

The Growing Evidence for “Demonic Possession”: What Should Psychiatry’s Response be?

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ABSTRACT: Evidence of evil spirits is voluminous and comes from many cultures, both ancient and modern. Cases from China, India, and the United States are examined and evaluated. The actual experience of spirit victims, the universality of spirit oppression, the superhuman phenomena associated with “possession,” and the comparative success of deliverance and exorcism vs. psychiatry are considered. Potential arguments against the spirit hypothesis center on the antecedent improbability of spirits, multiple personality disorder, and the effectiveness of medication; but these can be countered. Psychiatrists should question their materialist assumption that mental illness is strictly a matter of an aberrant brain, carefully examine the literature of possession, experiment to determine why exorcists and deliverance ministers often succeed where psychiatry fails, and develop a more complete inventory of techniques for healing the complete person.

KEY WORDS: demonic possession, spirits, deliverance, exorcism, psychiatry.

Introduction

A great deal of Jesus’ ministry was devoted to exorcising “evil spirits” or “demons.” Seven specific accounts in the Synoptic Gospels (Matthew, Mark, Luke) show him casting them out of their human victims. All over the Third World right down to the present day, “spirits,” both good and bad, are taken for granted as realities that share our world and sometimes must be dealt with. Exorcisms are commonplace throughout South and Southeast Asia, Central and South America, and sub-Saharan Africa; and there is no place in the world where they are unknown. Before the Communist Revolution, casting out evil spirits in China was a normal part of a Taoist priest’s job. In the United States, according to Catholic theologian Malachi

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Martin, there was “a 750 percent increase in the number of Exorcisms performed between the early 1960s and the mid-1970s” (Martin, 1992, p. xviii). And in England, according to Dom Robert Petitpierre, editor of the Anglican “Exeter Report” on exorcism, “incidents of demonic interference . . . since 1960 have become ‘virtually an explosion’” (Malia, 2001, p. 66). Yet the vast majority of readers of this journal think that “spirits,” at least the kind that oppress or possess us, are not real. Indeed the very raising of the question, Do evil spirits molest us? seems to most of us like a return to the Dark Ages and might be greeted with derision. In a dreamlike state of delirium the agnostic Ivan, in Dostoevsky’s *The Brothers Karamazov*, yells at the devil, “No, you are not someone apart, you are myself, you are I and nothing more! You are rubbish, you are my fancy!” (Dostoevsky, 1957, p. 582). Doesn’t Ivan speak for almost all of us?

Yet there is mounting evidence today that evil spirits do oppress and occasionally even possess the unwary, the weak, the unprepared, the unlucky, or the targeted.

Before proceeding, let me clarify both what I mean and do not mean by “evil” or “demonic spirits.” I don’t mean anything like devils with tails and pitchforks who fell from heaven with Lucifer and have been cursed by God to an eternal life in some cosmic ghetto, from where they tempt us to a similar perdition under the leadership of a head devil named Satan; none of what I say here is based on Christian or any other theology or mythology. By “evil spirits” I mean more or less intelligent beings, insensible to us, with a will of their own who seem to bother or oppress us or, in rare cases, possess our bodies outright, and with whom we can relate in a variety of ways. In this essay I will survey and assess some of this evidence, then suggest what psychiatry’s reaction to it might be.

The evidence

Evidence of evil spirits is voluminous and comes from many sources. One source is Spiritualism. In the first half of the twentieth century it was common for Spiritualists to conduct “spirit help” sessions where “earth-bound” spirits were led to freedom by methods analogous to counseling. This gentle form of exorcism is very different from what we meet elsewhere. In India, right up to the present day, earth-bound spirits are forcibly and often spectacularly evicted from their victims by holy men (*babas*). Until recently in China, Taoist priests conducted sometimes epic battles against malevolent spirits in the hope of expelling them from their victims. In the West, several prominent psychologists have opened their minds to the possibility of “demonic” oppression, gone public with their evidence, and participated in exorcisms. And in Christian “deliverance” circles, demons are forcibly commanded to leave the oppressed victims in the name of Jesus. I will now summarize each type of oppression or possession. (In order to avoid the tedium of constant qualifica-

tion—"alleged," "ostensible," "putative," etc.—I will report the following cases as if the spirits were real. It should not be assumed, however, that I am myself certain of this.)

Spiritualism

In 1924 Dr. Carl Wickland, a psychiatrist practicing in Los Angeles, published *30 Years Among the Dead*, a unique record of verbatim conversations he had with departed spirits using his wife as medium. Wickland divided his book into chapters based on what kind of spirit spoke through his wife. Some, both before and after their deaths, tormented women; others had been criminals, still others suicides. One chapter is devoted to spirits who were alcoholics during earth life and continue, after death, to "drink" through their victims. In one case Wickland talks to a spirit who has been parasitically using the body of a woman named "Mrs. V" to drink. Wickland uses electric shock to dislodge the spirit, then transfers the spirit to his wife's body, a trained Spiritualist medium. Once inside his wife's body, the spirit is addressed by Wickland, who tries to persuade the spirit to leave. Eventually he succeeds in making the spirit understand who he is, that he has died, that he is ruining a woman's life, and that he can get help for himself. As the session ends, the spirit, guided by his deceased mother, departs. Wickland closes the account with these words: "After the foregoing experience a friend reported a marked change for the better in Mrs. V., saying that no further desire for intoxicants was manifested. Mrs. V. herself acknowledged this change and expressed her gratitude for the relief obtained" (Wickland, 1974, p. 176).

