

Exorcism: Historical Ritual and Modern Interpretations

Introduction: Exorcism is commonly defined as a ritual act of driving out or expelling evil spirits or demons believed to have possessed a person, place, or object ¹ ² . Nearly every culture and religion has developed some form of exorcistic practice, reflecting a widespread human impulse to combat unseen malevolent forces. In the popular imagination – fueled by films like *The Exorcist* (1973) – exorcism is often associated with Catholic priests reciting Latin prayers over contorting demoniacs. However, the reality of exorcism is far more complex. This article takes an academic and analytical look at exorcism: tracing its historical development (with a focus on the Catholic Church), comparing practices across religious traditions, and examining scientific interpretations and ethical debates surrounding demonic possession. The goal is to understand how exorcism rituals have evolved over time and how modern psychology and medicine interpret phenomena once attributed to evil spirits.

Historical Origins of Exorcism in the Catholic Church

Belief in demonic possession and the need to expel evil spirits long predates Christianity, but the roots of **Catholic exorcism** are found in Scripture and early Church practice. The New Testament describes Jesus of Nazareth casting out unclean spirits as a sign of his authority over evil ³ ⁴ . For example, the Gospel of Mark (likely written around A.D. 70) recounts Jesus commanding demons to depart from afflicted individuals ³ . These biblical accounts established a model: exorcism as a confrontation between divine power and demonic forces. Jesus also empowered his disciples to cast out demons in his name, a charge that early Christians took seriously ⁵ . By the time of the Apostolic Church, exorcism was a recognized ministry – **exorcists** prayed over catechumens (new converts) and the sick to deliver them from evil influences ⁶ ⁷ .

Early Christian sources indicate that casting out demons was not limited to clergy alone. Church Fathers like **Tertullian** and **Origen** attested that even lay believers could exorcise spirits through prayer and invoking Christ's name ⁸ ⁹ . Nonetheless, by the **3rd century A.D.**, the Western Church formalized the role of exorcist as a minor clerical order. Historical records show that Pope Cornelius (in a letter from 251 A.D.) listed 52 exorcists in the Church of Rome, alongside other minor orders such as lectors and doorkeepers ¹⁰ . The **Council of Carthage (398)** even prescribed a rite for ordaining an exorcist – the bishop would hand the candidate a book of exorcism formulas with the words, "Receive and commit to memory, and possess the power of imposing hands on the possessed" ¹¹ . This indicates how central exorcism had become in church life: one of the exorcist's chief duties was to assist in the **daily exorcisms of catechumens** in preparation for baptism ¹² ⁷ . Indeed, in the fourth and fifth centuries it was routine for those about to be baptized to undergo repeated prayers of deliverance (known as *exsufflation*, literally blowing out evil) to renounce Satan and all his works ⁶ .

By the **Middle Ages**, exorcism practices expanded in response to prevailing spiritual challenges. After Christianity spread across Europe, attention turned to heretical sects and folk superstitions, and exorcism was sometimes employed as a tool against heresy. For instance, in the 12th century, when dualist heresies like the Cathars arose, the Church viewed their beliefs as inspired by evil and used exorcism to symbolically

“purify” and reconvert adherents ¹³. Medieval hagiographies often highlight saints like **St. Benedict** or **St. Francis** vanquishing demons – reflecting a worldview in which demonic activity was interwoven with daily life and misfortune. In this period, any priest could perform exorcisms as needed (with pious laypeople sometimes attempting cures as well), but Church authorities grew cautious to distinguish **legitimate ritual** from superstition or magic ¹⁴. The 13th-century **Bari Cathedral** fresco, for example, depicts clergy performing an exorcism by prayer over a vessel of holy water ¹⁵, illustrating how the ritual was integrated into the spiritual repertoire of the era.

The Catholic Rite of Exorcism and Its Evolution

In response to the need for standardized practice, the Catholic Church eventually codified the exorcism ritual. **Pope Paul V** in 1614 promulgated the *Rituale Romanum*, a compendium of rites that included a section *De Exorcismis et Supplicationibus Quibusdam* (“Of Exorcisms and Certain Supplications”) ¹⁶. This **1614 Roman Ritual** provided the first official, uniform liturgy for solemn exorcisms. It laid out Latin prayers, injunctions to the demon, readings from the Gospels, and blessings of holy water and the crucifix – many of which remain emblematic of Catholic exorcism today. Notably, the *Rituale Romanum* treated exorcism as a **sacramental** (a sacred sign conveying spiritual grace) rather than a full sacrament ². Its efficacy was said to depend on two factors: the authority of the Church (hence only authorized clergy may use it) and the faith of the exorcist, not on any fixed formula or magical incantation ². This emphasis underscored that the Church’s power to expel demons ultimately derives from Christ, not from any human technique.

