

EXORCISM RITUALS: EFFECTS ON MULTIPLE PERSONALITY DISORDER PATIENTS

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ABSTRACT

The persistent belief that spiritual entities can "possess" mere mortals has resulted in various rituals and ceremonies to expel these unwanted intruders. This act has been known as exorcism and is sanctioned even today by many traditional religions. This is pertinent to the field of multiple personality disorder because often the presentation or influence of dissociated ego states fulfills the conceptualized criteria of those who believe in the reality of spirit possession.

This paper addresses the issues of a group of multiple personality patients, treated by the author, who previously had been exposed to exorcism rites. Seven patients were interviewed about the effects of these ceremonies on their ego functioning. The results varied from mildly negative to severely disruptive; they included numbing of religious fervor, struggling physically with the exorcist, attempting suicide, creating demon alters, and believing that an alter had been banished and was perpetually suffering in hell.

The experiences of these patients are discussed, followed by cautions that the author believes should be reviewed before anyone considers an exorcism ceremony, especially if the subject is known to have, or has not yet been assessed for, a dissociative disorder.

INTRODUCTION

The belief that spirits, whether evil or divine, can possess a living person has persisted throughout history (Ellenberger, 1970; Crabtree, 1985; Inglis, 1989). Those of us who are familiar with the current theory and clinical presentations of dissociated ego states in multiple personality disorder (MPD) (Braun, 1986; Kluft, 1985; Ross, 1989; Putnam, 1989) are probably the first generation of therapists to know the actual nature of these supposed possessing entities in the Judeo-Christian versions of the possession syndrome. From the scientific point of view, such entities

represent dissociated ego states of the 'possessed' person. These dissociated, or split-off, ego states may exert control internally without the subject losing awareness or executive control of the day-to-day activities, or these ego states may take over full executive control with the subject having amnesia for that period of time. In the latter, these ego states have been also called 'alter personalities,' such as seen in patients with MPD.

The understanding of dissociative disorders is in its infancy, while the phenomenon of possession is as old as history. In the past, the presentation of dissociated ego states was erroneously interpreted as being of supernatural origin and as such had to be dealt with on a supernatural basis. Attempts were made to chase away the supposed possessing spirits by such means as noises, scare tactics, or even blood-letting. Another method was to try to transfer the spirit to another being or animal (see the Biblical story of 'Legion,' in the Book of Mark). Finally, and most spectacular, was the act of expelling or driving out the unwanted spirit by conjurations and other psychic means, called 'exorcism' (Ellenberger, 1970). Current society has been well exposed to the nature of these sometimes dramatic exorcism ceremonies through such popular media presentations as the movie "The Exorcist" and, more recently, a "20/20" (ABC TV network) broadcast seen across North America in April, 1991. This news documentary featured an actual Catholic exorcism performed on a teenage girl who was declared by a priest and his entourage to be possessed.

In spite of new understandings of dissociated ego state presentations, there still persists a folklore and religious tradition that believes possession by spirits is a relatively common reality best treated by religious or culturally-based exorcism ceremonies. This causes difficulties when dissociative states are misinterpreted as possession states. This paper discusses the negative effects seen in a group of MPD patients who were believed to be suffering from possession. It is beyond the scope of this paper to speculate whether or not possession is a reality in cases other than those dissociative state disorders such as MPD in which alters are misidentified as spiritual intruders.

The diagnostic nomenclatures used by the American Psychiatric Association (APA) could soon include the diagnosis of "Trance and Possession Disorder" (Task Force on DSM-IV, 1991). While this addition to the diagnostic lexicon within dissociative disorders represents an attempt to accommodate the presentation of dissociative states in other cultures where these dissociative states are viewed as possession,

the concern of this author is that this addition could be viewed in North America as an acceptance of the reality of possession. This could lead to a rise in the number of exorcism rituals performed on patients with dissociative disorders. The author has voiced his concerns about this possibility to the APA Task Force.

Considering the current numbers of dissociative disorder patients presenting with recollections of Satanic ritual abuse, the likelihood of ego states believing themselves to be 'demonic' makes it possible that many people will be expressing to therapists the belief that Satan or other demons exist. The fact that these are merely dissociated ego states with delusional identities may very well be missed by both victim and therapist. Persons believing that they have demonic alters could all too easily find themselves in the presence of those involved with deliverance ministries which focus on the expulsion of demonic entities. Luckily, there exists a group of pastoral counsellors who are advising clergy about the presentations of MPD. This hopefully will decrease the misconception that such people are possessed (Rosik, 1992).