Spirit possession in India

Unfortunately, most spirits are not as obliging as Mrs. V's. When they are treated rudely or violently, as they are by most exorcists all over the world, they often make a spectacle of themselves. India is typical.

A spirit healer in Western India is called a *baba* ("father," "holy man"), as is the god he works with and who gives him power to heal. (I will use the term here to refer exclusively to the human healer.) The way it works is this. A person who is deranged—we in the West would use words like severely depressed, manic-depressive, schizophrenic, or psychotic—is brought to the healer by her family. As she approaches the temple, she usually becomes visibly agitated. Or rather the earthbound spirit, called a *bhut* ("ghost"), within her does. Once the healing ritual is underway, the body of the victim becomes completely possessed by the tormenting *bhut*. At the climax of the ritual, the *baba* waves a tray of lights (*arati*) in front of each of the victims. These lights embody the power of the *baba* and the sponsoring god, and there is apparently nothing so agitating to a *bhut*. The body of the person may fall into a cataleptic trance, or moan and shake, or bash its head against a wall, or exhibit bizarre gyrations of supernatural force. John M. Stanley interviewed many spirit victims in the 1970s at a healing center in Pune, India, after their

recovery and found that none had been aware of any pain: “. . . all of the writhing and all of the agonies are experienced only by the *bhut*. The person himself, entirely unconscious, feels nothing” (Stanley, 1988, p. 39). He also discovered that most of the afflicted persons who came regularly to the sessions—*bhuts* do not usually depart for good until they have been subjected to repeated exorcisms—were completely restored to normalcy.

Spirit possession in China

The Russian Taoist Peter Goullart presents a horrifying account of the last day of a three-day Taoist exorcism that he observed at a monastery near Shanghai in the 1920s. We are told what happened when a young farmer with “a wild, roving look in his fevered eyes” was approached by a Taoist abbot holding “an elongated ivory tablet, the symbol of wisdom and authority” (Goullart, 1961, p. 86). The abbot commanded the spirits—for there were two—to come out of the man in the name of Shang Ti, the supreme Taoist Godhead. The spirits cursed the abbot “out of the energumen’s distorted mouth in a strange, shrill voice, which sounded mechanical, inhuman—as if pronounced by a parrot” (Goullart, 1961, p. 87). Then the havoc began. “With unutterable horror, we saw that [the man’s body] began to swell visibly. On and on the dreadful process continued until he became a grotesque balloon of a man.” Then, as the abbot concentrated and commanded more fiercely, “streams of malodorous excreta and effluvia flowed on to the ground in incredible profusion.” This process, accompanied by an appalling stench, continued for an hour until the man finally resumed normal size. But the spirits were not finished:

Another scene of horror evolved itself before our dazed eyes. The man on the bed became rigid and his muscles seemed to contract, turning him into a figure of stone. Slowly, very slowly, the iron bedstead, as if impelled by an enormous weight, caved in, its middle touching the ground. The attendants seized the inert man by his feet and arms. The weight was such that none of them could lift him up and they asked for assistance from the onlookers. Seven men could hardly lift him for he was heavy as a cast-iron statue. (Goullart, 1961, p. 89)

Eventually, and suddenly, the man regained his normal weight. Then began the final struggle, abbot against spirits. As the abbot enlisted the help of Shang Ti (the “Supreme Power”) and yelled “Get out! Get out!” the onlookers saw the victim’s body convulse, his fingers claw his body until it was covered with blood, his eyes roll up under his skull, and then the final twisting paroxysm as the spirits came out of him with a wild scream, “Damn you! Damn you! We are going but you shall pay for it with your life” (Goullart, 1961, p. 89). Suddenly, the man resumed his normal personality and asked where he was. He had no memory of anything that had happened. The exorcist was completely exhausted and had to be helped away.

Exorcism in the United States

Malachi Martin, Catholic theologian and former professor at the Vatican's Pontifical Biblical Institute, published in 1976 *Hostage to the Devil: The Possession and Exorcism of Five Americans*. This is the most convincing and authoritative book available on the subject. It was praised by the *New York Times Book Review*, the *Washington Post Book Review*, *Newsweek*, the *Psychology Today Book Club*, and a host of other prominent publications when it first appeared. We shall come back to it below. Then in 1983 M. Scott Peck, Harvard-educated psychiatrist and author of the hugely popular self-help book *The Road Less Traveled*, startled the psychiatric community by describing his participation in two exorcisms. Peck says he personally confronted a profoundly evil spirit on both occasions.

