

REPLY TO REVIEWERS EXORCISM REPORT

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It is a pleasure to be part of this discussion on exorcism. All of the papers of the reviewers, Drs. Crabtree, Noll, and Rosik, besides being critiques, are in themselves valuable contributions.

In reply, the most common critique of my paper relates to a comment in my opening paragraph. Actually, I agree with the reviewers for as it stands it comes across that I believe all cases of reported possession can be explained by "dissociated ego states." This is, of course, just not so and it does sound rather dogmatic. This paper was based on an oral presentation in which I hopefully better clarified that I was referring only to multiple personality (MPD) and those personalities/ego states which could be misinterpreted as or confused with external demonic possession. In the paper this sentence is over-inclusive. This was an oversight on my part. I hope this reply conveys my intention and I ask that my article will be interpreted in this MPD-specific context. The true nature of possession is very complex. The scope of exorcism lies in the realm of many disciplines which, when working in tandem, hopefully may one day fit together the pieces of the puzzle of exorcism.

Regarding the same paragraph, Crabtree rightly notes we are not the first generation to recognize "that ostensible possessing entities may be dissociated ego states." We in the field are well aware and indebted to the work of Pierre Janet and others. Nonetheless, the widespread knowledge and acceptance of dissociative disorders has been embraced by this current generation of therapists moreso than at any time in the past. This can be attested to by the large volume of writings in the past decade (Goettman, Greaves, & Coons, 1991). This is something we can be proud of. Our interpretation of ego states and even exorcism will change in the future. As Noll suggests, our current observations may look quaint as viewed from the 22nd century, but so too will theirs when viewed from the 24th century!

Crabtree observes we did not define "possession." He follows this with a well written overview of concepts of possession. I suggested my interpretation in the first sentence, i.e., "spirits evil or divine which are believed to possess a living person." By "possess" I mean enter, inhabit, and/or influence. My meaning was not a metaphysical one, rather the ordinary meaning as seen in the North American culture. To "perceive" being possessed is very different than "being" possessed. While Noll's questions about possible connections between ego states and spirits is philosophically attractive, it is not appropriate to the context of my paper. I doubt many informed North Americans consider MPD and spirit

possession to be the same phenomenon. If one wishes to broaden the definition of spirits to include ego states, then this is a very different matter as we then encroach upon the issue of "perception" of possession.

Rosik brings up the valid possibility of interviewer bias and expectation. Interestingly, it is precisely this possibility that led me to do my case studies. I reasoned that since these were MPD patients, they might have been influenced by the expectations of the exorcist. Could the ceremony have evoked the process of dissociation on the part of the MPD patient? I had no guidelines to follow nor knowledge or previous studies in this area. Thus, I really had no specific expectations. Quite frankly, I was surprised with the effects that had resulted from these exorcisms.

Noll suggests that MPD patients *successfully* treated would never come to the attention of psychiatrists like myself or Bowman. Not so! Many of the cases I reported *were* considered to have undergone a successful exorcism. My study simply revealed that the appearance of success did not equate with the expulsion of a demon. Instead, it resulted in alterations within these dissociative-prone people which had ongoing and unexpected negative effects. I would not deny that over the years exorcism quite possibly has helped many people (but possibly has harmed many too, as my limited study suggests).

Noll fears "the *next wave* of hysteria in psychiatry" eclipsing the Satanic ritual abuse controversy. He forgets I wrote the APA task force on *DSM-IV* suggesting that possession disorder *not* be included in the proposed state for that reason. My cautions are *against* inappropriate exorcisms, *not* for them. He speaks of "sour grapes" suggesting there could be a turf war between the clergy and psychiatry. I do not want to do exorcisms and I suspect the clergy do not want to treat dissociative state disorders. I believe the clergy will welcome the sharing of newer findings in the field of dissociation. We have much to gain working in tandem with the clergy and much to lose in turf wars. In a poster session on team approaches in MPD management at an annual ISSMP&D conference in Chicago (Raine & Fraser, 1988), the chaplain of our hospital was included as a member of our core team. He has been especially helpful in ritual abuse cases, and many of the cases included in my study were seen by him.

The issue of "trance and possession disorders" and *DSM-IV* did cause me some problems which I conveyed to the appropriate committee. I had difficulties with the wording and felt that as it was proposed it might have the effect of legitimizing exorcism ceremonies without consideration that

the perceived possession could be a dissociative disorder (I believe that a decision has been made to not include possession disorder in *DSM-IV*). I am not wholly naive in the area of transcultural psychiatry. I did work for two years in West Africa as a general practitioner. I saw many cases which were perceived to be caused by spirit possession. The medical diagnosis often turned out to be schizophrenia, depression, delusional disorders, and hysterical neurosis to name the more common ones. Thus, having first-hand knowledge of the complexity of possession in other countries, I believe that any attempt at medical categorization has to be addressed very carefully to avoid misuse. I have since read the definition given in *ICD-10* which, while similar to those proposed for *DSM-IV*, has important subtle differences which may prove useful.

The reviewers did wonder about humility in drawing conclusions. I for one am very aware of the limits of small, uncontrolled studies as I'm sure the other authors are. Only the future will tell if this preliminary work will be of any value. I was so alarmed by the negative effects that these exorcism ceremonies had on my patients that I felt compelled (and still do) to share this knowledge with my colleagues. I feel my observations and cautions about exorcisms if considered when dealing with dissociative state disorder will uphold the basic tenets held by doctors (and shared, I believe, by all therapists), which is, "first, do no harm." ■

REFERENCES

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