience and passions. A passion is a life-oriented concern of an individual" (Frederick, 2014, p. 114).

There may also be a different interaction based on role and identity, where a psychotherapist may offer an approach that is far more nondirective than a faith leader, allowing the interpersonal space in therapy to elicit transferential dynamics that are meaningful in psychotherapy. Although sometimes it is important to offer psychoeducation on certain matters or interventions, a psychotherapist typically does not have the same teaching role that a pastor or spiritual director may have and would advocate for the client more than seeking a reconciliation or union of some kind with God. Even for the Christian practitioner, the relational focus is more in the here-and-now dynamics, rather than focusing on the client-God relational dynamics, even when topics such as God image become relevant in treatment. Although these categories are not separate since overlap often exists with pastoral and supportive roles, these, as well as the reality of psychotherapy being a paid profession, are starting points to distinguish boundaries in practice.

Other boundaries may be drawn in terms of the specific interventions often associated with these roles. During prayer, for instance, it may be customary for some pastors and clergy to lay on hands—which may be a stricter physical boundary than may exist in psychotherapy. Another is in the existence of agreements of confidentiality made through contracts and signatures rather than supported by a traditional practice, such as the "seal of confession." If a psychologist were to function in a professional manner on interdisciplinary teams or consult on behalf of an individual, then consent must be given to a different degree than may be the case in a faith setting, and discretion should be made on behalf of the individual's personal information. Professionalism itself may look different for a clinician than a pastor, in part because of the reinforcement of ethical guidelines instead of relying on accountability alone. Also, the focus of facilitating growth and progress may differ because of the locus of control—within the therapeutic dynamic, interventions often focus more on the patient than on a more external force or agent such as the Holy Spirit.

Rituals have been shown to have positive impact in people's lives and have meaningful psychological impact. The role of a psychologist in facilitating rituals is fundamentally different than that of a pastor or clergy, whose authority to perform these rituals comes from a different standard of authority than a license- and degree-dependent profession. Although some culture-specific practices may have their place in therapy, the emphasis in psychotherapy is less on fulfilling ritualistic duties or accomplishing a prescriptive task than on creating the transitional space to facilitate psychological healing and transformation. Consistent prayer and sacramental life are important for a Catholic; however, the purpose of psychotherapy is not to fit a client into the transforming mold of

Catholic spirituality as much as it is about creating the setting and containment for the therapeutic adventure to unfold.

Deliverance Models

Numerous models for healing and deliverance have been developed over the last century, across denominational borders. Some have gained popularity among Christians due to their soundness and durability over time. These models may provide helpful suggestions for psychotherapy regarding the integration of psychospiritual interventions. Unbound, a Catholic model introduced by Lozano (2003), teaches how to listen and respond in five key areas in one's life by applying truth using five basic responses, called the "Five Keys": (a) repentance and faith, (b) forgiveness, (c) renunciation (of lies), (d) authority (as a Christian), and (e) Father's blessing (the affirmation of identity, purpose, and destiny). The presence of "lies" is the focus of other healing and deliverance ministries as well, such as Smith's (2005) theophostic ministry. Controversies have arisen, especially regarding false memories and exaggerated prevalence of demonic presences. The concept of a lie is more than a cognitive distortion or negative introjection; it is a substantial embodied presence, demonic.

> Every lie we believe hinders our view of the truth of who we are in Christ. Every lie produces matching emotions, which cripple our life and walk with God. If we believe that we are worthless and no good, we will feel the same and in turn act out in a manner consistent with this belief. (Smith, 2005, p. 102)

It is important to note that it is not memories in themselves that need to be healed, "since they are merely the containers of information. Rather, it is the false interpretations

contained in our memories that need to be renewed or corrected" (Smith, 2005, p. 97). Or, as Scanlan (1980) put it:

> This opening of memory to an experience of God's love is not artificial but, rather, places the memory in the framework of reality. It is a fact that the events of rape, abandonment, abuse, and betrayal take place in a world situation in which God is present and is offering his love. This type of prayer releases the power of the Holy Spirit into areas which had been shielded from God's love and the presence of his Spirit. (p. 88)

I was introduced during my own early Christian formation to the popular teachings of John Wimber in charismatic catholic communities and the simplified model of the "5 Rs": repent, renounce, rebuke, receive, and rejoice. It is a basic model shared by several other healing and deliverance models. As "faith comes by hearing" (Rom 10:17), some of the insight-oriented interventions in both dynamic and cognitive behavioral therapy (CBT) models may resemble some of these steps, especially as they focus on uncovering lies of varying degrees from cognitive distortions to core beliefs. As an example, the first and third keys of Unbound ministry and the first and second "R" focus on uncovering lies, which lead to the confrontation of exposure with a conviction that initiates a process of a separation from the identified statement, usually about the self and God. The added power-dynamic of the prayer minister acts like a therapist in a caregiving role that brings a sense of authority and, as a transferential attachment figure, encourages the process while maintaining a therapeutic frame with unconditional positive regard. Although there is no direct renouncement of a spirit in psychotherapy, if "perfect love casts out all fear" (1 Jn 4:18), the corrective emotional experience itself, with the

internalization of the therapist as the good self-object, may replace the presence of such an entity, casting out the darkness by filling the space with God's light (*theophostic*).

Lozano (2003) taught that the emotional wounds experienced in life, regardless of whether one is subject to the action of the devil, are often associated with lies. These lies are distortions of the truth that individuals are children of God, who is our loving Father, and may attract evil spirits. The process of moving from a lie to truth not only affects systems of belief and emotional life, but also generates the ability and motivation for positive and adaptive behaviors. In fact, neurological changes may be present in the form of new neuronal connections that allow new associations to be made in the substantial places of meaning that these lies once occupied.

Forgiveness is often an integral part of therapy and has a growing amount of literature backing the effectiveness of forgiveness-based interventions. It may be unconsciously communicated by the therapist through the presence of empathic understanding and radical acceptance, while acknowledging the grief and shame often accompanying woundedness. This forgiveness is facilitated but not granted directly, which can compare to spirituality-based interventions. The exception might be the Sacrament of Reconciliation or Confession, where forgiveness is imputed through the sacrament. "The visible rites by which the sacraments are celebrated signify and make present the graces proper to each sacrament" (Catholic Church, 2000, n. 1131). It is an efficacious religious ritual that is an outward sign of an inner reality in which Christ himself is at work. When "celebrated worthily in faith, the sacraments confer the grace that they signify" (n. 1127).

The method of implementing the 5 Rs also complements the transtheoretical model of the stages of change. It does so by its sequential process of taking accountability (precontemplation), acknowledging the impact of such beliefs (contemplation), accepting and releasing the pattern through insight (preparation), and choosing alternative actions (action). The end of ministry, again, is not just freedom from, but "for the sake of freedom for the fullness of life in relationship with God" (ICCRSDC, 2017, p. 112). This is when identity is affirmed and received, with a lifestyle patterned by a response thanksgiving and rejoicing (maintenance and termination). "If he does not receive this identity [as beloved son] and come to savor and contemplate it, the man will make decisions that reflect a search for the Father's love, rather than make decisions in the light of such love" (Schuchts, 2014, p. 64).

Motivational interviewing techniques are subtly interwoven with ministry guidelines. Where the methods may differ is by the emphasis on grace and the action of the Holy Spirit. When repentance and conversion are the sole method to deliverance, as the person is called to make good decisions about one's life, there is a risk of reducing the methods to pure willpower. The result is a Pelagian approach to living (Scanlan, 1980) or the attitude that everything depends on man's actions and not on the power of the Holy Spirit. "Such a willpower approach could fail to invoke the authority given by Jesus and could therefore be impotent against infestations of evil" (Scanlan, 1980, p. 78). The very presence of self-will and self-protection contribute to the problem and "eventually become expressed in maladaptive behaviors and poor health" (Schuchts, 2014, p. 172). There is also a temptation to make sin the primary focus and not address underlying impediments, such as the presence of demonic lies and strongholds or wounds, running

the risk of forcing the patient "to enter into a defeat-confess-repent-adjust-perform cycle" (Smith, 2005, p. 87).

