

Possession as a Clinical Phenomenon

A Critique of the Medical Model

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In this article I will limit myself to the individual's specific experience of his personality being possessed, either partially or completely, momentarily or for an extended period of time, by evil spirits.¹ The individual is so disturbed by this experience that he cannot experience himself as freed, despite exorcism within his sect or the efforts of exorcizing experts.

My intention is to deal with the experiences of the group of individuals who, sincerely convinced that they are possessed by demons or evil spirits, have sought psychiatric or clinical psychological aid or who have received such aid through the efforts of relatives.

One way of defining this type of personality transformation in modern psychiatric terminology is "cacodemonomania" (Shendel, 1980).

I should first like briefly to present four cases. These can be said to represent the most common possessional states found in clinical praxis (Whitwell 1980). In conjunction with these four cases I will discuss a few more fundamental aspects of the explanations often provided in medical-psychiatric literature. I wish to supplement narrow medical perspective with one from the psychology of religion. At the very outset I wish to maintain that the structure of possession can above all be understood as an *interaction* between a cognitive, linguistic level, and an emotional, affective level. Only if one unites these two levels can one attain a deeper understanding of the individual's possession experience.

When dealing with the *dynamics* of possession, that is, the importance of the experience for the individual's total psychic economy, one must differentiate between the "normal" and the "pathological". The possessional experience which temporally is initiated, experienced and concluded within a cultic ritual frame, within a specific religious context, is a well-known phenomenon in the phenomenology of religion. This experience, however,

¹ Bibliographies in these themes: Anthropological and Cross-cultural Themes 1977. Spirit possession and spirit mediumship. An annotated bibliography, 1978. Overviews: Bourguignon, 1976. Case Studies in Spirit

Possession 1977. An important report with detailed bibliography is Spanos-Gottlieb who discusses the "demythologizing" of psychological language from Possession through Mesmerism to Hysteria, 1979.

must be kept *separate* from the anxiety-filled and temporally enduring possession experience. The latter, however, can be initiated by the former and remain as a pathological/neurotic symptom if *before* the cultic possession experience there were neurotic/psychotic determinants in the individual's personality. Naturally, there are also compound forms of these "normal" and "pathological" types (Buzzuto 1975, Ward-Beaubrun 1981). Our article will deal particularly with the latter phenomenon.

Where the psychology of religion borders on clinical psychology and psychiatry, the concept of the "psychopathology of religion" has been coined. It is mainly in Germany that attempts have been made to delimit mentally anomalous states where religion has an important part in the genesis or manifestation of respective symptoms (Weitbrecht 1948). We can, in other words, differentiate between religious function in pathogenesis and in pathoplastics. It has long been known that psychotic patients often express their misconceptions in religious terms. Jung has systematized this and drawn extensive conclusions for comparative religion, perhaps all too extensive. Depressed individuals of an endogenous nature often express notions of sin in religious terms. Others develop paranoid tendencies which, clothed in religious garb, are interpreted as if they were persecuted by demons or spirits or were sinning against the Holy Spirit.

To gather material for a more careful study of these phenomena one can work strictly with statistics and attempt to correlate different variables such as sex, age, denomination, etc. This is an important part of research but these studies must be supplemented by more individual-oriented case studies. *Günter Hole*, professor in Ulm, has published the largest study known to us of the religious conceptions of the mentally disturbed. He uses there a strictly statistical method. But in his concluding discussion he contends that one can actually go "further" by "verstehende und einfühlende Kontakt; also der Einzelfallerhellung" (1977, 216). In the context of clinical psychology, as in psychiatric work, the case study is an important part of the scientific material. Within the psychology of religion it should therefore be necessary to concentrate on individual cases although methodological stringency is then harder to maintain.²

The following case studies are based upon notes written after interviews with the respective individual. Tape recordings were not allowed. The interviews are supplemented by letters and files. They are published by consent and after being read by the individuals involved. Some have been

² The necessity of case-studies in the psychology of religion is stressed by Beit-Hallahmi 1980. Rizotto 1976, shows the impor-

tance of case-studies, especially when dealing with possessional states.

changed to avoid identification. Publication in other than scientific periodicals is not desired.