In a number of ways these Christian exorcisms remind one of the Chinese account above. The demons reveal themselves to be utterly and horrifyingly malevolent; they cling to their victims with unbelievable tenacity and exhibit superhuman strength; and the exorcism requires a lot of time, often several days, to complete. Further, the demons are expelled only after divine assistance is called on repeatedly, and the entire ordeal is exhausting to the exorcist and his team.

Peck tells us that the two patients he observed “were gravely ill from a psychiatric standpoint before their exorcisms” (Peck, 1983, p. 202), yet that after the exorcisms the mental state of these patients was dramatically improved. As one of the victims put it, “Before, the voices were in control of me; now I’m in control of the voices” (Peck, 1983, p. 198). Following additional psychotherapy, the voices died out and both patients made a full recovery.

Deliverance in the United States

“Genuine possession, as far as we know,” writes Peck, “is very rare” (Peck, 1983, p. 183). “We should use the word possession only when it fits—for the rare Charles Mansons of the world,” writes Francis MacNutt (1995, p. 73), a former Catholic priest and leading authority on evil spirits. In MacNutt’s experience most people under the influence of evil spirits are merely “oppressed” by demons—he likes the word “demonized”—but not completely possessed. And for these, exorcism is neither necessary nor desirable. Rather, such victims need “deliverance.” Furthermore, the “true demons from hell,” the kind that usually require a full-scale exorcism, “represent a relatively small percentage” of all the spirits capable of influencing us, says MacNutt, “perhaps only 10 percent” (MacNutt, 1995, p. 88).

MacNutt believes that many mentally ill people—both within and outside of mental institutions—are oppressed by spirits. These spirits range from the truly Satanic to the “dead who are not at rest” (MacNutt, 1995, p. 93). These latter are not so much evil as confused. Yet in their blind selfishness these “earthbound spirits” can do serious, if unintended, harm. In relation to us, therefore, they are “evil.”

What happens when an oppressing spirit or spirits are being delivered from a victim? MacNutt summarizes the signs under three headings: “bodily contortions, changes in the voice, and changes in facial expression” (MacNutt, 1995, p. 77). MacNutt’s generalizations are reminiscent of the Asian cases we surveyed above. Spirit victims sometimes show supernatural agility or strength. They “may arch their spines backward, while still others roll on the ground.” Unnatural and unseemly bodily postures and motions are commonplace. Furthermore, “the tone of the person’s voice changes. A woman may start speaking in a husky voice like a man, or a mild-mannered person may begin speaking in a snide, insulting tone of voice” (MacNutt, 1995, p. 78). Often the voice uses the plural *we*, and on rare occasions a foreign language is spoken. As for changes in facial expression, MacNutt writes:

Perhaps the most common external indication of demonization comes when the person’s facial expression changes. It is as if you are no longer looking at the same person you started talking to. The old saying “The eyes are the windows of the soul” becomes especially meaningful. It is as if the evil spirit is peering out at you. The eyes become filled with hate, mockery, pride or whatever the nature of that particular spirit is. Now that the evil spirit has surfaced, you are no longer directly in touch with the person you have been praying for. (MacNutt, 1995, p. 78)

Other predictable features include rolling eyes, screams, gagging, fetid smells, and a feeling of cold in the room. Finally, near the climax of the deliverance it is not uncommon, reports MacNutt, for the threatened spirit to temporarily possess the victim, as we saw in the Indian cases. When that happens,

She probably will remember nothing she said or did during that time. She may have been shouting curses at you, or thrashing around and screaming, but afterward, mercifully, she will have no memory of it at all. In the end she will probably feel refreshed and ready for a celebration, while you and your team will feel exhausted and ready to sleep on the spot! (MacNutt, 1995, pp. 170–171)

I have not surveyed cases of possession from Africa or South or Central America, where they are frequently reported. The above cases, however, should be adequate for the preliminary form of evaluation that I am interested in providing here.

Evaluation of the evidence

What do we do with all this evidence of apparent spirit oppression? In particular, can it be squared with the materialist worldview of Western psychiatry? Is “spirit oppression” always to be placed within quotation marks, or can we leave them off? Are “spirits” the hallucinations of a sick brain, or do they have

an independent existence? I think every reader must grant, however grudgingly, that *on the surface* the phenomena we have surveyed point to a dualist metaphysics: we are one kind of being, and spirits are another. We are visible, and they are not. We are subject to the laws of physics, and they are not. We have physical bodies, and they do not. Yet they are as conscious as we are, as individual as we are.

But what do we find when we look *below the surface*? Can a materialist metaphysics be salvaged in the face of all this evidence? Can it be salvaged without sounding farfetched and perhaps disingenuous? More importantly, should psychiatry make room for, or even embrace, the “spiritual” therapies used in the above cases? Should it place them alongside the brain-altering drugs and electroconvulsive therapies (ECT) presently used? Should it learn to accept them as alternative therapies—just as medical science learned a generation ago to accept chiropractic? Or are there good reasons for maintaining the status quo, as would surely be the case if materialism is true? Is some form of dualism less of a stretch than materialism, or is it the other way round?