Contrasting Therapeutic Orientations

Every therapeutic orientation has implicit anthropological premises upon which each intervention and treatment model functions and affirms its validity. Although some might claim to focus solely on the psychological, naturalistic theories are becoming increasingly incompatible, as what is purely psychological is constantly being redefined to express the overlap with other domains of being. The topic of deliverance and exorcism express a spiritual intervention for a soul condition, in which it is the soul that is being inhibited through the presence of the demonic. As the etymology of the root word *psyche* comes from the Greek word for *soul*, it supports such a topic to have psychological relevance. In the definition of roles and boundaries, therefore, it is also fitting to focus on anthropological models that allow metaphysical and ontological elements.

Several theoretical orientations complement the work of deliverance practices and show little or no obvious resistance to integration with R/S. Cognitive behavioral therapy, with its triad of cognition-emotion-behavior, complements a lot of the virtue-based approaches in religious traditions, especially Catholicism. The classic CBT triangle could be embellished to include a more tripartite view of the human person, where spirit is not subsumed under the construct of cognition as a faculty of the soul but includes affective qualities. This is in line with what the philosopher Pascal famously said of the heart; it "has reasons of which reason knows not of." The interventions of CBT, such as thought records and challenges to cognitive distortions, may help make demonic presences more

discernable. “When I know these things to be true on a cognitive level, I may not know it on an experiential level. My emotional state in a given situation will expose the difference” (Smith, 2005, p. 78).

Another treatment model is dialectical behavior therapy (DBT), which can be adapted to incorporate specific spiritual practices and to integrate a spiritual perspective alongside its concept of the wise mind. Meditation is a shared element in DBT and the tradition of Catholic contemplative prayer (such as Lectio Divina). Dialectical behavior therapy may incorporate guided and independent meditations as part of the activating or deactivating mindfulness exercises, welcoming faith elements such as the name or image of Jesus. As previously mentioned, the figure of Jesus may serve “as an internal representation of healing power” (Csordas, 1990, p. 79). Mindfulness exercises in DBT are aimed at developing a mindful experience, which may also complement the “practice of the presence of God” in Catholic-Christian spirituality (see Brother Lawrence, 1895/2016). However, while all meditation is also a mindfulness exercise, not all mindfulness exercises are considered meditation (Brinkmann, 2017). Cultural sensitivity is important when introducing such concepts to religious individuals, as there may be a negative connotation with the term *mindfulness*, because of some connections it has had with New Age spiritualities and problematic spiritual methods such as of centering prayer.

In the case of Eye Movement Desensitization and Reprocessing (EMDR), the use of imagination in the healing of memories may resemble some of the techniques in deliverance and healing prayer. Although there may be similarity in exposure to retrieved memories, a difference may be in the grounding principles, where rather than bilateral

stimulation it may be the physical touch of the laying on of hands. In these cases, the person of Christ—both for guided meditation and personal reflection—is a significant agent of healing that may be incorporated into treatment, as in the use of metaphors for culture-specific interventions. Other complementary orientations are SFBT (Crockett & Prosek, 2013) and logotherapy, through which redemptive suffering may be an integrated aspect of treatment and transform the "problem" into a solution. Within the Christian tradition is the understanding of the Mystical Body of Christ, within which some may experience mystical burdens (Col 1:24) for the sake of others. This may add a deeper dimension of hope to treatment, especially when it appears difficult for a client to see solutions past one's problems. They both allow a reconstruction of the narratives of suffering, even in the case of demonic bondage. Additionally, SFBT especially may acknowledge the resilience religious faith and practice may provide and order these resources toward a therapeutic goal.

Other Concerns for Psychotherapists

There has been a growing emphasis on diversity in the field of psychology and society writ large. The *DSM-5* (APA, 2013) elaborates on cultural sensitivity and competence when making a formal diagnosis to adapt conceptualization and treatment plans to possible contributing cultural factors. Diagnosis is a key component in the work of the psychotherapist, as it informs treatment. A spiritual history assessment is an important part of the clinical interview to gather the necessary information and provide culturally sensitive, integrated care. It should also be noted that some religious individuals may be skeptical and resistant toward mental health and psychology, and vice versa.

Diagnosis

On the topic of diagnosis, one of the challenges of a psychologist is to provide a label for the collection of symptoms and experiences an individual may experience, according to constructs generated from its empirical tradition. Historically, there has been conflict between some of the prevailing psychological and religious explanatory models, and this literature review demonstrates the importance of a more nuanced understanding of psychological suffering that allows room for the possibility of comorbid or coexisting complementary realities. Psychological diagnosis has become important in evaluating the need for exorcism as well, as it has become an ethical duty on the behalf of the bishop and local exorcist to accurately assess the individual for possible mental illness. The challenge for Christian therapists is to offer a precise diagnosis when diabolic and psychological phenomena may coexist. This is especially the case when demons seek to hide themselves under the guise of mental illness or a bluff of hyper-religiosity and spiritualization.

Psychologists have a special role and authority to provide diagnosis for clients to help construct legitimate insurance claims and provide clarity for a sufferer's mental illness and treatment. This task carries great responsibility, as the suggestive power and influence of diagnosis may significantly shape the narrative and explanatory model of a client as he or she continues to seek healing, and also the client's self-identity and understanding of his or her illness. Error of diagnosis may have dire consequences. Thus, clinicians should proceed with caution when documenting or disclosing diagnoses and offer explanations as to how they made the diagnoses along with treatment options. Sharing a diagnosis with a client can be a helpful process, but prudence must be taken in

the case of the demonic, as the form of treatment sought may be dramatically different than other mental health issues. In the process of assessing whether a person is possessed, it would be considered unethical and negligent to undergo a diagnostic exorcism, where an exorcism is performed to test the hypothesis of demonic possession. The process can be tiring and long (Scanlan, 1980), often requiring multiple sessions. It is also important to note that sharing diagnoses or confronting any secondary gain associated with the possession state can be provided through less maladaptive means: "Attempts should be made to allow the patient to 'save face' while giving up the possession state" (McCormick & Goff, 1992, p. 165).

It is important for practitioners to be able to justify their claims of demonic involvement through language and constructs congruent with psychological practice. To speak of *discernment of spirits*, the gift of the Holy Spirit, does not have the scientific legitimacy currently as does clinical intuition (Mercer, 2013). A margin of error is often given in psychological hypotheses, while articles of faith, with their ingrained conviction, may not leave the same room for doubt or questioning. The opposite may also be true in the case of the conviction of natural faith in psychological theories. Considering psychotherapy notes and assessment reports can be used in the court of law or requested by a client, professional and inclusive language should be used to explain dynamics within the therapy setting. Without a radical shift in the field, it remains that the Bible is not a legitimate source of authoritative literature on these topics, and a psychologist should limit semantics to language that is transferrable into other clinical or judicial settings.

Collaboration

To provide the level of care that individuals reporting demonic involvement require, a combination of supervision and consultations is important (Gubi, 2007). Like the importance of thorough spiritual assessment in the clinical interview (Kersting, 2003; Weld & Eriksen, 2007), supervision should include emphasis on religious identification and experience to acknowledge the influence an individual's spiritual worldview has on conceptualization and treatment. The main ethical concern is the competence of the psychotherapist to address concerns about the demonic in treatment (Vieten et al., 2013), given the scarcity of evidence-based and empirical data on effective treatment for these complaints. Also, consultation with pastors and clergy is important, as it may be presumptuous of the clinician to rely on knowledge of psychology, lacking the theological and experiential training spiritual leaders often have.