The risk of dissociative disorder patients being subjected to exorcism rites because the internal ego states led them to believe that possession was involved is not an academic possibility, but a reality.

About one-third of the author's current caseload of MPD patients had given histories of having undergone exorcism ceremonies prior to the diagnosis of MPD. These were exorcisms done by clergy or lay religious counsellors who had attempted exorcisms on the patients without having considered the possibility that these patients suffered a psychiatric illness. This motivated the author to study the effects that the exorcism rituals had on these patients. The hypothesis is that since the diagnosis is MPD, then it is likely that one or a number of 'demons or spirits' engaged in the exorcism would have in fact been merely ego states. Since ego states do not actually 'leave the body,' it should be possible to engage the patient in hypnosis or guided imagery to find out if any ego states were effected by the ceremony.

METHOD

The author searched his records for cases of MPD patients who reported having been exorcised. Seven patients who were treated by the author and who reported being the subject of exorcism ceremonies agreed to be interviewed. They were asked about their recollections and subsequent functioning after the ceremony. Also, when appropriate, hypnosis or guided imagery techniques (Fraser, 1991) were employed to access current ego states for further information about the effects of the exorcism attempts.

CASE ILLUSTRATIONS

Case 1

The patient was a 31-year-old female MPD patient with a very complex system of dissociated ego states. She had developed her dissociative disorder in early childhood in relation to a highly dysfunctional family. Her mother,

between states of alcoholic intoxication, had frequently preached to her daughter about the fear of the Lord. As a teenager, the patient began dabbling in the occult with ouija boards and tarot cards. This set the stage for intense inner conflict. The patient was highly fantasy-prone. Tested with the Hypnotic Induction Profile measurement of hypnotizability (Spiegel & Spiegel, 1978), she clearly was among the group of highly hypnotizable patients, and had a classic 'grade 5 syndrome.' Due to her occult dabblings she readily formed new ego states called "The Dark Ones," who began a conflict with her 'spiritual alters,' which had previously been formed due to the many religious fears instilled by her mother.

The patient soon became aware of some kind of battle within. She experienced visual hallucinations of white and black lights which she believed represented a struggle between good and evil. She went to her pastor to discuss the lights. The pastor believed the lights represented a possession and suggested that the girl undergo an exorcism.

For three evenings the young woman went to the church. She sat in a chair while the pastor stood behind her with one hand on her head and the other hand holding a Bible. He then read from the Bible and demanded to know which spirits were involved. From his point of view, things were calm and appeared to go well. From her point of view it was a terrifying experience. The ceremony was in effect a hypnotic suggestion for the formation of new ego states who took on the suggested demon characteristics. These demon alters immediately possessed 'the dark ones' and upset the balance of power in favour of the anti-Christian ego states.

She stated that after the ceremony, "I felt distant and apart. I didn't feel like I belonged to any religion though I do go to church. I don't get involved in the communion service, I walk out. I feel I'd be sinning against God by taking communion (since this would result in evil ego states receiving communion). The evil spirits get angry at communion and don't like me going to church." In effect, this exorcism has had a negative effect for over a decade and manifests any time she attends a religious service.

Case 2

This MPD patient underwent an exorcism in her early 20's prior to her psychiatric management. She had been sent to her clergyman because of self-injurious behaviour, which seemed to come from within, over which she had no control, and for which she had no memory.

Possession was diagnosed and an exorcism session was arranged at the church. A few parishioners were present as assistants. At the very onset of the ceremony the patient noted a loss of executive control as an ego state emerged and attacked the clergyman. A physical struggle ensued and the patient sustained a sprained wrist. Attempts at exorcism were abruptly abandoned!

An alter personality later volunteered to the writer that it was the one involved in that altercation and said it wanted nothing to do with any religious ceremony. Since it was the one who was angry and was inflicting the self-injury to punish the host personality, it felt no hesitation in attacking

the clergyman. This male alter personality believed the clergyman was trying to eliminate or kill 'him.'