Only a book could do justice to these questions fully, but the following line of reasoning seems to me fruitful and suggestive. I will evaluate the evidence under four headings.

Experience of the victim

Let us begin with an argument from introspection. A spirit victim, now healed, tells us he made intimate contact with an invisible, intelligent, malevolent “something” that seemed completely alien to him. “Solemnly and of my own free will, I wish to acknowledge that knowingly and freely I entered into possession by an evil spirit,” wrote one of Malachi Martin’s five possessed persons some months after his successful exorcism (Martin, 1992, p. 403). Is it proper to dismiss such a confession as having no possible validity? Are any of us in a better position to speak with epistemic authority about some of the most mysterious “facts” of our own experience? When we assure ourselves that we are free and not determined (to take but one example from philosophy), do we have any finally convincing evidence? Libertarians and determinists endlessly argue back and forth without coming to any conclusion on the matter. Indeed it is hard enough making intelligible the notion of a genuinely free will—so much so that many are driven to the scarcely intelligible compromise called soft determinism. Yet almost all of us believe in free will implicitly and live by that belief. Why? Because our direct experience speaks with an authority that silences all arguments. In a similar manner the direct experience of victims of possession points with equal psychological force to spiritual possession.

Universality

If spirit oppression were unique to one culture or religion or geographical region, it would be to me highly suspect. Why would bothersome or evil spirits

“pick on” only one kind of people? The fact that they do not discriminate, that their passions and machinations are as prevalent in India and China as in the Christian (or post-Christian) West, that they work their mischief all over the world makes us take them more seriously. What are taken to be spirits behave in the same generic way whether they oppress Americans or Chinese or Indians. They cause the victim’s voice and face and movements to be changed dramatically. They feel just as threatened by a Taoist priest holding an ivory tablet as a Catholic priest holding a crucifix or an Indian *baba* waving a tray of lights (*arati*). They are put to rout not by human agency acting alone, but by divine power, whether by Shang Ti or by an avatar of Krishna or by Jesus.

Unnatural or superhuman phenomena

When we read Goullart’s account of the Taoist abbot exorcising the demons from the Chinese farmer, what do we make of the symptoms of possession? 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 statue, 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. Concerned to open the minds of his readers to the possibility of spirit possession, Huston Smith quotes this case in its entirety because, as he puts it, “it will be useful to have an example to show that there are cases that almost require it” (Smith, 1976, p. 43). Almost as remarkable are the uncanny movements of spirit victims undergoing exorcism at the hands of the Indian *baba*.

The question before us is this: Is it easier to believe human beings can do such things on their own with their bodies and minds, or that these things are unnatural and/or extra-human and can be done only by something alien to them *using* their bodies? If you observed first-hand someone in your own family inflate before your eyes and then speak a language you know he has never learned, in a voice that is not his, would it be easier and more plausible to assume he was showing a hitherto unknown side of his personality for the first time or that he was possessed by an alien spirit?

The better diagnosis

In medicine a correct diagnosis is essential to healing. If a physician misdiagnoses, the patient is much less likely to heal under him than under a different physician who correctly diagnoses. Conversely, it is likely that a physician’s diagnosis leading to successful treatment is sounder than a second physician’s diagnosis leading to unsuccessful or less successful treatment. All of this is self-evident.

If a patient has symptoms that suggest schizophrenia or psychosis to a typical Western-trained psychotherapist, but possession to an exorcist, equally successful treatment is not likely to come from both. We would expect that the reason the more successful approach worked was that it more correctly diagnosed the problem.

Which approach succeeds, or at least succeeds more often, the conventional psychiatric approach which rules out any possibility of possession from the outset, or the spiritual approach which not only makes room for possession but suspects it when the appropriate symptoms are present?

First the *psychiatric*. Generalizing about the effectiveness of contemporary psychopharmacological treatment for severe mental illness is risky, but there are studies which help. In his book *The Undiscovered Mind*, the celebrated science writer John Horgan refers to several of these. He concludes:

. . . chlorpromazine and related medications for schizophrenia have often been described as virtual cures. But according to a leading psychiatric textbook, “a reasonable estimate is that 20 to 30 percent” of schizophrenics taking medication “are able to lead relatively normal lives. Approximately 20 to 30 percent of patients continue to experience moderate symptoms, and 40 to 60 percent remain significantly impaired for life.” Moreover, chlorpromazine and other anti-psychosis drugs often cause extrapyramidal effects, which resemble the symptoms of Parkinson’s disease. Patients’ movements and facial expressions become stiff and rigid; they display uncontrollable, repetitive twitching and tremors. It was in part these side-effects that led psychiatrists to call anti-psychosis medications neuroleptics, which literally means “brain-seizing.” (Horgan, 1999, pp. 123–124)

But psychiatrists do not rely solely on drugs to manipulate the brain back into sanity. After falling out of favor for a generation, electroconvulsive therapy (ECT, or “shock therapy”) has returned to favor because of “the growing recognition of drugs’ limitations.” No one in the psychiatric community can say for certain why ECT works, but there is no question that it does. As Dr. Harold Sackheim, a psychologist at Columbia University, says, “Not only is the probability of getting well higher than with any other treatment, but the likelihood of getting residual symptoms is less” (Horgan, 1999, p. 133). ECT is a much more exact science today than it was back in the 20s when Carl Wickland was zapping patients to rid them of possessing spirits (see above), but the treatment is essentially the same.