Treatment planning should be a collaborative process between therapist and client, and unique challenges emerge in the case of demonic involvement, as agreement on therapeutic strategy, permission for directives, and appropriate psychoeducation for interventions must be given to proceed in a constructive way (Weld & Eriksen, 2007). The success of spiritual interventions and follow-up pastoral care must be evaluated, with consideration of both short-term and long-term goals (Frederick, 2014). Some challenges may also be interpreting what a "successful" exorcism means or understanding the role of medication in continued and aftercare. The limit and scope of treatment is also reflected in the differing roles of the psychologist and the psychiatrist, which again emphasize the importance of collaborative prudence in treatment.

Other Considerations

Informed consent and confidentiality in treatment are critical ethical issues in psychotherapy that protect client rights and set limits for the scope of practice. For spiritually integrated care, it is critical for therapists to consider including a statement of faith in their informed consent, especially if they are open to possible psychospiritual interventions in treatment (Cohen et al., 2000). This includes the use of prayer in treatment, which has several implications in therapy and for the therapeutic relationship (Gubi, 2009; Weld & Eriksen, 2007).

If a psychologist is to participate in an exorcism or deliverance team in any professional capacity, then informed consent and a release of information are necessary for the client to sign to give consent for professional collaboration. If any information is sought by consulting pastors or clergy with relevant case material, then again a release of information must be signed. Preemptive client authorization is recommended to transition more easily into follow-up care when requested or in the case of being asked to be present during a formal Rite of Exorcism, even outside of the therapeutic context (Frame, 2000). In any setting in which the psychologist is being recognized with any professional capacity, it is an ethical responsibility to advocate for the welfare of the client. There are several risks involved in the practice of exorcism (Bowman, 1993; Fraser, 1993), making the presence of a psychotherapist a protective factor. The hypnotic features of exorcism and deliverance rituals (Bowman, 1993; Ferracuti et al., 1996) can lead to a relaxation-induced panic or a retraumatization through severe decompensation (Koerner & Linehan, 2011).

It may also be helpful to consider that obtaining consent for referral or a release of information for collaboration may require processing with a client, as there may be several ways the client may interpret such a request. For instance, the client may feel abandonment by the therapist, internalizing helplessness in the inability for the therapist to work independently or in communicating needing additional help; or the client may experience possible negative introjections relating to feeling like a burden, of being "too much," or guilt from overwhelming the therapist in some way (Frame, 2000). It may be advisable for the therapist to prepare the client preemptively for such a referral or consultation, as well as to provide transparent dialogue throughout treatment to gauge and track the client's experience of the therapeutic alliance and to stay united in collaborating on treatment goals (Weld & Eriksen, 2007).

It is important for the exorcism itself to be holistic in supporting the recipient's psychological health through a pastoral approach to treatment. Scanlan (1980) described how a pastoral approach necessarily includes supportive therapeutic care. Although the goal of spiritual liberation from demonic influence is central, it is only part of the process of healing. It may be time for a greater integration of faith and science through acknowledging the gift of God in these mental health practitioners, who not only create containment for the client's psychological wellbeing, but also contextualize and ground psychospiritual interventions from the dangers of sensationalism. The psychotherapist is an important protective and therapeutic factor.

For Catholic Psychotherapists

A recently declared Saint, Pope Paul VI, was seen in many ways as a prophetic voice in the last century. During a General Audience on November 15, 1972, he began

with the question: What are the Church's greatest needs at this present time? Relevant to this topic, he answered, "Don't be surprised at our answer and don't write it off as simplistic or even superstitious: one of the Church's greatest needs is to be defended against the evil we call the Devil." He described that Evil is not merely a lack of something, but an effective agent; a living, spiritual being perverted and perverting; a terrible reality. He raised a challenge to recognize courageously the existence of such a reality as neglect or denial to do so is contrary to the teaching of the Bible and the Church. However, this does not mean explaining it as a pseudo-reality, a conceptual and fanciful personification of the unknown causes of one's misfortunes.

> The question of the Devil and the influence he can exert on individual persons as well as on communities, whole societies or events, is a very important chapter of Catholic doctrine which is given little attention today, though it should be studied again. Some people think a sufficient compensation can be found in psychoanalytical and psychiatric studies or in spiritualistic experiences, which are unfortunately so widespread in some countries today. (Pope Paul VI, 1972)

"Behind all our scientific explanations, evil is at the root of everything that afflicts us" (Schuchts, 2014, p. 170). These are challenging assertions that require serious reflection as Catholic mental health practitioners. Although impediments to healing are often unconscious, through inner vows, judgments, and identity lies, one must be willing to contend with the "thief and robber" who "comes only to steal and kill and destroy" (John 10:1, 10). "We lie in an interim period between the mortal blow dealt to Satan by the cross and the final destruction of his kingdom when the Lord comes again" (Scanlan, 1980, p. 11).

The tradition of deliverance ministry is a contemporary construction (Hunt, 1995), becoming increasingly practiced in the Catholic Church since the emergence of the Charismatic Movement (Csordas, 2017). Some models have been adapted from Protestant traditions and have developed or been combined with a more Catholic theological and anthropological foundation. Cross-denominational recognition has been given to MacNutt (1995), but a more conservative explanation of the rite and tradition of practice was expressed by Driscoll (2015). There continues to be denominational boundaries, making the work of ecumenism essential to develop a greater understanding of this topic. Orthodoxy needs not be compromised, but to disregard a model or source of information simply because it is not "Catholic" may be "throwing the baby out with the bathwater," and a reductionistic, narrow use of the word *Catholic* (Catholic Church, 2000, n. 838).

In the Catholic faith tradition, importance is placed on the sacramental life, which may be integrated into the follow-up and conceptualized protective factors when working with a client. Sacramentals also have a significant place, where the aesthetics both witness beauty and communicate social values (Boddy, 1994) and may have a powerful impact on spiritual warfare. The sacramental is not a magical device that can operate on its own; rather, it is an extension of the Body of Christ through the pastoral authority of the Church (Scanlan, 1980). The place of sacramentals also has value in the context of holistic, integrated care. As an example, the rite of blessing for holy water includes an exorcistic quality "empowered to drive afar all power of the enemy, in fact, to out and banish the enemy himself along with his fallen angels" (Scanlan, 1980, p. 108). Several

Catholic priests have recommended I have the therapy office blessed with holy water and even sprinkle holy salt.

As the literature demonstrates, there have been many cases of abuse and retraumatization over the history and practice of exorcism (Bowman, 1993; Fraser, 1993); this has also occurred in psychotherapy (Noll, 1993). Aspects of exorcism rituals that are properly therapeutic are beginning to be identified (Bull et al., 1998), demystifying some of the transformative aspects of exorcism (Boddy, 1994; Seligman, 2005; Van Duijl et al., 2014). In these challenging times for the Catholic Church, especially as scandals such as sexual abuse by clergy and the abuse of power have become public, scientific rigor and ethical standards are indispensable in preserving respect and reverence for the rite of exorcism. The duty of the Catholic psychotherapist is primarily to be a witness to the integrity of the Catholic worldview with a sense of wholeness and competence. This topic remains controversial and will continue to be so, even among other Christians. Critiquing Western culture, Scanlan (1980) stated:

> One reason why many Christians cannot conceptualize the hostility which Satan has toward them is that modern Western culture puts a very high premium on such things as mutual understanding, dialogue, compromise, and individual expression. These are based on a concept of pluralism. . . . These are the values Western man is taught; the people who embody such values become models for the rest of society. . . . The problem, is that Western society has divinized them. The result is a myopic view of life which holds that everyone—indeed, reality itself – must be cooperative and tolerant. Thus the concept of an evil entity bent on one's total destruction doesn't find much room in Western thinking. (p. 25)

The role of the Catholic psychotherapist is as significant as the role of an exorcist today (Csordas, 2017), not only in presenting an integrated and holistic worldview by synthesizing faith with science through one's lived experience and practice, but also by serving as a safeguard for healing and deliverance ministries. On this topic, psychoeducation may provide critical information and formation for those in a pastoral office or on ministry teams. Some examples of important topics are trauma-informed care, diagnostic criteria and rationale, and R/S benefits and dangers. The role of an educator is also a way the psychotherapist may advocate for clients and be proactive in guarding the integrity of the tradition of exorcism and preventing scandal.