Though the injury was mild, it does underline that these ceremonies often operate in an adversarial manner and can lead to physical struggles. The strengths can be potentially dangerous, because an angry ego state may appear to have impressive strength in emergency situations. Moreover, the faithful helpers in such ceremonies may erroneously believe they are indeed doing battle with a demon and may themselves apply excessive force in such a struggle. Luckily, no further confrontations took place in this case.

Case 3

This 35-year-old patient gave a history of ritual abuse by both her mother's family in Canada and her grandmother's relatives in the Netherlands. She described a ceremony when she was four years old in which she was systematically taught to bark like a dog (she said this is because dog was God spelled backwards), go into a rage, and spit or bite at the name of God in any form. She described an elaborate program including shocks in which she was trained to act in this manner. A child personality was formed to carry out this behaviour.

On her return to Canada, she was ineligible to go to a public school and had to attend a Catholic school which had daily prayers. The nuns were horrified by her terrible reactions to these prayers. Screaming, spitting, and barking did not conform to expected classroom behaviour. After a couple of days, a well-meaning nun (her teacher) began keeping her in at recess. She suspected this unchristian behaviour indicated the child was in the control of some demonic entity. In an attempt to quietly perform an exorcism, the nun began sprinkling holy water and chanting prayers at this grade-one girl at recess time. The girl not surprisingly dissociated and reacted like an animal (a dog), even attacking the teacher by biting and snarling. She was promptly expelled and was sent to the public school.

She was also unable to attend church services and, with one exception, has not done so to this very day. She had tried to go to church once for the funeral of her father when she was age twelve. However, she dissociated while in the church, acted as mentioned above, and not only missed her father's funeral, but was also chastised by the family for her horrible behaviour in church. She had no memory of what had happened. Missing the funeral of her father, one of the few people in her life who had not abused her, is a painful memory she still lives with.

This could be termed an unofficial exorcism since the patient didn't know she was being exorcised and the exorcist was an amateur, although clearly a religious individual.

Case 4

This case describes a formal exorcism done by a minister on a 40-year-old female patient. Because of earlier alters alleged to have been formed in a Satanic cult, the patient had often had to leave church services and generally had a fear of churches. Her anxiety in connection with religious settings was considered a sign of possession and eventually

resulted in an exorcism. There was tremendous fighting during the exorcism by a previously formed male alter that identified itself with the alleged cult indoctrination, but she was restrained by participants and no injury resulted. This went on for a couple of nights and ended when the patient vomited. The vomiting was interpreted as the exit of the demon spirit. Later, one of the exorcists, realizing the vulnerability of this patient, abused her sexually. The angry male alter, which previously had been quiescent except when exposed to religious services, became even more identified with Satan after the exorcism rites. This male alter then became dormant for a number of years after the exorcism only to reawaken and then began to frequently cajole the patient through an auditory hallucination to commit suicide so they would 'all' go to hell where Satan lived. The alter's logic was that, because suicide was a sin, suicide would lead to banishment to hell. She almost succeeded in hanging herself twice while in the hospital.

Case 5

This 43-year-old female had been abused in childhood and developed MPD. Her symptoms frequently led her to the hospital emergency room. She mentioned to her priest that she was not getting better with any of the medical crisis interventions. On one such visit she was taken out of an emergency room by two priests who had accompanied her. They performed a three-day exorcism on her. It was perceived as a desperate battle between good and evil and experienced as highly stressful for all involved. She stated "the exorcism destroyed a large part of my believing in life." Some "nice" alters believed they would be destroyed along with the evil ones. A personality called "black-power witch" challenged the priests. She set fires and burned her body during the exorcism period. That burning had a calming effect on this aggressive alter. After three days of resistance and defiance she felt she had made her points with the priests. She stated, "I acted normal and they left me alone and believed they had exorcised the demon."

Afterwards, because some of the "nice" alters believed they were dead, the patient actually went to live for three to four months in a graveyard. She built a treehouse and scrounged for food in the countryside. When this behaviour was noticed, she was committed to a psychiatric hospital. Later, an alter, somehow related to the exorcism incident, turned a gun on the body and pulled the trigger. The woman survived, but has a bullet lodged in her vertebra to this very day. She continues in therapy and the connection between the shooting and the exorcism ritual is still uncertain, though she states she knows that there is an answer inside.