Now for the *spiritual*. Do exorcists and deliverance ministers fare any better than psychiatrists? I wish I could tell you the Chinese farmer who was freed from two demons and fully recovered his normal personality *stayed cured*, but Goullart does not tell us. What about the Indian cases? Stanley, a trained social scientist, gives us a little more to go on:

All healing centers claim a high percentage of cure for victims (of possession) who come regularly to *arati* sessions. Most of the cures are said to require only a few weeks; some, as long as a year. Although I was not able to test these claims in any rigorous way, my conversations with spirit victims and friends and relatives of victims, as well as with people who had been cured, confirmed the claims without exception. Nearly all who come regularly are, after a certain period of time, fully restored to feeling their former selves. Some few do come to sessions regularly for

years without complete recovery, but even in these “incurable” cases the relatives and friends of the victim report that the sessions help the individual a great deal—especially that they feel much better immediately after an *arati* session. (Stanley, 1988, p. 40)

I see no reason to doubt the veracity of Stanley’s report. He is careful not to exaggerate—he acknowledges there are incurable cases—and he has taken care to interview many people in a variety of conditions. And he allows that the possessing spirits have a tendency to return until they are convinced it would be more comfortable for them to retire permanently. Moreover, his findings are supported by witnesses of possession-type phenomena in other parts of India (Dalrymple, 2000).

Back in the United States, psychiatrist Peck, participant in two exorcisms, holds that exorcism is an effective cure—the only effective cure—in certain situations: “Difficult and dangerous though they were, the exorcisms I witnessed were successful. I cannot imagine how otherwise the two patients could have been healed. They are both alive and very well today. I have every reason to believe that had they not had their exorcisms they would each be dead by now” (Peck, 1983, p. 189). And deliverance minister MacNutt adds:

I once prayed for a young woman who had been confined in a mental hospital for twelve years, suffering from schizophrenia. After two hours of prayer for healing and deliverance, the glazed look in her eyes left and she was able to converse in a normal way. Several weeks later the doctors recognized a dramatic change in her behavior and released her from the hospital. I could cite many more examples from a steady stream of supplicants . . . unable to find help from psychotherapy or from those who are ministers of religion who had not learned to deal with the demonic. (MacNutt, 1995, p. 23)

“Our madhouses,” writes Huston Smith, “may contain souls that are ravaged by principalities and powers on the psychic plane; in a word, possessed” (Smith, 1976, p. 43). MacNutt agrees.

I haven’t discovered any statistics showing the relative success and failure of exorcists and deliverance ministers, but my impression, from a study of much anecdotal evidence, is that there are more successes than failures when the required expertise is present. Most important, these successes, when they occur, are usually total, as they were in Peck’s two exorcisms, in Martin’s five case studies, and in Stanley’s samples. As a result, it is impossible to avoid arriving at the surprising conclusion—at least for the moment—that evil spirits are real and that they sometimes obsess or possess the living. For if they were not real, then why would an exorcism work? One might just as well bring about a cure for stomach cancer by taking out the appendix. Is it not reasonable to conclude that exorcism works so dramatically, completely, and permanently in cases where con-

ventional psychiatry fails because the exorcist has correctly diagnosed the ailment and the psychiatrist has not?

Counterarguments and further evaluation

There are arguments, some better and some worse, against this conclusion. Here are three, followed by rebuttals:

Multiple personality disorder (MPD)

MPD (recently renamed by clinicians “dissociative identity disorder,” or DID) is a fairly common psychiatric disorder in which a secondary personality splits off and dissociates itself from the primary one. The primary or core personality is almost always unaware of the secondary one, called an “alter.” The alter has a life of its own, and when it surfaces, the core personality “goes underground” and is displaced by the alter, which is usually strikingly unlike the primary. Most psychiatrists think that a so-called possessing “evil spirit” is in reality nothing more than an alter. Occam’s Razor states that the simpler a theory or diagnosis is, the better it is—as long as it accounts for all the relevant data or phenomena. So why introduce such dubious entities as “spirits” when a common personality disorder will suffice?

Occam’s Razor is a sound principle, and MPD is often the correct diagnosis when bizarre behavior bearing no relation to a patient’s basic personality suddenly turns up. But MPD does not account for all the relevant data here. First, in MPD the core personality, according to Peck, “is virtually always unaware of the existence of the secondary personalities—at least until close to the very end of prolonged, successful treatment.” But in cases of spirit oppression patients are “either aware from the beginning or [are] readily made aware not only of the self-destructive part of them but also that this part [has] a distinct and *alien* personality” (Peck, 1983, pp. 192–193). Second, trying to cast out an alter is, according to MacNutt, “an impossible task since these alters are mostly fragments of the person’s personality” (MacNutt, 1995, p. 231). Yet casting out an oppressing spirit is not only possible but likely when the necessary expertise is available.