For centuries, the 1614 rite remained essentially unchanged and was used (sometimes secretly) by exorcists around the world ¹⁷. By the 20th century, however, Church leaders recognized the need to update the language and pastoral approach of exorcism. After the Second Vatican Council (1962–65) reformed many Catholic rituals, the exorcism rite was one of the last to be revised – finally updated in 1999 ¹⁷. The **1999 revised Rite of Exorcism**, issued in Latin and later translated, retains the traditional structure and prayers of the 1614 version, but with some notable changes. The new rite places greater stress on the exorcism’s connection to baptism, framing it as a continuation of the baptismal renunciation of Satan ¹⁸. It also includes more Scripture readings and supplicatory prayers, and slightly softens or omits some of the most imprecatory (forcefully commanding) language used against demons in the older rite – changes that initially drew mixed reactions from veteran exorcists ¹⁹ ²⁰. Importantly, the Vatican’s 1999 guidelines explicitly require that any person thought to be possessed **must undergo a thorough medical and psychiatric evaluation** to rule out natural causes before an exorcism is approved ²¹ ²². This reflects a modern awareness that many supposed demonic symptoms (speaking in strange voices, aversion to sacred objects, convulsions, etc.) may in fact be attributable to mental illness or other conditions, and that true demonic possession is *exceedingly rare* ²².

Today, Catholic exorcisms can only be performed by an **ordained priest with explicit permission from their bishop**, following Canon Law ²³. The priest-exorcist is typically someone with piety, pastoral wisdom, and often additional training in the discernment of spirits. In recent decades, the Church has actually increased training opportunities for exorcists, responding to rising worldwide demand ²² ²⁴. In 2017, **Pope Francis** told priests “not to hesitate” to enlist a trained exorcist when pastoral discernment suggests a case of genuine demonic influence ²⁵. Pope Francis – like many popes before him – affirms that the devil is real and active, and he has publicly performed at least a brief **“prayer of liberation”** over a troubled person, reinforcing the Church’s continued commitment to this ministry ²⁶. In 2014, the Vatican went so far as to **formally recognize the International Association of Exorcists**, an organization of some 250 exorcist-priests from 30 countries, granting it official canonical status ²⁷. According to the association’s

president, exorcism is considered “a form of charity” – a spiritual aid to those who suffer perceived demonic torment ²⁸ .

Despite its longstanding place in Catholicism, exorcism has always occupied a delicate balance between faith and skepticism. Church authorities have consistently warned against confusing **legitimate exorcism rites with superstition or magic** ¹⁴ . The Catholic Encyclopedia in 1908 cautioned that superstition must not be conflated with religion, “however much their history may be interwoven,” and that even well-intentioned rituals can stray into illegitimate magical practices if misused ¹⁴ . This underscores the Church’s view that exorcism is a prayerful act dependent on God’s power, not a sorcerous manipulation of dark forces. By integrating medical science into its discernment process, the modern Church seeks to avoid the tragic outcomes that can result from misdiagnosis – a lesson painfully learned from cases like Anneliese Michel (discussed later). Yet the increase in exorcism requests in the 21st century, often attributed by clergy to a rise in occult practices, drug abuse, and spiritual voids in secular society, suggests that many people still turn to the Church for help with phenomena they believe are demonic ²² . The Catholic Church continues to walk a fine line: acknowledging the reality of evil and the possibility of possession, but urging prudence, critical inquiry, and pastoral care in every potential case ²² .

Exorcism in Other Christian Traditions

While the Catholic Church has the most elaborated exorcism system, other **Christian denominations** maintain their own approaches to expelling evil spirits. The **Eastern Orthodox Church** firmly believes in demonic possession but has never had a formal “exorcist” clerical order. Instead, all Orthodox priests are technically empowered to perform exorcisms, usually by reading ancient prayers of deliverance found in the *Euchologion* (prayer book). The Orthodox **Great Book of Needs** contains several exorcism prayers attributed to early saints – notably three by **St. Basil the Great** and four by **St. John Chrysostom** ²⁹ . These prayers, still used today, implore God to “rebuke the unclean spirit” and command it to depart from the servant of God. In practice, however, formal exorcisms in Orthodoxy are *rare*. According to contemporary Orthodox scholars, the Church offers little official guidance or ritual rubrics for exorcism outside of the baptismal context (during infant baptisms, the priest breathes on and prays for the child’s deliverance, similar to Catholic practice) ²⁹ ³⁰ . Most Orthodox priests will only attempt an exorcism in extraordinary circumstances and usually with the blessing of a bishop. There is also an increasing awareness in Orthodoxy of the need to discern mental illness from spiritual affliction ³⁰ ³¹ . In modern Orthodox pastoral care, issues of demonic influence are approached with caution, prayer, and often referral to medical professionals, acknowledging that what the **desert fathers** once battled as demons might today be treated as psychological problems. Some Orthodox communities also blend in **folk practices** – for example, in Greece or Russia, people might seek out monks or elders known for spiritual gifts to pray over them if they fear the evil eye or a spirit. Overall, Orthodoxy’s exorcism ethos is one of healing and “**economia**” (accommodation): the goal is the liberation and spiritual health of the person, and any rite performed is tailored discreetly to that end, often emphasizing **penance, holy sacraments, and blessings** as much as direct commands to demons ³² .

Protestant Christianity’s engagement with exorcism varies widely across denominations and historical periods. During the **Reformation**, many Protestant leaders rejected Catholic exorcism rites as superstitious. Yet paradoxically, the original Protestant Reformers did not wholly abandon the idea of casting out demons. **Martin Luther** himself approved a form of exorcism within baptism – his 1526 baptismal rite included a minor exorcism where the infant was adjured to “depart, thou unclean spirit, and make room for the Holy Spirit” ³³ ³⁴ . Luther saw this not as expelling an actual demon from a baby, but as a symbolic deliverance

from sin and Satan's dominion ³⁴ . Other Reformers were more skeptical: by the early 1600s, mainstream Protestant churches had largely **fizzled out the use of exorcism**, viewing the elaborate rituals surrounding it with hostility or embarrassment ³⁵ . In Anglican England, a few dramatic public exorcisms performed by charismatic ministers in the late 16th century (such as those by Puritan exorcist John Darrell) caused scandal and were exposed as frauds, contributing to a general Protestant distrust of exorcism as “popish” theater ³⁶ ³⁷ . From the 17th to 19th centuries, most Protestant traditions in Europe and North America shunned formal exorcism rites – if a parishioner appeared disturbed by evil, pastors might simply pray with them or, more often, recommend medical care.

