

ESTABLISHING A  
FOUNDATION FOR  
DIALOGUE: A RESPONSE  
TO ARTICLES ON  
POSSESSION, EXORCISM,  
AND MPD

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#### ABSTRACT

*This response offers brief critiques of the articles by Drs. Coons, Begelman, Bowman, and Fraser, all of which raise important issues concerning the development of dialogue between the psychiatric and religious communities. It is argued that this dialogue on exorcism and possession needs to be characterized by humility on all sides. A rationale for the preservation of humility by those in the dissociative disorders field is given, and some implications of this for further dialogue conclude the paper.*

There continues to be a great need for interdisciplinary dialogue between the psychiatric and religious communities. Therapists involved in the treatment of multiple personality disorder (MPD) are in an important position to contribute to this dialogue, as is perhaps most evident in considering the uses and abuses of exorcism. In what follows, my intention is first to briefly respond to the specific content of the featured articles. Then I would like to address some related issues pertinent to the often difficult task of fostering respectful dialogue concerning exorcism between clinicians and clergy. My background is that of a clinical psychologist whose educational and work affiliations have led to a reasonable familiarity with both the psychological and religious sentiments on this matter.

#### DIFFERENTIALLY DIAGNOSING POSSESSION STATES

Dr. Coons (1993) provides a very helpful reminder that any acontextual assessment of possession states and their relation to dissociative phenomena is likely to have significant limitations. Distinctions between non-trance, trance, and ritual possession as well as normal and abnormal possession or dissociation are instructive for therapists and researchers. Such categories should assist therapists in avoiding simplistic associations between possession and psychopathology and provide researchers with a more sophisticated theoretical and interpretive grid through which to comprehend their findings. My only disappointment about this analysis was the absence of the author's views regarding

the significance of these distinctions for guiding the use of different treatment modalities, e.g., exorcism.

Concerning the proposed trance and possession disorder, Dr. Coons presents a useful but bare-bones introduction, and interested readers should consult the Winter, 1992, edition of the *Transcultural Psychiatric Research Review*, (Kirmeyer, 1992) which is devoted exclusively to these matters. Finally, Dr. Coons is right to underscore the intimate connection between views on possession and belief systems, a subject I will attend to in more detail later. I am appreciative of his call for mutual respect among divergent groups of professionals, many of whom may need to cross ideological boundaries before our understanding of possession and exorcism can be fully enriched.

#### INTERDISCIPLINARY CONTRIBUTIONS TO POSSESSION

I read Dr. Begelman's (1993) work with interest and a measure of fascination. His efforts are a significant attempt to clarify some philosophical groundrules within which the dialogue over exorcism may fruitfully be carried out. He does this in part through historical analysis, hoping, I assume, that present discussions about exorcism and dissociation will learn from rather than repeat the excesses of the past. Within this framework, Dr. Begelman cautions social scientists not to rule out a role for exorcism on an *a priori* basis. As I will try to make clear shortly, there are not only good philosophical reasons for such restraint, but strategic and cross-cultural ones as well. The author also rightly encourages circumspection on the part of contemporary exorcists, who too often are unaware of the restraints advocated in their own religious heritages. While I do suspect that Dr. Begelman overestimates the willingness modern exorcists may have to forfeit their seemingly dualistic theologies, this need not prevent them from exercising due caution.

#### EFFECTS OF EXORCISM ON MPD

Both Drs. Bowman (1993) and Fraser (1993) begin their studies by reviewing beliefs regarding the nature of "demonic alters." Additionally, Dr. Fraser proceeds to make an impassioned plea for the historical misinterpretation of dissociated states as demons, utilizing the Double Aspect Picture approach critiqued by Dr. Begelman (1993). These studies are to be welcomed, not because of their scientific rigor, which is weak, but rather due to the fact that they are initial

attempts to more systematically explore the effectiveness of exorcism in the treatment of MPD. These studies thus begin what I hope will be an ongoing and increasingly refined dialogue between opponents and proponents through the vehicle of psychological research. Such a dialogue has been long overdue.

Drs. Bowman and Fraser both report mostly negative sequelae following exorcism in the MPD patients whom they examined. These results lend further credibility to the clinical impressions of most in the dissociative disorders field regarding the potential harm exorcisms may inflict on patients. Dr. Bowman's finding that the patients' spiritual condition was even more adversely affected than was their emotional stability may serve as a useful point at which to begin dialogue with clergy.

Despite the importance of these studies, they are by no means impervious to critique, and I hope the following concerns will be considered in the undertaking of future research studies on exorcism. Dr. Bowman's only measure of religiousness is a very crude one: religious affiliation. While her interview method of data collection may have prohibited it, an assessment device which took into account the multidimensional nature of religious faith (Spilka, Hood, & Gorsuch, 1985) would likely have shed significantly more light on the spiritual and religious aftermath of exorcism. Another frustration was Dr. Bowman's tabulation of patient reactions across subjects which did not permit an analysis of effects on individual intrasubject alter systems. She reports some positive reactions by hosts and alters, but there is no way of knowing if these reactions were concentrated in one or two patients whose experience of exorcism would then deserve special attention.