Case 6

This 42-year-old female, as a teenager was exorcised in a Christian church by the priest who reportedly also led their satanic cult. She says one established alter began to believe she was a demon. However, the question was quickly settled for a new alter was produced during the exorcism called "The Dark One" who believed she was the devil. The patient stated, "indignation was done to this 'dark one' and she left

my consciousness. She was sent to hell and often stayed there suffering. Other times she would torment me with things she thought demons should do. I always felt I had the devil in me." This "demon" was contacted in therapy via guided imagery and with assistance is now integrated. During its belief of being in hell, this state said she actually suffered the physical pain of what she perceived as being in hell. She cried with joy when she was reunited with the other ego states. The patient noted an improvement in her day to day functioning immediately after this intervention. This improvement has persisted for over two years and this patient has now been fused in post-integration therapy and about ready to leave therapy.

Case 7

The final patient to be discussed, a woman aged 30, was a member of a fundamentalist religious group that frequently practiced exorcisms. Her cousin had been having obsessive ruminations and subjective distress. The leaders of this small church group (many of whom were lay counsellors) decided the cousin must have been possessed, and possession could explain these obsessive thoughts. The patient, who will be called Anne, decided she should be present with her cousin during the ceremonies. However, because she was a relative it was decided she would be allowed to be present only if she agreed to subject herself to the exorcism as well. She agreed. What no one knew, not even Anne, was that she had been sexually abused until her teens and suffered undiagnosed multiple personality disorder.

This was the most intensive of all the exorcism rituals discussed here. It continued for one week. It happened about ten years ago. Anne and her cousin went immediately to the church after a full day of classes in college. The rites went on from about 4 p.m. to 2 a.m. every day. There were about six people at each session assisting the two exorcists. Names of demons were shouted and reactions to the names were noted to determine which demons were involved. Since Anne covertly suffered MPD she immediately reacted to the suggestions of possession more so than did her cousin. As the days progressed, hysteria spread. There was much screaming and the exorcists began getting pains in various parts of their bodies. They felt the cousins *both* must have had demons which were attacking the exorcists. Then they came to the conclusion that the cousins had been sent by Satan to destroy the church. In the middle of what was turning out to be a failed exorcism, the exorcists, believing the church to be in peril, commanded the cousins to commit suicide to get rid of the recalcitrant demons. Luckily this command was ignored, though it could have been a lethal post-hypnotic suggestion.

At the end of the week, Anne's cousin suddenly stood up and with a strange look in her eyes slowly said, "It is over!" The exorcists looked terrified, declared the exorcism complete, and abandoned further sessions. Anne felt "a little strange," she told the writer. "It was like a part of my mind left at that moment." However, she passed this off and did not realize the profound effect of this exorcism. Anne later became a counsellor, married, and had a child. About two

years ago she began having flashbacks of sexual abuse, MPD was diagnosed and she was referred to this writer.

Well into therapy, she agreed to take part in this study to find out what seemed "to leave her mind" in that ceremony ten years ago. Under hypnosis, she contacted the known personalities which she had been working with in therapy. She could visualize them all sitting around a table. She was asked to go beyond this group and see what may "have left her mind." She could hear someone calling who said she was in hell and could not get out. This voice shouted that there was darkness all around her and that she did not know how long she had been there. With some coaxing this part of Anne was convinced that she could be helped. This possible alter had lost track of time and thought it was still the early 1980's. It was as if she had been placed in suspended animation, or lost in a time-warp, awakening only to find many years had passed. Her surprise at the sudden passage of time was much like that which was recounted in Washington Irving's classic book *Rip Van Winkle* (1820). Perhaps it was such a case that prompted Washington Irving to write about Rip's twenty-year slumber!

It turned out that this exorcised part had been a personality of Anne's which had existed prior to the exorcism. This alter had carried the religious feelings. Amidst the fear and hysteria of the exorcism she felt the only way for everyone to survive was for her to "give in" and go to hell. This ego state reported that she actually experienced the pains and anguish of what she believed to be the fires and darkness of hell for all those years.