Case studies

Case A. A 29 year old male, married with two children, social group 3. Never religiously active before, either during childhood or as an adult. Politically active in leftist groups. No prior history of psychiatric treatment. One and one half years prior to his relatives seeking aid, his activity level successively increased. Besides his regular employment, he began intensive business activity. He became increasingly restless and anxious. Among other things, he purchased wholesale a large quantity of Bibles. These he could not sell. The purchase was completely unexpected and he could not explain it himself. Stress increased both at work and at home. He purchased more religious literature, storing the books in his cellar for future use. God had chosen him for something great. He slept less and less. He telephoned the USA and purchased two Bolivian boats, and, again by telephone, he rented exhibition halls in Buenos Aires. Bank transactions followed in rapid succession. At this point the family and friends began to have their doubts.

A few neighbours who were active in a small Pentecostal group told the man's wife that her husband was obviously possessed by some sort of spirit. A travelling preacher visited the family, laid hands upon him and prayed for him, attempting to drive out the spirits he could discern in his eyes. The day after the preacher's attempted exorcism, the tempo had further increased. But now the thought arose that he was persecuted by demons who wanted to thwart his great project. The demons controlled not only his wife but even the preacher and the neighbours who spoke of his seeking aid. The demons were at times even in his own body. During these periods his relatives experienced him as completely changed. He ridiculed everything that was religious, spat at his wife's prayers and urinated on a Bible and the religious books he had earlier collected. During those periods when his mind was not filled with demonic behavior, he was tired, nervous and restless; he was intensely afraid of Hell and demons. A few days before his arrival at the psychiatric clinic he slept only three hours a night.

Obviously, this man felt himself to be possessed by the Devil. We shall return shortly and discuss the medical explanation and its plausibility, but above all its limitations.

Case B. A male, 19 years of age, admitted two years ago to a psychiatric ward for "border-line psychosis?". Since junior high school he has only worked temporarily. Childhood is described as closed and lonely. Very

active, non-conformist parents. At the age of 16, he had an intensive attack of anxiety and anguish. During the same period, he became a member of a Free Church, having experienced “salvation” during a tent meeting. During one period, he was active in the musical activity of his church. But his anxiety was overwhelming. A decisive phase in his development was the reading of Nicko Cruz’s description of his path from drug abuse to Christian faith. Cruz describes this process as his liberation from a drug demon. Then “he understood that he was possessed”. The anxiety continued, but it was coupled to a religious world. The idea of his being possessed increased. For one year now he has been convinced that his anxiety and depression are the result of being possessed by the Devil. He writes,

“One day it burned in my soul and a veil was placed before my eyes. It still remains. I experienced a lot of strange things. One guy said to me, you are a demon. That hurt me deep in my soul, it seared like a fire.

From the beginning, my sexual feelings were almost animal-like. The same thing I went through was experienced by another person called Nicko Jonson. In the book he wrote, it said that he was possessed by the Devil. For over two years I’ve been here in the psychiatric ward and I don’t feel a bit better. I am so anxious and restless that life is unbearable. Inside me an eternal fire burns that never ceases. I believe that I prayed too little, so that an evil spirit and seven other demons have once again possessed my soul, as it says in Matt. 12. Please, help me . . . My head is so heavy and I am a so-called devil.”

B, too, has often been the object of prayer, exorcism and Bible reading with the laying-on of hands, but has not felt that it has helped in the slightest.

Case C. C. is an unmarried, childless, 33 year old female. From childhood she has been a member of a Free Church. She herself sought aid at a psychiatric clinic after contact with the parish priest, convinced that she was possessed by demons. The following is an extremely simplified summary of 43 hours of psychotherapy.

Despite a high academic degree and a good position, C always wanted to be a pastor. In particular, the charismatic movement’s persuasive and enthusiastic leaders appealed to her. Those “filled with the Holy Spirit and fire” have always enjoyed her boundless admiration. However, since she could in no way meet these “spiritual criteria”, but rather regarded herself as withdrawn, inhibited and shy, she has increasingly bemoaned her inability to become a pastor. In spite of this, she experienced a call from God and began her theological education. But her own evil nature and her inability to be filled with the Holy Spirit, which she sees other receiving, has concerned her increasingly. Eventually she developed an (obsessive) compulsion to observe the spirituality of others and her own lack of it. Despite

the fact that she felt herself to be called by God, she could still lie, act falsely etc. Why? Subsequently she understood that her evil was Satan's cunning; she must be possessed.