Future Research

Beyond what was introduced in this discussion, there are several other areas of research that would help to understand this topic better. First, there is a need for more written narratives and qualitative studies to be done on psychotherapists who have been able to integrate positively deliverance-type interventions with their clients (such as the experience of Peck, 1983). There are also no evidence-based models in psychological literature that introduce a comprehensive psychospiritual deliverance-based intervention. More outcome studies on exorcisms performed specifically in Christian (and especially Catholic) communities are needed that do not discount the positive impact of interventions despite evidence of times of unethical and abusive practices interwoven with their administration (Bowman, 1993; Fraser, 1993). It would be helpful for the sake of those who have never been privileged to witness an exorcism to have thorough documentation that might describe the process beyond the testimony of the recipient. It

might be suggested that the use of assessment tools such as pre- and post-measures might provide valuable information on the efficacy of these interventions.

Although possession-related experiences are worldwide and cross-cultural phenomena, questions remain whether these are to be understood as culture-bound syndromes (Gaw et al., 1998; Noll, 1993). There are many common elements to the phenomenological experience, and the identified spirits may vary greatly. Exploration of belief systems and their impact on experience of symptoms may explain whether the experience of involuntary spirit possession in one cultural area is equivalent to that of one with a differing ontological worldview. Examples such as the spirits of ancestors speaking through an inhabited individual may not fit within the confines of certain belief systems. It would help bring clarity to this discussion for the validity of deliverance models if they were able to adapt to distinct cultural belief systems. Otherwise, deliverance models may be viewed as culture-bound and used exclusively with some Christian clients, limiting the benefit of therapeutic factors within other cultural contexts.

Lastly, the use of rituals in psychotherapy may provide powerful tools for meaning-making and transitional activities that facilitate growth and healing (Crocket & Prosek, 2013). As there historically has existed contention between religious and psychological ideologies, faith-based rituals in the context of individual or group psychotherapy as well as transitional dimensions of religious rituals may demonstrate the power of ritual and its potential for psychotherapy. Studying rituals from a psychotherapeutic lens may also translate some of the anthropological theories (Csordas, 1990), such as social cues and the impact of aesthetics. This would further efforts to understand the connections between the religious/spiritual, cultural, and psychological

domains and embolden the efforts of psychotherapists in integrating meaningful metaphors of healing for clients.

Limitations of Study

There are several limitations in this study. The first and most apparent is the bias of the writer, as I hold a worldview based in Catholic Christianity. As many studies did not explicitly state from which faith or tradition the authors originated, interpretations of terms and concepts were filtered through a Catholic lens. To expand on this topic and to provide Christian therapists with a foundation for further research and study, non-Catholic Christian psychologists should be encouraged to contribute to this work by helping identify bias and by expanding understanding through the interpretive lens of other traditions.

This literature review focused on peer-reviewed articles, with additional literature introduced especially in Chapter 3. To contribute to the development of psychological research on the topics of possession and deliverance/exorcism, a comprehensive analysis of printed book material, as well as electronic and other digital materials may be helpful. In several of the articles reviewed, books and other works were often referenced; a review of significant published books would help provide a context of influence that is often subtly present in the theory throughout the literature, including in the writing of this author. A development of categories of influence, traditions of deliverance, and other forms of organization may help in identifying streams of thought and interpretation on this topic.

The existence of demons and belief in demonic (and divine) involvement in human life are articles of faith. Although empirical research utilizing scientific theory has

allowed the development of social sciences based on the uncertainty of theory and the mystery of human life, psychological research is challenged in addressing spiritual issues such as those presented in this literature review. Epistemological leaps were often made in the literature, perhaps as well as by me, as the dialectic of faith and reason, theology, and science become clear in hindsight and with critical reflection. The complexity of this topic leaves room for error of hypothesis and of subjective speculation. Without a prior comprehensive literature review on this topic with a well-established theme in psychological literature, it is difficult to assess the validity of such a topic within the field and practice of psychology. Thus, claims and challenges I present may appear premature and dependent upon the experience and worldview of the reader.

A final limitation of this study is in the lack of thorough narrative testimonies of possession and exorcism/deliverance accounts both within the field of psychology and generally. Complete narrative accounts were omitted from most articles. It would be helpful in the ongoing dialogue on this topic within the psychological literature to include such descriptions. Outside of autobiographical accounts of exorcists (e.g., Amorth, 1999), documented experiences are difficult to find. Therefore, a lot of the literature and review may appear as forms of rationalization, which risks taking segments of narratives out of context or focusing on specific aspects of symptoms and treatment that fail to encompass the entire experience of the individuals being studied.

Conclusion

I conducted a comprehensive study of relevant literature on the topics of exorcism, deliverance, and psychotherapy. Expressing a wide range of styles and ideological backgrounds, this literature provides a compact foundation for ongoing study

on the topic of the demonic and related psychosocial interventions. I discussed several topics with greater nuance to recognize the need for competence and R/S integration, professional boundaries and roles, and areas for further study. I hope this subject will be a point of dialogue in the conflicting views within the field of psychology and work toward a deepening of explanatory models and of the healing art of psychotherapy. It is also my hope that this literature review will serve as a point of reference for others who seek to explore the topics represented here, to help provide the most efficacious and ethical treatment of individuals who are suffering with reported demonic-related experiences.

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APPENDIX A

RITE OF EXORCISM

Source: Catholic.org (2018)

The priest delegated by the Ordinary to perform this office should first go to confession or at least elicit an act of contrition, and, if convenient, offer the holy Sacrifice of the Mass, and implore God's help in other fervent prayers. He vests in surplice and purple stole. Having before him the person possessed (who should be bound if there is any danger), he traces the sign of the cross over him, over himself, and the bystanders, and then sprinkles all of them with holy water. After this he kneels and says the Litany of the Saints, exclusive of the prayers which follow it. All present are to make the responses.

LITANY OF THE SAINTS

The Litany of the Saints is used in ordination, Forty Hours,' processions, and other occasions. Both the Roman Ritual and the Roman Pontifical direct that the first three invocations be repeated. The music for this litany is given in the music supplement. The invocations are sung (or recited) by the chanters or the priest; the responses by all.

P: Lord, have mercy.
All: Lord, have mercy.

P: Christ, have mercy.
All: Christ, have mercy.

P: Lord, have mercy.
All: Lord, have mercy.

P: Christ, hear us.
All: Christ, graciously hear us.

P: God, the Father in heaven.
All: Have mercy on us.

P: God, the Son, Redeemer of the world.
All: Have mercy on us.

P: God, the Holy Spirit.
All: Have mercy on us.

P: Holy Trinity, one God.
All: Have mercy on us.

Holy Mary, pray for us,*
* After each invocation: "Pray for us."