However, the **20th century saw a revival** of exorcistic practice in certain Protestant circles, especially with the rise of **Pentecostal and Charismatic movements**. **Pentecostalism**, emerging in the early 1900s, placed a strong emphasis on the Holy Spirit's direct action, including gifts of healing, speaking in tongues, and casting out demons ³⁸ . Pentecostal worship services often included what is termed “**deliverance ministry**”, in which believers pray intensely over individuals believed to be oppressed or possessed by evil spirits. These exorcisms are typically extemporaneous rather than following a fixed liturgy – a pastor or gifted lay minister commands the demon to leave in Jesus' name, sometimes amid shouted prayers, laying on of hands, and emotional responses. Such practices were invigorated by Biblical literalism (taking New Testament demon stories at face value) and by encounters on the mission field where Pentecostal missionaries confronted indigenous spirit beliefs. By the **1960s and 1970s**, the Charismatic renewal movement brought exorcism back even into some mainline churches. Charismatic Catholics, Episcopalians, and others adopted Pentecostal-style prayer sessions for exorcism or “deliverance” ³⁹ . This coincided with high-profile cases (like the 1970s *Exorcist* case) and a broader cultural fascination with the demonic. In **African and Latin American** churches, both Pentecostal and Charismatic, exorcisms became a prominent part of evangelism – addressing fears of witchcraft and evil spirits in those cultures by offering a Christian remedy ³⁹ . Today, **Evangelical and Pentecostal Christians** around the world routinely perform exorcisms, albeit under different terminology. They may speak of “casting out a spirit of anger” or “breaking generational curses” during healing-and-deliverance services. Some independent ministries specialize in exorcism, publishing manuals on how to discern various “**demon afflictions**” (ranging from demons of addiction to demons of occult involvement) and how to expel them through prayer and fasting. Unlike the Catholic approach, these Protestant exorcisms usually do not require higher church authorization and often occur in public worship settings. Critics note that this informality can sometimes lead to **theatrical excesses or psychological harm**, but proponents claim it allows the Holy Spirit freedom to work spontaneously as in the apostolic age ⁴⁰ ⁴¹ . Interestingly, even some **Anglican dioceses** today quietly acknowledge exorcism by appointing an official “deliverance minister” or consulting exorcist, reflecting that the need for spiritual counsel in extreme cases crosses denominational lines.

Exorcism in Islam, Hinduism, and Folk Traditions

Beyond Christianity, **exorcism rituals are found in many of the world's religions**, each shaped by distinct theological and cultural frameworks. In **Islam**, exorcism is commonly referred to as ***ruqyah*** (or *ruqya*), which involves using the words of the Qur'an and supplicatory prayers to drive out jinn (spirits) believed to be causing harm ⁴² . The **Qur'an** acknowledges the existence of *jinn* – intelligent spirit beings made of smokeless fire – who, like humans, can choose good or evil. Islamic tradition holds that malevolent jinn (or devils, *shayatin*) may sometimes possess humans, typically to torment them or lead them astray ⁴³ ⁴⁴ . A classical Islamic exorcism consists of a learned practitioner (often called a *raqi*) reciting specific Qur'anic verses (especially *Ayat al-Kursi*, the “Throne Verse” 2:255, or the last three surahs) and prophetic supplications over the afflicted person, occasionally blowing air or spittle over them as the verses are

recited ⁴². The underlying belief is that **the Word of God has power to compel the jinn** to depart ⁴⁵. Sometimes the exorcist will question the jinn (through the patient's mouth) about why it entered and attempt to persuade it to leave, even inviting it to embrace Islam if it is a non-Muslim jinn ⁴⁶ ⁴⁷. In folk practice, the afflicted might drink water over which Qur'anic verses were spoken or be fumigated with incense while prayers are said. Islam generally **forbids invoking any spirits or using occult practices**, so Islamic exorcism relies strictly on invoking Allah's help. Nevertheless, cultural variations exist: in some Middle Eastern and African communities, ceremonies known as **Zār** involve music and dancing to appease possessing spirits – a practice on the fringes of Islam that blends sorcery and exorcism. Mainstream Muslim scholars warn against such syncretic rituals and emphasize *ruqyah* according to the Qur'an and Sunnah (prophetic tradition) ⁴⁸ ⁴³. It is worth noting that belief in jinn possession remains widespread in the Islamic world (and even among Muslim communities in the West), and many cases of mental illness or epilepsy are initially interpreted as jinn-related ⁴⁴. In response, some Muslim societies now encourage collaboration between medical professionals and faith-based exorcists – much as in Catholicism – to ensure that those in need receive proper treatment alongside spiritual support.