All impulsive tendencies, which she classified as wrong, were not at all neutral in her eyes but rather interpreted as consequences of a diabolical eruption from her own evil heart. To get away from this and be instead completely filled with the Spirit, she had tried nearly everything, the Salvation Army's altar of repentance, the spirit-filled meetings of Pentecostalism, the convent life, fasting and exorcism in Norway. Finally she sought psychotherapeutic help.

Case D. D is a 42 year old female, married for 16 years, with 3 children. Up until five years before our meeting she had never been religiously active. After a series of meetings she had become »saved» and received the Baptism of the Holy Spirit, subsequently becoming active in her congregation. In the same congregation some four years before our interview, a visiting preacher had made a great impression upon her. He had preached, among other things, on judgement and about the Devil who went round like a roaring lion. The evil of our time, (we lived according to the preacher in the last days), was regarded as the Devil's direct deception of mankind. The Devil made particular use of sexuality and infidelity as a means of snaring man in his net.

This is documented in D's carefully written diary. Six months after the preacher had left, she began to experience evil, devilish impulses within. Gradually she developed the insight that devils were in her body. They whispered to her that she didn't really love her husband at all. They made sexual allusions and, above all, she could now and again hear blasphemous words. This was experienced as something completely foreign to her and caused considerable suffering. At first she struggled against these impulses. Sleepless and desperate, having taken tranquilizers, she finally sought the aid of her pastor to whom she revealed her thoughts. After Bible reading, prayer, speaking in tongues and singing in the Spirit, he had in the context of a small group driven out the devils in Jesus's name. She had immediately felt freed, received once again her feelings for her husband and her God and could function for three years, the entire time convinced that exorcism worked. After three years, however, she abandoned her marriage and her religious role and then interpreted the exorcism as a "naive repression".

Discussion

How is one to interpret these individual's possession from the perspective of comparative religion? How are we to understand conditions, structure

and function of the experience for the individual himself? In the following discussion I hope to augment the psychiatric medically-oriented model.

In older psychiatric terminology, the Devil was found as an accompanying factor at least in the plastic form of the illness. Krafft-Ebbing in his day could speak of Demonomania or Demonomelancholia, but psychiatric terminology has become successively demythologized (Spanos-Gottlieb 1979) and the constituent elements of paranoia, for example, are no longer part of the diagnosis. These are replaced by the structural changes that arise in the personality in what we now call psychosis, such factors as daily variations, reality constancy, perceptual changes etc. Interpretations of the intensive experiences as the result of spirits or radiation or cosmic forces are not, in other words, a part of diagnostic work. What does this mean for the individual himself and for the psychological attempt to understand his experience?

In *case A*, with its hectic pace and hyperactive behavior, the psychiatrist will soon find the classic symptoms of the manic phase of a manic-depressive psychosis.

When the individual experiences his mood as increasingly intensive and undertakes increasingly fantastic projects, and when the need for rest drops to a minimum, then the clinician recognises the manic phase.

For the medical doctor, the case is neither interesting or comprehensible from the individual's description of being possessed by devils, but rather through the differential diagnostic process which observes the pathogenesis of abnormal emotion.

However, from the perspective of comparative religion, it is precisely this content, the cognitive content in the paranoid conception that is of decisive interest. At first, the paranoia is projected onto the world around him, but it is later introjected on A himself. He then not only experiences himself as a devil, but also behaves like one. Our question, in other words, must be: how is it that the paranoid experience is clothed in specifically religious garb? Naturally, the medical classification of A as a manic psychotic is adequate from one perspective, for we thereby gain an insight into how, behind certain possessional states, there can lie bio-chemically conditioned, extremely intense emotional states coupled with a paranoid tendency. It is, in other words, important to remember that to increase understanding of the *structure* of possession, we must relate the individual's (bio-chemically conditioned) intensive feeling experience to the surrounding subculture's way of defining these intensive feelings. *Religious language* provides one way of dealing verbally with the unstructured and terrifying aspects of a developing psychosis. The talk of spirits by friends and

neighbours served here as triggers and only reinforced A's self-understanding: "possessed".