After the integration of this ritually banished personality, an interesting effect was noted. Anne felt a renewal of her religious feelings. Although she had continued to go to church after the exorcism, she now realized she had been just going through the motions. With the addition of her "exorcised" personality, she once again could enjoy her religious commitment. She had not realized what she had lost until she found it.

OBSERVATIONS

The following observations arise from the investigations with the above-mentioned MPD patients who had been exposed to exorcism rites:

1. Ego states *can* be effectively "banished" by exorcism ceremonies, but they become dormant and are not really expelled.
2. Ego states, so banished, can result in an ego dystonicity and may be experienced as a "haunting" feeling or force from within.
3. *New* ego states can be produced by exorcism rites.
4. New ego states not only can be produced but can "possess" old ego states. This can alter the balance of power within an ego state system.

5. Old ego states may be accidentally forced into the role of an evil spirit.
6. The religious fervor of the patient can be markedly reduced.
7. Total or partial avoidance of Christian church ceremonies was evident after the exorcism in some cases.
8. Physical struggles may ensue between exorcists and the frightened or targeted ego states.
9. Suicidal attempts could be initiated from energized "demon states."
10. Ego states could be sent into an inner subjective reality of constant suffering in the darkness or fires of hell.
11. Severe alterations in social interactions can take place following the exorcism since the person has the feeling of an evil within.
12. Banished ego states can apparently be recovered (at least in the cases where this was attempted in this study). This area should be approached with great caution because these states believe themselves to be demons. Also, such patients may be quite suggestible and one must be very careful to avoid any further harm to the patient on an iatrogenic basis.

CAUTIONS TO POTENTIAL EXORCISTS

Before any exorcism rite is considered, the author believes the following points should be kept in mind in reference to those who may suffer from dissociative disorders:

1. Anyone considering himself or herself competent to perform exorcism rituals should be familiar with the theory of dissociative disorders (i.e., MPD) and also know that ego states can be frightened or coerced to believe they are evil entities or spirits and will act out their perceived roles.
2. Exorcists can misinterpret the engagement or production of such dissociated ego states as proof of possession. In such cases, this is a serious error because it exposes ego states and the entire system to yet further trauma.
3. It must be recognized that serious effects to the personality can result from exorcism rites performed on such patients. These can have lasting negative consequences and may later lead to erroneous psychiatric diagnoses or further complicate an already existing MPD. In some cases the well-meaning exorcism actually violates the subject's rights to religious freedom.

4. It is recommended that exorcism never be considered unless a dissociative disorder such as MPD be first ruled out by a knowledgeable therapist well-versed with the current literature, theory, and therapy of dissociative disorders.
5. Similar caution should also be considered when dealing with those with a diagnosis of post-traumatic stress disorder (PTSD), or also borderline personality disorder (BPD) where significant dissociative symptoms could also exist.

Whether or not a "symbolic" exorcism may be helpful in certain dissociative disorders remains an open question in this author's mind. Theoretically, there may be some demonic ego states whose belief is such that they can only stop their activity if they are "banished." Properly carried out, and with the knowledge that this is symbolic, such an exorcism ceremony may possibly be justified with the informed consent of the patient.

CONCLUSION

This paper concerns cases of patients with dissociative disorders who were erroneously believed to have been suffering from "possession" and consequently were subjected to exorcism rituals. The possession entities turned out to be dissociated ego states. It is beyond the scope of this paper to discuss possession as a religious reality. This paper hopefully will serve as a guide to therapists and clergy so that when considering possession, the therapist or clergyman will not overlook dissociative diagnoses.

Seven multiple personality patients have been discussed who were believed to be possessed due to the influences of their ego states (personalities). Therapy and hypnotic/guided imagery investigation confirmed that it was ego states who were at the source of the presentations that were misinterpreted as possession.

The seven patients were interviewed, in some cases including interaction with the ego states in question, to assess the effects that the exorcism ceremonies had. In all cases, the exorcism ceremony had a negative effect, ranging from mild to severe in its consequences. Observations and cautions are offered in hope that they will act as guides to those considering exorcism ceremonies. These suggestions are intended to prevent those with dissociative disorders from being erroneously diagnosed as having possessing entities. In the past, the presentation of dissociated ego states has sometimes been mistaken as an indicator of "possession" with negative consequences. This consequence has been demonstrated in this series of seven patients from the author's caseload. ■

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