In **Hinduism**, concepts of spirit possession and exorcism are tied to a rich demonology and the interplay of karma and the spirit world. Traditional Hindu cosmology includes numerous malevolent beings – such as *bhutas* (ghosts of the dead), *pretas* (restless spirits), *pisachas* (flesh-eating demons), and *rakshasas* – that can afflict humans ⁴⁹ ⁵⁰. A Hindu exorcism usually involves a combination of **mantras (sacred chants)**, **yantras** (sacred diagrams or talismans), and ritual offerings to specific deities. The guiding principle is to enlist a powerful benevolent force to remove or placate the troublesome spirit. For example, in Vaishnava traditions, the names of **Lord Narasimha** (a fierce avatar of Vishnu) are recited, as Narasimha is revered for vanquishing demons ⁵¹. In Shaivite or Shakta traditions, an exorcist (often a tantric priest or *ojha*) might invoke forms of **Goddess Kali or Bhairava (fierce aspects of Shiva)** to overpower the spirit ⁵² ⁵³. The use of fire is common – a priest may conduct a **yajna (fire sacrifice)**, pouring ghee and spices into the fire while chanting verses to burn and purify the unseen entity ⁵⁴ ⁵⁵. Some Hindu exorcisms also utilize physical methods; for instance, touching the person with a peacock feather whisk or sprinkling holy water (from the Ganges) and ash from sacred fires to drive the spirit out. Notably, Hindu tradition often sees the exorcist's role as not merely attacking the demon but also **helping the spirit find release (mukti)** ⁵⁶. One Sanskrit treatise on demonology explains that a skilled exorcist shows compassion even to the possessing entity, guiding it toward the light so that it ceases to do harm ⁵⁶. This reflects the Hindu view of cosmic justice: the spirit may be suffering due to its own bad karma and needs to be guided to a better path. In India, there are famous pilgrimage sites and temples renowned for exorcism rituals – for example, the **Mehandipur Balaji Temple in Rajasthan** and the **Kamakhya Temple in Assam** – where afflicted individuals flock in hopes of deliverance ⁵⁷. At these sites, mass rituals, including loud readings of scripture (like the *Hanuman Chalisa*, a devotional hymn believed to ward off evil) ⁵⁸, and sometimes quite rough handling of the “possessed” (shouting at or physically restraining them), have been documented. While many view these practices through the lens of faith and ancient tradition, modern Indian psychiatrists express concern when exorcisms become abusive – for instance, when severe beatings or deprivations are inflicted under the belief that pain will drive out the demon ⁵⁹ ⁶⁰. As with other religions, there is a growing discourse in Hindu society about distinguishing between mental illness and spirit possession, and about regulating folk exorcists who sometimes exploit vulnerable people.

Beyond the major religions, **folk and shamanistic traditions worldwide abound with exorcistic practices**. In many indigenous cultures, the line between healer, medium, and exorcist is blurred. A **shaman** in Siberia, a **sangoma** in southern Africa, or a **curandero** in Latin America might all perform rituals to expel harmful spirits or witchcraft. These can involve dramatic drumming, trance dances, the use of

herbal smoke or special brews, and dialogue with the spirit world. For example, in traditional **Chinese religion and Taoism**, priest-exorcists (often called *fashi*) use ritual talismans, sword-like implements, and loud recitation of spells to scare away or trap rogue ghosts. In **Japanese Shinto**, a priest may perform **ōharai** (ritual purification) to cleanse a person of disturbing spirits. **Vodou** (Voodoo) practitioners in Haiti address cases of unwanted spirit possession (often by a *loa* or ancestor spirit) by rituals that persuade the spirit to depart – sometimes the person is dressed in white and bathed in herbal water to restore them. Anthropologists note that in many societies, what looks like “possession” can be culturally accepted behavior (such as deliberately entering trance to communicate with spirits) and is not considered pathological unless it breaks social norms. Even in those cases, the cure is through **ritual, not medicine**: the community may hold a ceremony to set things right with the spirit world. Thus, exorcism in folk contexts is deeply entwined with cultural beliefs about spirits, the afterlife, and illness. It often serves a **social and psychological function**, giving people a tangible way to address misfortune by casting blame on an external evil and then symbolically eradicating it. Whether in a Catholic cathedral or a tribal village, the universality of exorcism rituals speaks to a primal desire for deliverance from suffering – and to make sense of experiences that lie at the edge of the ordinary.

Scientific and Psychological Perspectives on Possession

Modern science approaches reports of “demonic possession” with deep skepticism, seeking natural explanations for the dramatic phenomena that have historically been attributed to evil spirits. From a **psychiatric standpoint**, many classic symptoms of possession – convulsions, voices, personality changes, hidden knowledge, aversion to holy symbols – can be understood as manifestations of mental or neurological disorders. For instance, **schizophrenia** (and other forms of psychosis) can cause auditory hallucinations (“hearing voices”) and delusional beliefs of being controlled by external forces ⁴⁴. A schizophrenic patient might claim to be inhabited by another being, or react with fear and aggression to religious objects due to paranoid ideation rather than an actual demonic presence. Likewise, **epileptic seizures** (particularly temporal lobe epilepsy) were frequently mistaken for possession in earlier times ⁶¹. Before the medical description of epilepsy, the sudden violent thrashing, foaming at the mouth, and unconsciousness of a seizure seemed indistinguishable from what one would imagine during demonic attack. Indeed, the Greek word *epilepsia* means “to be seized [by something].” In hindsight, many alleged demoniacs of the medieval period were likely persons with epilepsy or other neurological conditions that were not understood ⁶² ⁶³. As medical knowledge advanced, Western society gradually reframed these cases in naturalistic terms. By the 18th century, it became more common to attribute unusual behaviors to imbalances of the humors or brain diseases rather than to witchcraft or possession ⁶².