The strictly medical model is, in other words, narrow and inadequate and must be supplemented by this interactional perspective.

Case B is described as typically schizophrenic. The autism and vague hallucinations contribute more than a little to this diagnosis. He was given classic anti-psychotic medicine consisting of fentiazine derivatives, but in spite of this he experienced no change for the better. No one has seriously discussed the psycho-dynamic function of the demonic experiences in a therapeutic context, but rather B has been judged as impervious to psychotherapeutic treatment. Even here it is one of the figures in religio-mythical language representing evil and anxiety, the Devil, who verbalizes the intense anxiety felt by B.

Through Nicko Jonson's uplifting account of his entrapment in the agony of narcotics, the Devil's power, B received a *model* which he adopted as his own. The anxiety has, in other words, become bearable and received a name in that it is ascribed to the Devil. For B there exists no alternative to the theological interpretation of suffering. The biological or psycho-dynamic explanations of anxiety are only seen as the Devil's tricks to snare even the therapist in his power.

Here, too, we can say that we have an increased understanding of B if we relate the *emotional* disturbance to the way in which he uses religious language: an interaction.

When it comes to the *dynamic* function of possession, we find in both A and B's case that it is similar and must be considered pathological. There exist, in other words, strong overdetermining factors of a psychotic nature to which the talk of supernatural evil powers in the surrounding group can be coupled thus becoming reinforced. In this way exorcism cannot help since it is based to a large extent upon strong suggestions and a well-integrated ego in the psychoanalytic sense. The latter was not present in either A or B and we may therefore speak of "psychotic possession experiences", where the majority of treatment must be medical, even though psychotherapeutic support should naturally utilize the dynamic function of religious language.

Case C represents the form of possession most commonly described in the classic literature of the psychology of religion. Here the psychoanalytic model has mainly been utilized. C's experience may be said to have its origins in the repression of certain elements from consciousness and precipitated anxiety. This anxiety, however, is never described neutrally but is instead covered or encapsulated with the aid of religious language. In the older literature it was often aggressive or sexual impulses that were forced

to submerge through the strict discipline of the monastery. This resulted in the feared or desired impulse being manifested outside the individual consciousness and thereby beyond one's own responsibility. It was converted into hysterical symptoms or a gush of obscene or blasphemous words uttered by a demon in the body.

In the case of C however, it is doubt and the desire to avoid having to become a pastor which result in her unconscious development of *cleptomania*. This she forces herself to keep secret. In both major and minor situations she *must* imperatively steal things. Being the pious woman she is, she experiences this as something terrible.

In the depth-psychological sense, we interpret this as a classic defense manoeuvre. With the aid of this she remains unconscious of her doubt and anxiety over becoming a pastor. Repressed impulses break out in refined form; if she were found out she could avoid becoming a pastor. Even here we can say that an interaction exists between the religious terminology of evil or demons, and the anxiety and apprehension that C feels inside. In the symptom "possession idea", which develops into a compulsive obsession, an *alloying* occurs between anxiety and religious language. C thus remains irresponsible for her actions. C is a plaything in the power of the demons.

We have the opportunity to analyse *case D* more carefully from a psychodynamic point of view, since D later underwent psychotherapy. We thereby can state the following: during the strongly suggestive meeting that D attended, she obtained a religious model for interpretation of evil impulses. Marital infidelity and sexual acts, in particular, were described there as the results of the intervention of spirits.

At the same time, D lived in a marriage full of conflict. The impulse to criticize or desert her husband was therefore repressed from consciousness with the aid of religious words. When she saw that her husband did not share her convictions and he began to criminalize, the tendency to question their relationship increased, although this was driven down into D's unconscious. Instead, a converted form of apprehension broke forth. Encapsulated in religious language, she did not need to confess her "sinful impulses". Instead, it was the Devil who was playing his games. Thus she herself was not responsible for her blasphemous thoughts.