Holy Mother of God,

Holy Virgin of virgins,
St. Michael,
St. Gabriel,
St. Raphael,
All holy angels and archangels,
All holy orders of blessed spirits,
St. John the Baptist,
St. Joseph,
All holy patriarchs and prophets,
St. Peter,
St. Paul,
St. Andrew,
St. James,
St. John,
St. Thomas,
St. James,
St. Philip,
St. Bartholomew,
St. Matthew,
St. Simon,
St. Thaddeus,
St. Matthias,
St. Barnabas,
St. Luke,
St. Mark,
All holy apostles and evangelists,
All holy disciples of the Lord,
All holy Innocents,
St. Stephen,
St. Lawrence,
St. Vincent,
SS. Fabian and Sebastian,
SS. John and Paul,
SS. Cosmas and Damian,
SS. Gervase and Protase,
All holy martyrs,
St. Sylvester,
St. Gregory,
St. Ambrose,
St. Augustine,
St. Jerome,
St. Martin,
St. Nicholas,
All holy bishops and confessors,
All holy doctors,
St. Anthony,

St. Benedict,
St. Bernard,
St. Dominic,
St. Francis,
All holy priests and levites,
All holy monks and hermits,
St. Mary Magdalen,
St. Agatha,
St. Lucy,
St. Agnes,
St. Cecilia,
St. Catherine,
St. Anastasia,
All holy virgins and widows,

P: All holy saints of God,
All: Intercede for us.

P: Be merciful,
All: Spare us, 0 Lord.
P: Be merciful,
All: Graciously hear us, 0 Lord.

From all evil, deliver us, 0 Lord.*
* After each invocation: "Deliver us, 0 Lord."
From all sin,
From your wrath,
From sudden and unprovided death,
From the snares of the devil,
From anger, hatred, and all ill will,
From all lewdness,
From lightning and tempest,
From the scourge of earthquakes,
From plague, famine, and war,
From everlasting death,
By the mystery of your holy incarnation,
By your coming,
By your birth,
By your baptism and holy fasting,
By your cross and passion,
By your death and burial,
By your holy resurrection,
By your wondrous ascension,
By the coming of the Holy,
Spirit, the Advocate,
On the day of judgment,

P: We sinners,
All: We beg you to hear us.*
* After each invocation: "We beg you to hear us."

That you spare us,
That you pardon us,
That you bring us to true penance,
That you govern and preserve your holy Church,
That you preserve our Holy Father
and all ranks in the Church in holy religion,
That you humble the enemies of holy Church,
That you give peace and true concord to all Christian
rulers.
That you give peace and unity to the whole Christian world,
That you restore to the unity of the Church all who have
strayed from
the truth, and lead all unbelievers to the light of the
Gospel,
That you confirm and preserve us in your holy service,
That you lift up our minds to heavenly desires,
That you grant everlasting blessings to all our
benefactors,
That you deliver our souls and the souls of our brethren,
relatives, and
benefactors from everlasting damnation,
That you give and preserve the fruits of the earth,
That you grant eternal rest to all the faithful departed,
That you graciously hear us,
Son of God,

At the end of the litany he (the priest) adds the
following:
P: Antiphon: Do not keep in mind, 0 Lord, our
offenses or those of our parents, nor take vengeance
on our sins.
P: Our Father
who are in heaven,
hallowed be thy name;
thy kingdom come;
thy will be done on earh as it is in heaven.
Give us this day our daily bread;
and forgive us our trespasses
as we forgive those who trespass against us;
and lead us not into temptation,
All: But deliver us from evil.
Psalm 53

P: God, by your name save me,
and by your might defend my cause.
All: God, hear my prayer;
hearken to the words of my mouth.

P: For haughty men have risen up against me,
and fierce men seek my life;
they set not God before their eyes.
All: See, God is my helper;
the Lord sustains my life.

P: Turn back the evil upon my foes;
in your faithfulness destroy them.
All: Freely will I offer you sacrifice;
I will praise your name, Lord, for its goodness,

P: Because from all distress you have rescued me,
and my eyes look down upon my enemies.
All: Glory be to the Father.

P: As it was in the beginning.

After the psalm, the priest continues:

P: Save your servant.
All: Who trusts in you, my God.

P: Let him (her) find in you, Lord, a fortified tower.
All: In the face of the enemy.

P: Let the enemy have no power over him (her).
All: And the son of iniquity be powerless to harm him
(her).

P: Lord, send him (her) aid from your holy place.
All: And watch over him (her) from Sion.

P: Lord, heed my prayer.
All: And let my cry be heard by you.

P: The Lord be with you.
All: May He also be with you.

Let us pray.
God, whose nature is ever merciful and forgiving, accept our prayer that this servant of yours, bound by the fetters of sin, may be pardoned by your loving kindness.

Holy Lord, almighty Father, everlasting God and Father of our Lord Jesus Christ, who once and for all consigned that fallen and apostate tyrant to the flames of hell, who sent your only-begotten Son into the world to crush that roaring lion; hasten to our call for help and snatch from ruination and from the clutches of the noonday devil this human being made in your image and likeness. Strike terror, Lord, into the beast now laying waste your vineyard. Fill your servants with courage to fight manfully against that reprobate dragon, lest he despise those who put their trust in you, and say with Pharaoh of old: "I know not God, nor will I set Israel free." Let your mighty hand cast him out of your servant, (The name of the person), so he may no longer hold captive
this person whom it pleased you to make in your image, and to redeem through your Son; who lives and reigns with you, in the unity of the Holy Spirit, God, forever and ever.

All: Amen.

Then he commands the demon as follows:

I command you, unclean spirit, whoever you are, along with all your minions now attacking this servant of God, by the mysteries of the incarnation, passion, resurrection, and ascension of our Lord Jesus Christ, by the descent of the Holy Spirit, by the coming of our Lord for judgment, that you tell me by some sign your name, and the day and hour of your departure. I command you, moreover, to obey me to the letter, I who am
a minister of God despite my unworthiness; nor shall you be emboldened to harm in any way this creature of God, or the bystanders, or any of their possessions.

The priest lays his hand on the head of the sick person, saying:

They shall lay their hands upon the sick and all will be well with them. May Jesus, Son of Mary, Lord and Savior of the world, through the merits and intercession of His
holy apostles Peter and Paul and all His saints, show you favor and mercy.

All: Amen.

Next he reads over the possessed person these selections from the Gospel, or at least one of them.

P: The Lord be with you.
All: May He also be with you.
P: The beginning of the holy Gospel according to St. John.
All: Glory be to you, 0 Lord.

A Lesson from the holy Gospel according to St. John
(John 1:1-14)

As he says these opening words he signs himself and the
possessed on the brow, lips, and breast.
When time began, the Word was there, and the Word was face to face with God, and the

Word was God. This Word, when time began, was face to face with God. All things came into being through Him, and without Him there came to be not one thing that has come to be. In Him was life, and the life was the light of men. The light shines in the darkness, and the darkness did not lay hold of it. There came upon the scene a man, a messenger from God, whose name was John. This man came to give testimony to testify in behalf of the light that all might believe through him. He was not himself the light; he only was to testify in behalf of the light. Meanwhile the true light, which illumines every man, was making its entrance into the world. He was in the world, and the world came to be through Him, and the world did not acknowledge Him. He came into His home, and His own people did not welcome Him. But to as many as welcomed Him He gave the power to become children of God those who believe in His name; who were born not of blood, or of carnal desire, or of man's will; no, they were born of God. (Genuflect here.) And the Word became man and lived among us; and we have looked upon His glory such a glory as befits the Father's only-begotten Son full of grace and truth!

All: Thanks be to God.

Lastly he blesses the sick person, saying:

May the blessing of almighty God,
Father, Son, and Holy Spirit,
come upon you and remain with you forever.
All: Amen.

Then he sprinkles the person with holy water.

A Lesson from the holy Gospel according to St. Mark
(Mark 16:15-18)

At that time Jesus said to His disciples: "Go into the whole world and preach the Gospel to all creation. He that believes and is baptized will be saved; he that does not believe will be condemned. And in the way of proofs of their claims, the following will accompany those who believe: in my name they will drive out demons; they will speak in new tongues; they will take up serpents in their hands, and if they drink something deadly, it will not hurt them; they will lay their hands on the sick, and these will recover."