The above considerations do not prove the spiritual hypothesis, but they do indicate fairly decisively that spiritual oppression/possession cannot be reduced to MPD. Thus Occam’s Razor is of little help to the MPD-favoring theorist since MPD, the simpler theory—simpler because it avoids cluttering our world with invisible entities like “spirits”—fails to account for all the data. A potentially useful escape valve has been sealed off to the materialist.

The effectiveness of drugs

A potentially strong argument against the spirit-hypothesis is that drugs and ECT do have an impact on the brain and on the inner life of many men-

tally ill people. As Paul Churchland puts it, "For better or worse, the insane asylums of the 1940s and 1950s are now mostly emptied, thanks to first-generation psychopharmaceuticals" (Churchland, 1999, p. 30). Furthermore, recent advances in drug therapy and ECT have ameliorated the situation even more. We are far from having discovered anything close to a cure for schizophrenia or psychosis, or even depression, but "we can still do measurable good" (Churchland, 1999, p. 30). And since we can, this line of reasoning goes, then it makes sense to conclude that mental illness is an illness of the brain, not a result of spirit-affliction. For it is a lot easier to see why drugs have an impact on a sick brain than on a possessing spirit. Indeed, it is ludicrous to think that drugs or ECT are effective because they chase away demons.

This argument requires two responses. First, it must be granted that, however imperfectly, drugs and ECT often do help the mentally ill. But what does this prove? No responsible exorcist or deliverance minister claims that *all* mental illness is caused by the presence of evil spirits. MacNutt, for example, reports that his wife, Judith, when counselling clients as a licensed psychotherapist, "ended up praying with [only] about a third of them to be freed from the influence of evil spirits" (MacNutt, 1995, p. 67). This suggests that in the other two-thirds, even a therapist as sensitive to the presence of oppressing spirits as his wife, diagnosed them in only a minority of cases. American clergy commonly distinguish between afflictions that are "purely emotional" and those that are "spiritual." This distinction prevails throughout the deliverance ministry.

Second, it is not at all ludicrous to consider the possibility that drugs and ECT might inhibit spirit oppression or possession. Is it really so preposterous that a spirit utilizing in some mysterious way a person's body, more particularly brain, should be disturbed or even uprooted when that body with its brain is subjected to a shock as violent as ECT? As I pointed out above, psychiatrists do not know why ECT works. Dr. Sackheim, the psychiatrist working at Columbia, says: "We're triggering a seizure in order to get the brain to stop a seizure. . . . God knows if it's true" (Horgan, 1999, p. 131). Moreover, is it all that farfetched to consider the further possibility that powerful neuroleptic medications might also discourage an obsessing spirit from oppressing its victim—might, like shock therapy, create a hostile environment in the brain for oppressing spirits? After all, cures of many diseases are administered both topically and internally. Might ECT be the topical approach to expelling an oppressive spirit from the victim's brain, and medication the internal? Not to consider such a possibility, however heterodox, is unscientific.

A demon behind every bush

One might object that a spiritual etiology could lead to a kind of madness. Having admitted the existence of evil spirits' ability to obsess us, it might be

tempting to see them behind all mental illness. This could lead to pogroms and witch-hunts and cause civilization to take a backward step.

To this complaint MacNutt responds: “Indeed, the skeptics are right: There *is* a real danger of seeing a devil in every bush. But have these critics ever found a devil in *any* bush?” (MacNutt, 1995, p. 42). In other words, an extreme response to the claim that spirit obsession is a reality can come from either side and be equally irrational.

As for civilization’s taking a backward step, it is hard to see how giving mentally ill patients the treatment they need could be a backward step. Much of the world is mystified by the West’s refusal to acknowledge the existence of spirits and takes a dim view of any therapy that excludes spiritual healing from the picture. It is possible that the West took a backward step long ago when, under the spell of scientific materialism, it dogmatically refused to give spirits their due. Millions of us might have been harmed by this refusal.

What should we conclude?

Dr. Peck wrote in 1983 that “possession and exorcism have never been scientifically studied, to my knowledge, in America or Europe” (Peck, 1983, p. 200). He acknowledges that Western anthropologists have long studied possession phenomena in the Third World, but India is not America.

Is Peck awaiting the day, as I am, that teams of experienced exorcists, with six- or seven-figure grants, will be allowed to treat “hopeless” schizophrenics or psychotics locked away in mental institutions—given up on, in other words—to see if exorcism works where drugs failed? We have glimpses of such success. I mentioned above the apparent cure by MacNutt of a schizophrenic who had been in a mental institution for 12 years. And Peck is not the only psychotherapist working in America to treat mental illness as possession. Colin Wilson mentions two who occasionally treat their patients *as if* they were possessed. One of them, Dr. Ralph Allison, a specialist on MPD working in California, occasionally ran into personalities that did not act at all like split-off alters. Of one of these Allison wrote, “Despite all my efforts, I was unable to find a more plausible explanation for his existence than the spirit theory” (Wilson, 2000, p. 261).