Another limitation to the generalizability of these studies is the lack of standardization in the exorcism procedure. We know next to nothing about the exorcisms, except that many of them appeared to be coercive and abusive. Although there certainly is a great deal of this maltreatment going on, I am acquainted with clergy who take a more restrained and informed stance regarding their involvement in exorcism, and I wonder if these studies do justice to their prudence (Ross, 1993). Certainly we clinicians would not want psychotherapy outcome studies to be based on treatment provided by grandiose or sexually abusive therapists and conducted in front of 400 spectators. I suspect that there are many clergy and some therapists who, despite the informative value of these studies, would ask Drs. Bowman and Fraser to withhold peremptory conclusions regarding exorcism for precisely the same reasons.

A related caveat to these studies concerns the timing and context of the reported exorcisms. Dr. Bowman, to her credit, acknowledges the limitation placed on her findings by virtue of all the exorcisms having occurred outside of a therapeutic relationship. All of the cases recorded by Dr. Fraser involved the use of exorcism prior to the diagnosis of MPD, and in all likelihood most of these were conducted by individuals unfamiliar with dissociative phenomena. Thus their findings may not easily generalize to exorcisms conducted in the context of a therapeutic relationship by some-

one with a working knowledge of MPD. Further research is needed to clarify this possibility. My suspicion is that studies which assess for the world views of both patient and exorcist, the presence of an established psychotherapeutic relationship, and the exorcist's degree of familiarity with MPD might uncover some limited circumstances under which exorcism could be experienced as a healing ritual.

A final comment regarding Dr. Fraser's study is worth noting for the purposes of theoretical consistency. This has to do with the potentially confounding influence of patient suggestibility during the interviews, which were personally conducted by Dr. Fraser on his patients. While I would be inclined to take the reports at face value, the contribution of patient suggestibility and conformity to interviewer expectation remains uncertain. Mentioning this possibility is consistent in that the specter of suggestion is typically raised in analyses of interactions between MPD patients and exorcists (Bowman, 1992, 1993; Ganaway, 1992). Theoretical fairness demands that discussions of suggestibility not be reserved solely for occasions that serve the assumptive framework of the researcher (Rosik, 1993).

## THE PRAGMATICS OF DIALOGUE: IN DEFENSE OF A LITTLE HUMILITY

It is evident from these articles that those of us who operate within the dissociative disorders field have an important body of knowledge to offer members of the religious community who are involved with exorcism. Just as awareness of MPD may rescue many who would in the past have been labeled schizophrenic, heavily medicated, and left to live in and out of the psychiatric units of state hospitals, so within churches and synagogues many may be spared being labeled as evil and subject to abusive and unproductive exorcisms. The need for extensive and prolonged dialogue with the religious subculture is immense. Yet therapists are often woefully unfamiliar with the nature and function of formal religious beliefs (Bergin & Jensen, 1990; Eckhardt, Kassinovec, & Edwards, 1992; Lukoff, Lu, & Turner, 1992a; Lukoff, Lu, & Turner, 1992b). My main concern is that many therapists and researchers could be insensitive to the cross-cultural issues involved in this dialogue. This might serve to undermine the credibility of dissociative phenomena within certain religious circles and jeopardize what limited forums we have in which to discuss it. This would, in effect, make us an unwitting accomplice to the continuation of such abuse.

Dr. Fraser's (1993) introductory statements may serve as a case in point. He contends that we now "know the actual nature of these supposed possessing entities" which have been "erroneously interpreted" in the past along supernatural lines. They are, he observes, merely dissociated ego states. I personally do not think such a blanket explanation takes all the mystery out of things. After all, what really are ego states? Perhaps it can be speculated that they are a form of pure conscious energy. Then one cannot help but wonder about the nature of this energy. It is at this level of subatomic particles and quantum reality that theologians and physicists have been meeting recently (Casti, 1989; Frank, 1977).

Kafatos & Nadeau, 1990; Lederman, 1993; Rolston, 1987) and we might benefit from attending to their conversations. While highly conjectural, it may be that at this level the irreducible energy of life has a distinctly personal and what one might consider spiritual nature of which we know little. Given the inability of science to rule out such possibilities, might it not be more judicious for the purposes of dialogue to be cautious with our conclusions about possession and exorcism? Is it not sufficient to say merely that in certain clinical circumstances the theoretical construct of ego states provides a more serviceable method of grasping the unseen than the construct of possessing spirits?