Another key category is **dissociative disorders**, notably what used to be called multiple personality disorder and is now termed **Dissociative Identity Disorder (DID)**. In DID, an individual’s personality splits into distinct identities or “alters,” which may take turns controlling the person’s behavior. Some of these identities could present as hostile, speak with a different voice, or claim to be another entity entirely – behavior that to a pre-modern observer would closely resemble spirit possession. Psychiatrists have documented cases where a patient’s alternate identity behaves like a demon or spirit, even speaking foreign languages or with arcane knowledge that the primary personality doesn’t have (often explainable by subconscious memory or *cryptomnesia*, rather than supernatural knowledge) ⁶⁴ ⁶⁵. Conditions like **Dissociative Trance Disorder** or **Possession Trance** are recognized in diagnostic manuals (ICD-11 and DSM-5) as culturally influenced psychiatric phenomena, in which a person experiences a trance and *believes* themselves to be possessed by a spirit or deity ⁶⁶ ⁶⁷. These are considered *culture-bound syndromes* – that is, mental or psychosomatic conditions that manifest in ways shaped by cultural beliefs. For example, in

certain cultures a young woman under extreme stress might enter a trance state and speak with the voice of a local spirit or deceased ancestor. Clinically, this might be categorized as a dissociative trance, but within her culture, it's interpreted as genuine possession. Thus, the scientific perspective tries to tease apart the **psychological reality** (the person's experience and behavior) from the **cultural interpretation** (demonic possession vs. mental breakdown).

One well-known category of culturally mediated possession is the phenomenon of “**mass hysteria**” or **collective psychogenic illness**, wherein multiple people – often in a religious or high-stress environment – start exhibiting strange behaviors that feed off each other. In some revivalist church meetings or in villages fearing witchcraft, an initial case of apparent possession can set off a chain reaction of others displaying similar symptoms, essentially through psychological suggestion and social contagion. What might be seen as a demonic outbreak could thus be analyzed as a form of group dissociation or panic. Modern psychology also examines the role of **suggestion and expectation** in individual cases. If a devout person strongly believes in the devil and fears they are cursed, they may enter a self-induced trance where they act “possessed” according to the script they've absorbed from culture or religion (for instance, speaking gibberish, contorting, or exhibiting an unnatural voice). This is sometimes termed **cacodemonomania**, the delusion of being possessed by an evil spirit ⁶⁸. From this viewpoint, the person is not faking in a conscious sense – they are genuinely experiencing a break from normal consciousness – but the content of the experience (demons and religious warfare) is drawn from their belief system, much as a dream's content comes from one's mind.

Neuroscience adds another layer by exploring what happens in the brain during these episodes. Scans of patients undergoing trance states or alternate personality switches show changes in brain activity consistent with shifts in consciousness or stress responses, rather than any inexplicable phenomena. Some researchers note parallels between **exorcism and psychotherapy** – both can be intense interpersonal processes that alleviate a patient's distress through suggestion and emotional catharsis ⁶⁹ ⁷⁰. In fact, some psychiatrists have ventured to consider exorcism as a type of “primitive psychotherapy” ⁷¹: the exorcist engages in a battle with the patient's inner “demons,” providing a narrative (spirit invasion) and a cure (ritual expulsion) that might make sense to the patient in a way that modern medical jargon does not. A famous scene in *The Exorcist* (1973) reflects this idea – doctors, unable to cure Regan's affliction through science, suggest an exorcism as a kind of placebo: “*The victim's belief in possession is what helped cause it, so in that same way, the belief in the power of exorcism can make it disappear,*” one physician explains ⁷². This captures a core principle acknowledged by many clinicians: if a disorder is partly psychosomatic or belief-driven, then a **therapeutic ritual matching the patient's belief** may indeed bring relief ⁷³. In other words, if a person believes they are possessed, a ritual confirming that worldview and resolving it (i.e. exorcism) might be more effective than a secular treatment they don't trust. Documented cases exist where individuals with psychosomatic illness or dissociative disorders showed marked improvement after a well-conducted exorcism, essentially because it acted as a **powerful suggestion or placebo** that restructured their reality. However, this pragmatic view raises ethical questions: is it acceptable to use a “sham” treatment (one not believed to be objectively real by the therapist) for the patient's benefit? Some argue it can be seen as a “*noble sham*” under limited circumstances ⁷⁴, while others worry that indulging the belief in possession, even for cure's sake, could reinforce that belief and lead to future problems ⁷⁵ ⁷⁶.