A Lesson from the holy Gospel according to St. Luke
(Luke 10:17-20)

At that time the seventy-two returned in high spirits. "Master," they said, "even the demons are subject to us because we use your name!" "Yes," He said to them, "I was watching Satan fall like lightning that flashes from heaven. But mind: it is I that have given you the power to tread upon serpents and scorpions, and break the dominion of the enemy everywhere; nothing at all can injure you. Just the same, do not rejoice in the fact that the spirits are subject to you, but rejoice in the fact that your names are engraved in

heaven."

A Lesson from the holy Gospel according to St. Luke
(Luke 11:14-22)

At that time Jesus was driving out a demon, and this particular demon was dumb.
The demon was driven out, the dumb man spoke, and the crowds were enraptured. But some among the people remarked: "He is a tool of Beelzebul, and that is how he drives out demons!" Another group, intending to test Him, demanded of Him a proof of His claims, to be shown in the sky. He knew their inmost thoughts. "Any kingdom torn by civil strife," He said to them, "is laid in ruins; and house tumbles upon house. So, too, if Satan is in revolt against himself, how can his kingdom last, since you say that I drive out demons as a tool of Beelzebul. And furthermore: if I drive out demons as a tool of Beelzebul, whose tools are your pupils when they do the driving out? Therefore, judged by them, you must stand condemned. But, if, on the contrary, I drive out demons by the finger of God, then, evidently the kingdom of God has by this time made its way to you. As long as a mighty lord in full armor guards his premises, he is in peaceful possession of his property; but should one mightier than he attack and overcome him, he will strip him of his armor, on which he had relied, and distribute the spoils taken from him."

P: Lord, heed my prayer.
All: And let my cry be heard by you.

P: The Lord be with you.
All: May He also be with you.

Let us pray.

Almighty Lord, Word of God the Father, Jesus Christ, God and Lord of all creation; who gave to your holy apostles the power to tramp underfoot serpents and scorpions; who along with the other mandates to work miracles was pleased to grant them the authority to say: "Depart, you devils!" and by whose might Satan was made to fall
from heaven like lightning; I humbly call on your holy name in fear and trembling, asking that you grant me, your unworthy servant, pardon for all my sins, steadfast faith, and the power - supported by your mighty arm - to confront with confidence and resolution this cruel demon. I ask this through you, Jesus Christ, our Lord and God, who are coming to judge both the living and the dead and the world by fire.

All: Amen.
Next he makes the sign of the cross over himself and the one possessed, places the end of the stole on the latter's neck, and, putting his right hand on the latter's head, he says the following in accents filled with confidence and faith:

P: See the cross of the Lord;
begone, you hostile powers!

All: The stem of David,
the lion of Juda's tribe has conquered.

P: Lord, heed my prayer.
All: And let my cry be heard by you.

P: The Lord be with you.
All: May He also be with you.

Let us pray.

God and Father of our Lord Jesus Christ, I appeal to your holy name, humbly begging your kindness, that you graciously grant me help against this and every unclean spirit now tormenting this creature of yours; through Christ our Lord.

All: Amen.

Exorcism

I cast you out, unclean spirit, along with every Satanic power of the enemy, every spectre from hell, and all your fell companions; in the name of our Lord Jesus +Christ. Begone and stay far from this creature of God.+ For it is He who commands you, He who flung you headlong from the heights of heaven into the depths of hell. It is He who commands you, He who once stilled the sea and the wind and the storm. Hearken, therefore, and tremble in fear, Satan, you enemy of the faith, you foe of the human race, you begetter of death, you robber of life, you corrupter of justice, you root of all eviland vice; seducer of men, betrayer of the nations, instigator of envy, font of avarice, fomentor of discord, author of pain and sorrow. Why, then, do you stand and resist, knowing as you must that Christ the Lord brings your plans to nothing? Fear Him, who in Isaac was offered in sacrifice, in Joseph sold into bondage, slain as the paschal lamb, crucified as man, yet triumphed over the powers of hell. (The three signs of the cross which follow are traced on the brow of the possessed person). Begone, then, in the name of the Father, + and of the Son, + and of the Holy + Spirit. Give place to the Holy Spiritby this sign of the holy + cross of our Lord Jesus Christ, who lives and reigns with the Father and the Holy Spirit, God, forever and ever.

All: Amen.

P: Lord, heed my prayer.
All: And let my cry be heard by you.

P: The Lord be with you.
All: May He also be with you.
Let us pray.

God, Creator and defender of the human race, who made man in your own image, look

down in pity on this your servant, N., now in the toils of the unclean spirit, now caught up in the fearsome threats of man's ancient enemy, sworn foe of our race, who befuddles and stupefies the human mind, throws it into terror, overwhelms it with fear and panic. Repel, 0 Lord, the devil's power, break asunder his snares and traps, put the unholy tempter to flight. By the sign + (on the brow) of your name, let your servant be protected in mind and body. (The three crosses which follow are traced on the breast of the possessed person). Keep watch over the inmost recesses of his (her) + heart; rule over his (her) + emotions; strengthen his (her) + will. Let vanish from his (her) soul the temptings of the mighty adversary. Graciously grant, 0 Lord, as we call on your holy name, that the evil spirit, who hitherto terrorized over us, may himself retreat in terror and defeat, so that this servant of yours may sincerely and steadfastly render you the service which is your due; through Christ our Lord.

All: Amen.

Exorcism

I adjure you, ancient serpent, by the judge of the living and the dead, by your Creator, by the Creator of the whole universe, by Him who has the power to consign you to hell, to depart forthwith in fear, along with your savage minions, from this servant of God, N., who seeks refuge in the fold of the Church. I adjure you again, + (on the brow) not by my weakness but by the might of the Holy Spirit, to depart from this servant of God, N. , whom almighty God has made in His image. Yield, therefore, yield not to my own person but to the minister of Christ. For it is the power of Christ that compels you, who brought you low by His cross. Tremble before that mighty arm that broke asunder the dark prison walls and led souls forth to light. May the trembling that afflicts this human frame, + (on the breast) the fear that afflicts this image + (on the brow) of God, descend on you. Make no resistance nor delay in departing from this man, for it has pleased Christ to dwell in man. Do not think of despising my command because you know me to be a great sinner. It is God + Himself who commands you; the majestic Christ + who commands you. God the Father + commands you; God the Son + commands you; God the Holy + Spirit commands you. The mystery of the cross commands +you. The faith of the holy apostles Peter and Paul and of all the saints commands + you. The blood of the martyrs commands + you. The continence of the confessors commands + you. The devout prayers of all holy men and women command + you. The saving mysteries of our Christian faith command + you.

Depart, then, transgressor. Depart, seducer, full of lies and cunning, foe of virtue, persecutor of the innocent. Give place, abominable creature, give way, you monster, give way to Christ, in whom you found none of your works. For He has already stripped you of your powers and laid waste your kingdom, bound you prisoner and plundered your weapons. He has cast you forth into the outer darkness, where everlasting ruin awaits you and your abettors. To what purpose do you insolently resist? To what purpose do you brazenly refuse? For you are guilty before almighty God, whose laws you have transgressed. You are guilty before His Son, our Lord Jesus Christ, whom you presumed to tempt, whom you dared to nail to the cross. You are guilty before the whole human

race, to whom you prof erred by your enticements the poisoned cup of death.

Therefore, I adjure you, profligate dragon, in the name of the spotless + Lamb, who has trodden down the asp and the basilisk, and overcome the lion and the dragon, to depart from this man (woman) + (on the brow), to depart from the Church of God + (signing the bystanders). Tremble and flee, as we call on the name of the Lord, before whom the denizens of hell cower, to whom the heavenly Virtues and Powers and Dominations are subject, whom the Cherubim and Seraphimpraise with unending cries as they sing: Holy, holy, holy, Lord God of Sabaoth. The Word made flesh + commands you; the Virgin's Son + commands you; Jesus + of Nazareth commands you, who once, when you despised His disciples, forced you to flee in shameful defeat from a man; and when He had cast you out you did not even dare, except by His leave, to enter into a herd of swine. And now as I adjure you in His + name, begone from this man (woman) who is His creature. It is futile to resist His + will. It is hard for you to kick against the + goad. The longer you delay, the heavier your punishment shall be; for it is not men you are condemning, but rather Him who rules the living and the dead, who is coming to judge both the living and the dead and the world by fire.