But these are only glimpses. We are left with a great deal of tantalizing evidence pointing to demonic-type oppression or outright possession. We do not have, however, the indubitable evidence (the “slam dunk”) we need to overturn the claim of Western medicine that infesting spirits are not the cause—ever—of mental illness.

What would constitute such evidence? Replicability, says science. And I agree. But what would it take to satisfy the demand for replicability? Would the horrific phenomena reported by Goullart—including the weighed-down rock-like body that bends iron bedsteads or the horribly inflated body resembling a balloon—be

disqualified from consideration because they could not be replicated on demand? Or because they turned up in only one in twenty exorcisms? How many deliverance ministers and exorcists would have to share their stories in the serious journals and magazines before scientists took note? How many exorcisms like the Chinese case would it take to convince the entrenched skeptics of SCICOP (Committee for the Scientific Investigation of Claims of the Paranormal) that there was no fraud or credulity or misunderstanding, but honest and careful reporting of the facts? What about levitation, a feature of certain advanced cases of possession reported in many cultures in every age down to the present? If occasional cases of levitation by apparently possessed persons were witnessed and videotaped by reputable individuals (Martin, 1992, p. 363), would the professional debunkers be mollified?

I don't think so. Most materialists deny the existence of even extrasensory perception (ESP). I once had a friend, a psychiatrist, who woke up one night at 10 minutes to two and told his wife that his brother had just died. Sure enough, the call came a few hours later that his brother, who had not been sick, had indeed died—sometime around two in the morning. For many months my friend read everything he could find on ESP. But when I talked to him 3 years after his brother's death, he dismissed the whole affair as an "anomaly," a "coincidence."

Why did this bright man respond in such a way? I think I know. In all that he read, he could find no explanation of how ESP *worked*. The brute fact of his sudden "knowing" about his brother's death was compatible with no scientific (i.e., physicalist) theory he could discover. So he concluded he must have misunderstood what happened. The "knowing" was really nothing more than a serendipitous illusion.

I believe that this sort of intransigent skepticism will always plague those who find much evidence for a dualist interpretation of reality. Dualism, beginning with our own immediate experience (*our* bodies), has an enormous amount of evidence in its favor. But it fails to provide an explanation of how immaterial and material substances *interact*; that interaction is almost as mysterious today as it was when Plato championed it. And many people reject it for that reason—along with all those queer experiences, such as spirit oppression, that symbiotically depend on it.

In spite of the mysteriousness of our subject, I believe that the evidence surveyed here provides good reason to think that Jesus' interpretation of mental illness is at least sometimes on the mark. If it is, the implications for us would be significant. Most importantly, if an *alien* spiritual being could interact with a living brain, that would suggest *a fortiori* that an *inborn* spiritual being—what we call a soul—could interact with it. If so, materialism would have to be discarded, and some form of dualism would replace it. In addition, life after death would become plausible once again. And the human will, no longer a side-effect of brain states, could again fly free. And with that freedom it would make sense to speak of moral responsibility without re-

sorting to the philosopher's artful dodge of "soft determinism." Even God might seem more comely after such a metaphysical facelift. If spirits, demonic or otherwise, came to be regarded by intelligent men and women as real, Spirit would again take its place at the controls.

What should psychiatry's response be?

In the city where I work, a few people know of my interest in paranormal research. One of them is a highly respected psychiatrist from India. Not long ago he reached out to me for help. In his opinion, the woman he was treating with no success was probably possessed.

Are there a number of psychiatrists in this country quietly wondering if there is something to possession? If so, there is no evidence of it in the professional literature. To take but one of many examples, in a psychiatry journal article titled "The Delusion of Possession in Chronically Psychotic Patients" (Goff et al., 1991), there were frequent references to "delusional possession" and "the delusion of possession" in the 25 of 61 psychotic outpatients who believed themselves possessed. It never occurred to the authors that some of those patients might *really* be possessed. And not too many months ago in *Newsweek*, the lead article, "The Schizophrenic Mind," never mentioned possession. Even though the author described schizophrenia as "one of the most . . . mysterious of mental illnesses" and went on to say that the "cause is largely unknown," she, and all the doctors whom she quoted, assumed without question that the illness was caused exclusively by a disordered brain. "In paranoid schizophrenia," she continued, "the patient becomes convinced of beliefs at odds with reality, hears voices that aren't there or sees images that exist nowhere but in his mind" (Begley, 2002, p. 46). Since she was supported by every psychiatrist she interviewed, she felt it unnecessary to question this claim — indeed it may never have occurred to her to question it. But what is the evidence, after all, that the voices heard by the schizophrenic or the images he sees "exist nowhere but in his mind"? This is an assumption, not a fact. It may well be that the voices belong to realities that we cannot see. Does our inability to see them make them unreal? To a certain kind of materialist, yes. But what about the rest of us? More to the point, does the evidence surveyed here point conclusively to materialism? If anything, taken all together it points with some force in the opposite direction.