It should be noted that a very small minority of medical professionals have taken the possibility of demonic phenomena more seriously. For example, **Dr. M. Scott Peck**, a Yale-trained psychiatrist, described in his 1983 book *People of the Lie* a couple of cases he was convinced were genuine demonic possession, and he even assisted in exorcisms. Similarly, more recently **Dr. Richard Gallagher**, an Ivy League-educated

psychiatrist, has written about a patient whose behaviors (e.g. levitating, speaking languages never learned, revealing hidden knowledge) he believed could not be explained by science and whom he diagnosed as possessed ⁷⁷ ⁷⁸. Gallagher has served as an adviser to clergy on distinguishing mental illness from true possession, arguing that while 98% or more of cases have natural explanations, a few defy psychiatric models ⁷⁷ ⁷⁹. Such accounts remain controversial and are often met with skepticism by the broader scientific community, which points out that even extraordinary manifestations might eventually find explanation (for instance, alleged levitations could be misperceptions, and hidden knowledge could be due to information leakage or the patient's hyper-observant subconscious). At present, **mainstream psychiatry does not recognize demonic possession as a clinical diagnosis** – any symptoms are catalogued under known disorders. Nonetheless, cultural sensitivity has led the DSM-5 to include “possession-form phenomena” under the umbrella of Dissociative Disorders for contexts where the person *experiences* it that way, without endorsing any supernatural cause ⁸⁰ ⁶⁷. Psychiatrists and clinical psychologists dealing with religious patients will sometimes work in tandem with clergy: for example, a patient might continue therapy and medication while also receiving pastoral care, and if the patient insists on an exorcism, a psychiatrist might at least ensure it's done safely. This collaborative approach aims to respect the patient's beliefs while ensuring that treatable conditions (like psychosis or trauma) are not neglected.

Modern Case Studies: Possession or Pathology?

To concretize the discussion, it is instructive to examine a couple of **notable modern exorcism cases** that have been documented in detail. These cases illustrate the interplay of religious belief, psychiatric interpretation, and the often tragic consequences when the two collide.

One of the most famous is the **case of Anneliese Michel** in 1970s Germany. Anneliese was a young Catholic woman who, at age 16, began suffering from seizures and was diagnosed with temporal lobe **epilepsy**, along with subsequent depression and hallucinations ⁶¹ ⁸¹. Despite treatment with anti-convulsant and anti-psychotic medications, her condition worsened over the years. By her early twenties, Anneliese exhibited increasing agitation toward religious objects, heard demonic voices damning her to hell, and became convinced (as did her deeply devout family) that she was **possessed by demons** ⁸². After medical therapies failed to bring relief, her parents sought help from the Catholic Church for an exorcism. Initially, local clergy were skeptical – church authorities in the 1970s were generally reluctant, given the era's modern attitudes, to declare a case demonic. However, two priests, after observation, obtained permission from the bishop to perform the **Rituale Romanum exorcism** on Anneliese in 1975 ⁸³. Over roughly ten months, Anneliese underwent an astonishing **67 exorcism sessions** (often one or two per week), during which she would reportedly speak in guttural voices claiming to be demons (including Lucifer, Judas, and others), lash out violently, and refuse to eat ⁸⁴ ⁸³. The exorcists – Father Ernst Alt and Father Arnold Renz – recorded audio tapes of these sessions, which later became part of the case's notoriety. Tragically, on July 1, 1976, Anneliese Michel died at the age of 23 from **malnutrition and dehydration** – effectively starving to death in a weakened state ⁸⁵ ⁸⁶. She weighed only about 68 pounds at the time of death ⁸⁷. The autopsy found no injuries aside from those attributable to her self-harm and the physical strain of the exorcisms. Her parents and the two priests were subsequently charged with negligent homicide. At trial, a spotlight was cast on the clash between faith and medicine: experts testified that Anneliese's symptoms were consistent with **epileptic psychosis** and perhaps a schizophrenic element, urging that she should have been hospitalized and force-fed ⁶¹. The defense argued that Anneliese, of her own belief and volition, had refused food and that the exorcisms were a last resort to help her. In 1978, the court found the parents and priests guilty of manslaughter resulting from negligence and sentenced them to six months in prison (later suspended) and probation ⁸⁶. The **“Anneliese Michel case”** (later adapted into films like *The Exorcism*

of *Emily Rose*) stands as a sobering example: to believers, it suggests that demons, if real, can kill – but to the medical community, it exemplifies the danger of misdiagnosing a treatable illness as a spiritual affliction ⁶¹ ⁸³ . Anneliese had in fact been under psychiatric care; however, once the exorcisms began, her family ceased medical consultations, focusing solely on the ritual, which proved fatal ⁸⁸ . This case spurred the Catholic Church to further tighten its guidelines, emphasizing that **no exorcism should ever neglect proper medical care**.