All: Amen.
P: Lord, heed my prayer.
All: And let my cry be heard by you.

P: The Lord be with you.
All: May He also be with you.

Let us pray.

God of heaven and earth, God of the angels and archangels, God of the prophets and apostles, God of the martyrs and virgins, God who have power to bestow life after death and rest after toil; for there is no other God than you, nor can there be another true God beside you, the Creator of heaven and earth, who are truly a King, whose kingdom is without end; I humbly entreat your glorious majesty to deliver this servant of yours from the unclean spirits; through Christ our Lord.

All: Amen.

Exorcism

Therefore, I adjure you every unclean spirit, every spectre from hell, every satanic power, in the name of Jesus + Christ of Nazareth, who was led into the desert after His baptism by John to vanquish you in your citadel, to cease your assaults against the creature whom He has, formed from the slime of the earth for His own honor and glory; to quail before wretched man, seeing in him the image of almighty God, rather than his state of human frailty. Yield then to God, + who by His servant, Moses, cast you and your malice, in the person of Pharaoh and his army, into the depths of the sea. Yield to God, + who, by the singing of holy canticles on the part of David, His faithful servant,

banished you from the heart of King Saul. Yield to God, + who condemned you in the person of Judas Iscariot, the traitor. For He now flails you with His divine scourges, + He in whose sight you and your legions once cried out: "What have we to do with you, Jesus, Son of the Most High God? Have you come to torture us before the time?" Now He is driving you back into the everlasting fire, He who at the end of time will say to the wicked: "Depart from me, you accursed, into the everlasting fire which has been prepared for the devil and his angels." For you, 0 evil one, and for your followers there will be worms that never die. An unquenchable fire stands ready for you and for your minions, you prince of accursed murderers, father of lechery, instigator of sacrileges, model of vileness, promoter of heresies, inventor of every obscenity.

Depart, then, + impious one, depart, + accursed one, depart with all your deceits, for God has willed that man should be His temple. Why do you still linger here? Give honor to God the Father + almighty, before whom every knee must bow. Give place to the Lord Jesus + Christ, who shed His most precious blood for man. Give place to the Holy + Spirit, who by His blessed apostle Peter openly struck you down in the person of Simon Magus; who cursed your lies in Annas and Saphira; who smote you in King Herod because he had not given honor to God; who by His apostle Paul afflicted you with the night of blindness in the magician Elyma, and by the mouth of the same apostle bade you to go out of Pythonissa, the soothsayer. Begone, + now! Begone, + seducer! Your place is in solitude; your abode is in the nest of serpents; get down and crawl with them. This matter brooks no delay; for see, the Lord, the ruler comes quickly, kindling fire before Him, and it will run on ahead of Him and encompass His enemies in flames. You might delude man, but God you cannot mock. It is He who casts you out, from whose sight nothing is hidden. It is He who repels you, to whose might all things are subject. It is He who expels you, He who has prepared everlasting hellfire for you and your angels, from whose mouth shall come a sharp sword, who is coming to judge both the living and the dead and the world by fire.

All: Amen.

All the above may be repeated as long as necessary, until the one possessed has been fully freed.

It will also help to say devoutly and often over the afflicted person the Our Father, Hail Mary, and the Creed, as well as any of the prayers given below.

The Canticle of our Lady, with the doxology; the Canticle of Zachary, with the doxology.

P: Antiphon: Magi from the East came to Bethlehem to adore the Lord; and opening their treasure chests they presented Him with precious gifts: Gold for the great King, incense for the true God, and myrrh in symbol of His burial. Alleluia.
Canticle of Our Lady
(The Magnificat)
(Luke 1:46-55)

P: "My soul extols the Lord;
All: And my spirit leaps for joy in God my Savior.

P: How graciously He looked upon His lowly maid!
Oh, see, from this hour onward age after age will call me
blessed!
All: How sublime is what He has done for me,
the Mighty One, whose name is `Holy'!

P: From age to age He visits those
who worship Him in reverence.
All: His arm achieves the mastery:
He routs the haughty and proud of heart.

P: He puts down princes from their thrones,
and exalts the lowly;
All: He fills the hungry with blessings,
and sends away the rich with empty hands.

P: He has taken by the hand His servant Israel,
and mercifully kept His faith,
All: As He had promised our fathers
with Abraham and his posterity forever and evermore."

P: Glory be to the Father.
All: As it was in the beginning.

Antiphon: Magi from the East came to Bethlehem
to adore the Lord;
and opening their treasure chests
they presented Him with precious gifts:
Gold for the great King, incense for the true God,
and myrrh in symbol of His burial. Alleluia.

Meanwhile the home is sprinkled
with holy water and incensed. Then the priest says:

P: Our Father
who art in Heaven,
Hallowed be Thy Name;
Thy Kingdom come;
Thy will be done on earth
As it is in Heaven.
Give us this day our daily bread;
and forgive us our trespasses
as we forgive those who trespass against us,

and lead us not into temptation.
All: But deliver us from evil.

P: Many shall come from Saba.
All: Bearing gold and incense.

P: Lord, heed my prayer.
All: And let my cry be heard by you.

P: The Lord be with you.
All: May he also be with you.

Let us pray.

God, who on this day revealed your only-begotten Son to all nations by the guidance of a star, grant that we who now know you by faith may finally behold you in your heavenly majesty; through Christ our Lord.

All: Amen.

Responsory: Be enlightened and shine forth, 0 Jerusalem, for your light is come; and upon you is risen the glory of the Lord Jesus Christ born of the Virgin Mary.

P: Nations shall walk in your light, and kings in the splendor of your birth. All: And the glory of the Lord is risen upon you.

Let us pray.

Lord God almighty, bless +this home, and under its shelter let there be health, chastity, self-conquest, humility, goodness, mildness, obedience to your commandments, and thanksgiving to God the Father, Son, and Holy Spirit. May your blessing remain always in this home and on those who live here; through Christ our Lord.

All: Amen.

P: Antiphon for Canticle of Zachary:

Today the Church is espoused to her heavenly bridegroom, for Christ washes her sins in the Jordan; the Magi hasten with gifts to the regal nuptials; and the guests are gladdened with water made wine, alleluia.

Canticle of Zachary
(Luke 1:68-79

P: "Blessed be the Lord, the God of Israel! He has visited His people and brought about its redemption. All: He has raised for us a stronghold of salvation in the house of David

His servant,

P: And redeemed the promise He had made through the mouth of His holy prophets of old All: To grant salvation from our foes and from the hand of all that hate us;

P: To deal in mercy with our fathers and be mindful of His holy covenant, All: Of the oath he had sworn to our father Abraham, that He would enable us

P: Rescued from the clutches of our foes to worship Him without fear, All:
In holiness and observance of the Law, in His presence, all our days.

P: And you, my little one, will be hailed `Prophet of the Most High'; for the Lord's precursor you will be to prepare His ways; All: You are to impart to His
people knowledge of salvation through forgiveness of their sins.

P: Thanks be to the merciful heart of our God! a dawning Light from on high will visit us All: To shine upon those who sit in darkness and in the shadowland of death, and guide our feet into the path of peace."

P: Glory be to the Father.
All: As it was in the beginning.

Antiphon:

Today the Church is espoused to her heavenly bridegroom, for Christ washes her sins in the Jordan; the Magi hasten with gifts to the regal nuptials; and the guests are gladdened with water made wine, alleluia.

Then the celebrant sings:

P: The Lord be with you.
All: May He also be with you.

Let us pray.