There is a telling moment in English author Susan Howatch's novel *Glittering Images* where two of her characters are discussing exorcism. The time is the 1930s:

"Do they still perform exorcisms in the Church of England?"

"Nowadays it's generally regarded as a somewhat unsavoury superstition."

“How odd! Is it wise for the Church to abandon exorcism to laymen?”

“What laymen?”

“They’re called psycho-analysts,” she said dryly. “Maybe you’ve heard of them. They have this cute little god called Freud and a very well-paid priesthood and the faithful go weekly to worship on couches.” (Howatch, 1987, pp. 147–148)

This character is not speaking tongue-in-cheek. She speaks for surprisingly many Anglicans today, and Anglicans are an unusually well-educated and well-read lot. She is saying that materialists who rule out possessing spirits as the ultimate cause of some mental illness are like religious people who confidently worship a different kind of god in their churches on Sunday, with no better evidence for what they believe in.

This brings us back to the brain. The *Newsweek* article makes it appear to millions of readers that the cause of all mental illness is faulty brain chemistry — no discussion needed! I hope I have shown here that this unexamined assumption is unwarranted.

I suggest that psychiatrists do the following:

1. Challenge the above assumption with philosophical rigor. Especially consider the possibility that a person might be a mix of two different kinds of reality working in harmony when the person is mentally healthy and in disharmony when not. The invisible part of the mix should not be assumed to be unreal or a mere epiphenomenon of brain states just because it is invisible. That reasoning would lead to the assumption that gravity, which is enormously mysterious to physicists, is merely an illusion; or that electricity, since invisible, is either unreal or a mere epiphenomenon of the visible light bulb! Who can say that the spiritual component of the person is not like electricity? Surely it is at least possible that the visible brain is the invisible soul’s instrument and that the soul empowers the instrument just as electricity powers up the light bulb.
2. Study the responsible literature investigating paranormal phenomena. Over the last 40 years, university professors and medical doctors have produced dozens of books dealing with the near-death experience, apparitions, mediumship, reincarnation, and possession; and several scientific journals investigate these phenomena at great length. Obviously there is much here to be skeptical about, and indeed there are frauds aplenty making a buck off the gullible simpletons who drink up everything about these perennially fascinating subjects as if it were Coca Cola. But it is a great mistake to assume that every book on the paranormal is untrustworthy. Some of the most significant pioneering studies of the human mind have been written in recent years by university professors with strong academic credentials — like Ian Stevenson, who has devoted his life investigating past-life memories in little children

(Stevenson, 1974, 1987); or Kenneth Ring, who has made a career studying the near-death experience (NDE), most recently in blind people, who recover sight when they separate from their bodies during an NDE (Ring and Cooper, 1999). The tentative conclusions of these two, as well as many others, are the fruit of extremely careful research and should be carefully studied by psychiatrists interested in mapping the human mind. Such study would almost invariably wean the student from too-easy materialist assumptions. He might stay with his materialism, but it would be only after a struggle. Many other students, I predict, would convert to some kind of spirit-body dualism. Materialism would begin to feel to them like the old epicenter theory used in the sixteenth century to bolster the dying geocentric theory of the universe before the Copernican Revolution took hold. For them, materialism would simply fail to account for too many facts.

3. Conduct research to determine whether the tools and techniques of the exorcist and deliverance minister work better than the drugs and therapies of the psychiatrist. Allow a few battle-tested exorcists and deliverance ministers into mental institutions to work with victims that psychiatry cannot help. If initial results are encouraging, promulgate the findings far and wide. Then write grants for the tens of millions of dollars needed to further test the spiritual techniques that appear to be working. Many trials will be needed and the most sophisticated experiments devised. I predict that by the end of this century this research will have been done and that the results will be startling. But why wait for another 50 years? All it takes is for one brave doctor to put his reputation on the line in the interest of truth — and compassion — and get started. (If it is any consolation, I have put mine on the line where I work.)

Perhaps 50 years from now *Newsweek* will do another lead article on the schizophrenic mind. And instead of saying that the paranoid schizophrenic “becomes convinced of beliefs at odds with reality, hears voices that aren’t there or sees images that exist nowhere but in his mind,” the article will report that “in some cases it is almost certain that a hostile or mischievous spiritual being causes its victim to hear voices and see images that emanate not from the mind of the victim but from the mind of the spirit.” If that turns out to be the case, then psychiatry will have to turn itself on its head, redesign the curriculum of its medical schools, and get about the business of healing *all types* of mental illness — those that originate in the chemistry of the brain, those that originate in the soul that constantly interacts with and may negatively alter the chemistry of the brain, and those that originate in a meddling or hostile spiritual presence targeting, either with or without its victim’s permission, the soul or brain of its victim.

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