Another landmark case is that of “**Roland Doe**” (**Robbie Mannheim**) in 1949 – the real-life inspiration for *The Exorcist* novel and film. Roland (a pseudonym for a 14-year-old boy from Maryland) was raised in a Protestant family and began experiencing strange phenomena after attempting to contact his deceased aunt via a Ouija board. In early 1949, his household reported **poltergeist-like activity**: furniture moving on its own, scratching sounds, objects levitating or flying when the boy was nearby ⁸⁹ . Roland himself exhibited marks on his body and episodic violent behavior. His family consulted doctors and a Lutheran minister but found no help. Eventually, they turned to the Catholic Church. A series of exorcisms were conducted by Catholic priests in Washington, D.C., and then in St. Louis, where Roland’s relatives lived ⁹⁰ . The attending priest, Fr. Raymond Bishop, kept a detailed diary. During the exorcism rites (performed according to the 1614 Roman Ritual in Latin), Roland allegedly went into trances, spoke in a deep unnatural voice, vomited profusely, and reacted in pain when holy water or sacred objects were present ⁹¹ . Witnesses (including several Jesuit priests) claimed that words like “evil” and “hell” appeared as red welts on the boy’s skin at one point, and that he demonstrated **superhuman strength** during crises ⁹² . According to the diary, the final exorcism at a hospital in St. Louis ended dramatically: Roland broke into a normal voice and said “He’s gone,” describing a vision of St. Michael the Archangel defeating the demon. After that, the disturbances ceased and the boy went on to lead a normal life ⁹³ ⁹⁴ . Decades later, investigators identified the boy (who had lived to middle age and had a career at NASA) and found some discrepancies in the legend, but the priests involved consistently maintained that the case was **genuine albeit mysterious** ⁹³ ⁹⁵ . Father Walter Halloran, one of the last surviving Jesuits who assisted, admitted that while he couldn’t definitively say it was a demon, he witnessed phenomena he couldn’t explain – like the boy speaking Latin phrases despite no known training, and the sudden cessation of activity after the ritual invocation of St. Michael ⁹³ ⁹⁴ . Skeptics reviewing the case suggest that Roland was a disturbed boy acting out, possibly with moments of dissociation or subconscious dramatization of expected demonic behavior (perhaps he overheard Latin in the ritual and parroted it back). They also note the potential influence of **suggestion** – a devout household and priests expecting demon manifestations might have, through subtle cues, encouraged the boy to perform in line with possession narratives. Regardless, the Roland Doe case had a massive cultural impact once fictionalized. It also emboldened some clergy: if one high-profile exorcism could apparently succeed, others might as well. In the U.S., this case is often cited by Catholic exorcists as proof that, at least occasionally, **possession is real and exorcism works** – while psychiatrists often point to it as an example of the power of belief and the human mind’s capacity for self-deception or psychosomatic phenomena.

Other cases with modern documentation include the “**Enfield poltergeist**” (England, 1977) which some saw as demonic activity but others as pranks by children, and the case of **Latoya Ammons** (Indiana, USA, 2011) where a family’s claims of possession and strange occurrences drew media attention and even a police captain’s brief endorsement of the inexplicable – though skeptics again suspected a combination of suggestibility and possibly environmental factors (the house was later found to have a high mold content, which can cause neurological symptoms). These episodes often get a life in media and pop culture, making it harder to sift fact from embellishment. They do, however, highlight the **ongoing tension** in interpretation: devils or disorders? In the **Anneliese Michel** case, the failure of medicine led a religious family to an

extreme spiritual solution, with dire results ⁸² ⁸⁶. In the **Roland Doe** case, standard explanations faltered and religious ritual was credited with a cure, leaving a lingering sense of mystery ⁹⁵ ⁹³. Such stories ensure that the debate about possession is not merely theoretical but rooted in human dramas that evoke both empathy and controversy.

Religion vs. Psychiatry: Ongoing Debates and Ethical Concerns

The phenomenon of exorcism lies at the crossroads of faith and reason, and as such it continues to spur debate between **religious authorities and mental health professionals**. The central question is often framed as: *Is a given afflicted individual suffering from demonic possession or from a medical/psychological condition?* The answer one gives has enormous implications for treatment – holy water and prayers, or antipsychotic medication and therapy (or perhaps both). Modern Catholic protocol, as noted, is to **exclude mental illness before proceeding to exorcism** ²¹ ²², implicitly acknowledging that many cases brought to exorcists belong more appropriately in a psychiatrist's office. Indeed, 20th-century Catholic officials frequently stated that genuine possessions are extremely rare and that the vast majority of cases turn out to be natural disorders ²². Yet the Church also maintains that rare does not mean non-existent: from its standpoint, evil spirits can and do sometimes afflict humans in extraordinary ways that transcend what illness alone could do. Many priests cite instances where an ostensibly possessed person had aversions or knowledge that seem inconceivable unless a demon were present (such as fluently speaking languages they never learned, or revealing secrets of people present) ⁶⁴. These anecdotal claims are hard to verify scientifically, and skeptics have alternative explanations (unknown exposure to the language, cold-reading techniques or lucky guesses masquerading as hidden knowledge, etc.). The **psychiatric worldview** tends to be monistic – there is one reality, and everything in human behavior arises from natural processes like brain function, even if we don't fully understand it yet. In contrast, the **religious worldview** (at least in Abrahamic traditions) accepts a dual reality – material and spiritual – meaning a person's problems could originate from either realm or a mix. This fundamental difference means that debates can become intractable; each side operates from different first principles.

However, there is a growing middle ground where some cooperation and understanding occur. In practice, many clergy and doctors now agree that **collaboration** is beneficial. A priest dealing with a troubled parishioner will often insist they get a medical checkup; conversely, some psychiatrists faced with a patient fixated on demonic imagery might consult a chaplain or religious expert. This synergy was evident in a *2016 meeting at the Vatican* where exorcists and psychiatrists exchanged knowledge on how to better discern cases – recognizing that misdiagnosis either way can harm the patient ⁷⁰ ⁹⁶. Some nations (like the UK) have multi-disciplinary groups where clergy, social workers, and mental health professionals discuss perplexing cases of alleged possession, ensuring that both spiritual and medical perspectives are heard before any drastic intervention.