God, who on this day revealed your only-begotten Son to all nations by the guidance of a star, grant that we who now know you by faith may finally behold you in your heavenly majesty; through Christ our Lord.

All: Amen.

Athanasian Creed
P: Whoever wills to be saved
must before all else hold fast to the Catholic faith.

All: Unless one keeps this faith whole and untarnished,

without doubt he will perish forever.

P: Now this is the Catholic faith: that we worship one God in Trinity, and Trinity in unity; All: Neither confusing the Persons one with the other, nor making a distinction in their nature.

P: For the Father is a distinct Person; and so is the Son; and so is the Holy Spirit. All: Yet the Father, Son, and Holy Spirit possess one Godhead, co-equal glory, co-eternal majesty.

P: As the Father is, so is the Son, so also is the Holy Spirit. All: The Father is uncreated, the Son is uncreated, the Holy Spirit is uncreated.

P: The Father is infinite, the Son is infinite, the Holy Spirit is infinite. All: The Father is eternal, the Son is eternal, the Holy Spirit is eternal.

P: Yet they are not three eternals, but one eternal God. All: Even as they are not three uncreated, or three infinites, but one uncreated and one infinite God.

P: So likewise the Father is almighty, the Son is almighty, the Holy Spirit is almighty. All: Yet they are not three almighties, but they are the one Almighty.

P: Thus the Father is God, the Son is God, the Holy Spirit is God. All: Yet they are not three gods, but one God.

P: Thus the Father is Lord, the Son is Lord, the Holy Spirit is Lord. All: Yet there are not three lords, but one Lord.

P: For just as Christian truth compels us to profess that each Person is individually God and Lord, so does the Catholic religion forbid us to hold that there are three gods or lords. All: The Father was not made by any power; He was neither created nor begotten.

P: The Son is from the Father alone, neither created nor made, but begotten. All: The Holy Spirit is from the Father and the Son, neither made nor created nor begotten, but He proceeds.

P: So there is one Father, not three; one Son, not three; one Holy Spirit, not three. All: And in this Trinity one Person is not earlier or later, nor is one greater or less; but all three Persons are co-eternal and co-equal.

P: In every way, then, as already affirmed, unity in Trinity and Trinity in unity is to be worshiped. All: Whoever, then, wills to be saved must assent to this doctrine of the Blessed Trinity.

P: But it is necessary for everlasting salvation that one also firmly believe in the

incarnation of our Lord Jesus Christ. >All: True faith, then, requires us to believe and profess that our Lord Jesus Christ, the Son of God, is both God and man.

P: He is God, begotten of the substance of the Father from eternity; He is man, born in time of the substance of His Mother. All: He is perfect God, and perfect man subsisting in a rational soul and a human body.

P: He is equal to the Father in His divine nature, but less than the Father in His human nature as such. All: And though He is God and man, yet He is the one Christ, not two;

P: One, however, not by any change of divinity into flesh, but by the act of God assuming a human nature. All: He is one only, not by a mixture of substance, but by the oneness of His Person.

P: For, somewhat as the rational soul and the body compose one man, so Christ is one Person who is both God and man; All: Who suffered for our salvation, who descended into hell, who rose again the third day from the dead;

P: Who ascended into heaven, and sits at the right hand of God the Father almighty, from there He shall come to judge both the living and the dead. All: At His coming all men shall rise again in their bodies, and shall give an account of their works.

P: And those who have done good shall enter into everlasting life, but those who have done evil into everlasting fire. All: All this is Catholic faith, and unless one believes it truly and firmly one cannot be saved.

P: Glory be to the Father
All: As it was in the beginning.
Here follows a large number of psalms which may be used by the exorcist at his discretion but these are not a necessary part of the rite. Some of them occur in other parts of the Ritual and are so indicated; the others may be taken from the Psalter. Psalm 90; psalm 67; psalm 69; psalm 53; psalm 117; psalm 34; psalm 30; psalm 21; psalm 3; psalm 10; psalm 12.

Prayer Following Deliverance
P: Almighty God,
we beg you to keep the evil spirit
from further molesting this servant of yours,
and to keep him far away,
never to return.
At your command, 0 Lord,
may the goodness and peace
of our Lord Jesus Christ, our Redeemer,
take possession of this man (woman).
May we no longer fear any evil

since the Lord is with us;
who lives and reigns with you,
in the unity of the Holy Spirit,
God, forever and ever.

All: Amen.

APPENDIX B

CURRICULUM VITAE

SEAN TOBIN
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Glendora, CA 91741
sean.michael.tobin@gmail.com

EDUCATION

May 2019 **Psy.D. in Clinical Psychology**
Emphasis in Clinical Psychology (APA Accredited)
Dissertation: "A Critical Literature Review on Deliverance, Exorcism, and Psychotherapy: From a Catholic-Christian perspective"
Azusa Pacific University – Azusa, CA

June 2016 **MA in Clinical Psychology**
Azusa Pacific University – Azusa, CA

June 2013 **MS in Clinical Psychology**
Institute for the Psychological Sciences – Arlington, VA

June 2011 **BA in Philosophy**
Franciscan University – Steubenville, OH

PRACTICUM CLINICAL EXPERIENCE

2017-2018 **University of Redlands Counseling Center**
Clinical Practicum IV
400+ expected intervention hours

2016-2017 **Dream Center Counseling Center**
Clinical Practicum III
400 Intervention hours (275 individual therapy, 125 group)
Setting: Christian non-profit site that serves the Dream Center staff and volunteers, individuals in the "discipleship" rehabilitation program, as well as related community members
Responsibilities:
- Conducted individual, couple, and group therapy
- Taught psycheducational classes (such as on parenting)
- Served a child to adult population, suffering from a range of disorders including mood, substance abuse, and PTSD
- Utilized primarily psychodynamic interventions, along with techniques from CBT and other empirically-validated treatments

Supervisors: Audrey Davidheiser, Ph.D. & Armine Melkonyan, Ph.D.

2015-2016 **Azusa High School & Dalton Elementary School**
Clinical Practicum II
175 Intervention hours
Setting: Services provided on-site to students at local elementary and high schools through a community mental health clinic program. Los SES, primarily Hispanic community with limited access to services.
Responsibilities:
- Conducted individual therapy and participated in Individualized Educational Plan meetings
- Served a child and adolescent population
- Utilized play-therapy techniques, as well as evidence-based techniques based on client's age and ability
- Collaborated with school faculty and families
Supervisors: Gisette Alvarado, Psy.D. & Sheryn T. Scott, Ph.D.

2014 **Azusa Pacific Community Counseling Center**
Clinical Pre-Practicum
Setting: A community mental health center adjacent to Azusa Pacific University
Responsibilities:
- Conducted individual therapy with college students
- Utilized various evidence-based brief therapy models, especially CBT and psychodynamic techniques
Supervisors: Sheryn T. Scott, Ph.D. & Luis Guzman, MA

2012-2013 **Samaritan Inns**
Clinical Practicum
134 Intervention hours
Setting: A recovery program for homeless or at risk individuals who suffer from drug and alcohol dependence, located in Washington, DC
Responsibilities: Offered individual and group therapeutic services, and
- Conducted individual and group therapy, as well as psycheducational groups (12 step and topical)
- Served an adult population, largely homeless and African-American, suffering in some capacity with substance abuse, and often PTSD or other comorbid disorders
- Utilized CBT-based interventions as well as brief psychodynamic therapy, and collaborated with case managers
Supervisors: Judy Ashburn, LPC & Margaret Laracy, Psy.D.

RESEARCH

2019 **Doctoral Dissertation:**
"Exorcism, Deliverance, and Psychotherapy from a Catholic-Christian Perspective – A Critical Literature Review"

Exploration of peer-reviewed literature related to these culture-bound practices and conceptually related topics
Dissertation Chair: Theresa C. Tisdale, Ph.D., Psy.D.