The point of this questioning is simply to argue for humility in any ontological pronouncements. We are in essence asking clergy and others in the religious community for this and I think we should be willing to exhibit some of it ourselves. Without this, I fear that MPD will not be given as extensive legitimacy as it could within conservative religious circles (Denton & Denton, 1992; Kunst, 1993), where most exorcisms are going to be performed. Several lines of reasoning support the notion that such humility will be a precursor to meaningful dialogue. First, most religiously conservative clergy, therapists, and patients are not likely to listen long when beliefs important to them are suddenly and unceremoniously declared completely erroneous (Payne, Bergin, & Loftus, 1992; Prince & Reiss, 1990; Rosik, 1992a). The existence of demons and the potential for exorcism are viewed by these individuals as part of a sacred tradition that has been passed down over millenia to them (Page, 1989; Wilson, 1989). Attempts to reinterpret the Biblical possession and exorcism accounts solely in terms of dissociative experiences are likely to prove unpersuasive. Though the similarities between possession states and MPD are great (Goodwin, Hill, & Attias, 1990), some differences have been observed (Cardena, 1992; Castillo, 1992).

Moreover, certain Biblical accounts of exorcism, such as one which occurred at a significant distance, may prove particularly difficult to recast in a dissociative framework that satisfies conservative clergy. Obstacles such as these underscore the futility of any approach to dialogue that emphasizes the discounting and reinterpretation of religious beliefs. There is no inherent reason why the education of this religious subculture regarding MPD needs to include an overt discrediting of their tradition, unless the educator intends to embark on a somewhat insidious form of proselytization.

Thus another argument for humility may be to guard against unproductive countertransference reactions by many of us in the dissociative disorders field to this potentially polarizing subject matter. The dangers and excesses of unchecked countertransference between those who share a religious persuasion are well known (Bowman, 1989; Spero, 1981). Yet there is evidence that this problem, in the form of an "ideological countertransference" may also skew secular therapist perceptions toward those who espouse the kind of strong religious views likely to be encountered in the dialogue over exorcism (Gartner, Harmatz, Hohmann, Larson, & Gartner, 1990). Therapists who may have been indoctrinated into a paradigm antagonistic to "fundamen-

talist religion" will need to guard against a potential self-fulfilling bias when conducting research into exorcism (Denton & Denton, 1992; Krasner & Houts, 1984). Certainly successful dialogue will involve a more balanced approach than is reflected in the *DSM-III-R*, where all references to religion occur in the context of pathology (Lukoff, Turner, & Lu, 1992b).

The advisability of a humble approach may be further indicated by the reports of beneficial exorcism rituals that continue to surface, both in the Christian (Allison & Schwarz, 1980; Friesen, 1991, 1992; Lawler, 1992; Rosik, 1992b) and Jewish traditions (Witztum, Buchbinder, & van der Hart, 1990; van der Hart, Witztum, & Friedman, 1993). These rituals might be distinguished from the majority of traumatizing cases (Bowman, 1993; Fraser, 1993; Watkins & Watkins, 1988) by virtue of the involvement of a trained mental health professional, usually one familiar with MPD. Of course, those who advocate a potential role for exorcism in the treatment of MPD can expect justifiable pressure to move beyond anecdotal reports to a more thoroughly researched position if they are to gain a wider acceptance within the scientific community.

#### CONCLUSIONS: HUMILITY AND THE FUTURE OF DIALOGUE

Throughout this response I have intentionally used the term dialogue rather than debate when referring to the anticipated exchange of ideas and experiences between dissociative disorder specialists and the religious community regarding exorcism. My prognosis is hopeful but very guarded concerning the ability of both parties to refrain from partisan contentiousness. Drs. Coons (1993) and Begelman (1993), as well as others (Kluft, 1992; Rosik, 1993), have observed that beliefs central to our identities may become activated and threatened very quickly in discussions about topics such as exorcism. I am not as optimistic as some may be (Hufford, 1992; Ross, 1992) about the ability of social scientists to retain an ontological neutrality in their studies of such subjects. I suspect a more realistic accounting of the human impulse can be found in Mahoney's perspective (quoted in Krasner & Houts, 1984), which finds the scientist to be "probably the most passionate of professionals; his [sic] theoretical and personal biases often color his alleged 'openness' to the data" (p. 842).

From this angle, then, real humility is evidenced when participants in the dialogue endeavor to increase cognizance not merely of the other's viewpoint but also of their own individual belief system and the unique set of vulnerabilities that accompany it. This more acute awareness may serve as a critical check on personal bias in our theoretical and research pursuits regarding exorcism. On a theoretical level, Drs. Coons (1993) and Begelman (1993) have served this purpose well by clarifying the landscape and boundaries of the dialogue. No doubt we will be in need of further analytical work like this to keep the dialogue on track. In terms of research, Drs. Bowman (1993) and Fraser (1993) have offered an important opening salvo in what I hope will be a prolonged and diverse empirical investigation into the after-

effects of exorcism in MPD patients. Humility in the interests of dialogue may dictate, however, that researchers discovering what often goes wrong in this area not lose their openness to what, in selected instances, may go right. ■

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