Ethical concerns loom large, especially in extreme exorcisms. One major worry is the potential for **physical and psychological harm**. In a vulnerable state, a person might be subjected to physically exhausting or even dangerous rites – for example, prolonged fasting, restraint, beating (in some folk practices), or denial of medical care. Anneliese Michel's death is a touchstone example of how things can go horribly wrong when exorcism is prioritized over medicine ⁸⁶. Even short of death, there have been cases of injury – for instance, a few Pentecostal exorcisms have led to suffocation or fractures when untrained ministers tried to "subdue" a violent demoniac. Then there is the psychological harm: repeatedly telling a mentally ill person that they are possessed by Satan might deepen their psychosis or trauma. If the exorcism "fails," the person could be left more desperate and isolated than before, having been told that even spiritual power couldn't

save them, or that they themselves might be to blame (e.g., harboring sin that lets the demon stay). Furthermore, if the exorcism *succeeds* in their view, it might reinforce a strong belief in demonology that causes them to interpret any future psychological stress as a renewed attack – a sort of dependency on the exorcist and a fear-ridden outlook on life ⁷⁵ ⁷⁶ . Ethically, professionals note this could prevent the person from developing healthy coping strategies or seeking appropriate help in the future.

Another concern is **informed consent and abuse of minors**. In several instances, children thought to be possessed have been subjected to exorcisms against their will. There have been tragic outcomes – for example, the 2003 case of an autistic eight-year-old in Milwaukee who was killed during a church's exorcism, or a 1997 case in California where a five-year-old girl died of asphyxiation during a purported exorcism by her mother. These extreme cases underscore that exorcism, when not conducted with utmost care and respect for life, can cross into criminal territory. Most major churches today instruct that **minors and mentally incapacitated individuals should not undergo exorcism without stringent safeguards**. The Catholic Church, for one, requires explicit episcopal permission and typically the guardian's consent for minors, and urges great caution.

From the religious perspective, advocates of exorcism argue that **not addressing genuine spiritual affliction is itself unethical**. They claim that if an actual demonic influence is present, denying the person access to the rite (out of a secular bias) would be akin to withholding a potentially life-saving treatment. They also point out that some people actively seek exorcisms; thus, refusing them could violate their religious freedom or personal autonomy. This is where careful **evaluation** becomes crucial – is the person in a state to make that decision? Are they being unduly influenced by a zealot relative or preacher? Ethical exorcists often work in tandem with a psychologist to get an independent assessment of the person's capacity and to ensure they are not exploited.

There's also the question of **deception in treatment**. As discussed, some doctors might privately think an exorcism is a placebo but still allow or even encourage it for a patient deeply convinced of possession ⁷² . Is it ethical to collaborate in what one views as a “sham” ritual? Opinions vary: some therapists feel that as long as it's done safely, leveraging the patient's belief to achieve a cure is acceptable (comparable to using placebo pills in medicine at times). Others argue it's dishonest and could undermine trust if the patient later learns the therapist didn't believe in it. The Journal of Medical Ethics blog, for instance, muses about exorcism as a “*noble lie*” in healthcare – a deception potentially justified by a greater good – but warns that it may have **backlash effects**, such as reinforcing supernatural beliefs that could harm the patient later ⁷⁴ ⁷⁵ .

In summary, the **ongoing debate between religious and psychiatric interpretations** of possession is characterized by a search for balance. There is increasing consensus that a person's well-being is paramount: whatever combination of interventions (spiritual, psychological, medical) alleviates their suffering with minimal harm should be considered. Case conferences, like those at Harvard and elsewhere, have suggested that one need not conclusively resolve whether demons are “real” to address the phenomena – what matters is treating the *presenting condition* humanely ⁹⁷ ⁹⁸ . If a patient says they see demons, a pastoral counselor might pray with them while a psychiatrist might prescribe antipsychotics; these are not mutually exclusive. The ideal is an **integrative approach** where clergy consult mental health experts before exorcism, and therapists respect a patient's spiritual worldview enough to not dismiss it out of hand. As one hospital chaplain put it, “*the theoretical, clinical, and ethical investigations of exorcism in mental health care do not require us to get bogged down debating whether demons are real – we focus on what the patient is experiencing and how to help them*” ⁹⁷ .

Conclusion: Exorcism, once a rite quietly embedded in religious tradition, now sits under a public and academic magnifying glass. Historically, it evolved from ancient expulsions of evil through prayer and holy drama into codified rituals like the Catholic *Rituale Romanum*, and it has analogues in virtually every faith – from the Qur’anic *ruqyah* to Hindu mantras and shamanic ceremonies. Scientifically, most of what was deemed demonic is now understood as illness, yet the persistence of exorcism attests to the fact that not all human suffering is adequately addressed by science alone, at least in the sufferers’ minds. The power of belief and the need for meaning can drive people to seek spiritual deliverance when conventional medicine fails or when their culture frames their distress in supernatural terms. As we have seen through case studies, the results can be dramatically beneficial in some instances and devastating in others. The challenge for contemporary society is to **honor the cultural and spiritual dimensions of phenomena like possession while upholding the standards of evidence-based care and human rights**. Exorcism will likely remain a subject of fascination – and controversy – as long as the line between the seen and unseen, the explainable and the mysterious, continues to blur in the complexities of the human condition. By studying it from historical, comparative, and scientific angles, we gain insight not only into demons and rituals, but into ourselves: our fears, our hopes for rescue, and the enduring battle to understand the darkness that can plague the mind and soul.

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