The exorcist who was summoned supported her defense against the developing impulses. Through the use of strongly suggestive exorcist treatment, evil was held in check for a period of months. However, in the long run the religiously moulded defense mechanisms of isolation, repression of affect and above all, the projection onto an externally perceived devil, could not hold their own against the approaching conflict. Later, doubt over her marriage broke out instead, no longer encapsulated in religious lan-

guage, but now expressed »neutrally» as discontent, meaninglessness and apprehension. It is, however, interesting from our point of view to note that exorcism, the command to obsessive demonic thoughts to desist, actually worked. It could not hold its own, however, with the conflict lying behind, for the defences broke when the anxiety over marriage and married life finally became insurmountable.

In both *case C* and *case D*, possession has a similar dynamic function. It serves the neurotic defense. Strong emotions are repressed from consciousness, but later return in an altered form. The religious terminology for evil appeals to the emotive level and at the same time provides cognitive frameworks for denial and repression. Thus the possession experience, here too, is a result of an interaction between cognitive linguistic processes and emotive, affective processes. Neither is it a possession which is initiated, experienced and abandoned during a specific ritual situation. We have heard an anxiety which is partially bound to the possession idea, and at the same time accessible either to occasional support therapy using its own terminology, or to insight therapy treatment.

Theories of Possession

1. *The neurophysiological theory*

The neurophysiological theory has been paid special attention by *Sargant* (1969, 1974). He builds his entire theory of the psychology of religion on a few of the fundamental aspects of the Pavlovian theory of conditioning.

When the stress became too great for the test dogs one could observe a psychic breakdown. A reduction of the dog's resistance was obtained through exhaustion, starvation, drugs, and forced wakefulness. Sargant was interested in the brain inhibition which occurs under extreme stress, and of which one can discern two stages. One stage is where previously learned responses are erased and the other, which is more important for the psychology of possession, results in the greatly increased subseptibility of the individual to suggestion and conditioning. These breakdowns, which can be explained purely by brain physiology, also apply to humans. One can, according to Sargant, even regard Wesley's violent and lengthy testimonies on the tortures of Hell as so inductive of stress that individuals quite simply collapsed.

The same processes have later been alleged to occur during the desired and anticipated possessional states in Loa and in the Voodoo cults. The combination of ceaseless drumming, intensive hyper-ventilation, noise, dancing and song, result in over-stimulation. This prepares the way for

erasure of previously learned patterns and for the conditioning of new ones. Neher has criticized this theory, emphasizing instead the epileptoid tendency which is latent in every human. He has attempted to demonstrate that rhythmic stimulation in the form of dance, movement and rhythm lies in close proximity to the brain's alpha waves and can very well release a multiplicity of subjective experiences such as fright, disgust, anger and total exhaustion. Finally, spasms can occur which approximate epileptoid states of consciousness. The 7–9 hertz which the drum rhythms on Haiti are said to maintain, lie directly under the brain's alpha waves; 8–13 hertz.

These theories only concentrate on the biological conditions for the external *form* of possession. What these theories, on the other hand, *do not* discuss is the specific *content* that the experience has for the individual and the collective. One decisive factor both for the initiation of these experiences and for the understanding of them must be the language which gives meaning to the experience.

It must be more plausible to view the ritual drama in its entirety, that is rather as a process between the perhaps physiologically explicable conditions for this type of consciousness, *and* the mythical linguistic world with the aid of which this consciousness is interpreted or even initiated. Consequently, the physiological can not automatically be a *condition for* possession, it can even be understood as a *result of* other group-psychological processes.

With regard to our previously described clinical cases, not one of them can be understood in these narrow neurological terms.

II. *The psychoanalytic theory*

The psychoanalytic explanation in its earliest stages stated that possession was actually nothing more than hysteria.³ Both Charcot and Janet had, at an early date, attempted successfully to heal patients in this way. Freud, on the other hand, worked at trying to understand Haizmann, an artist from the 1800's. Haizmann had made a pact with the Devil in order to get out of a state of deep depression. The melancholia had arisen because he had lost his father. Freud viewed both God and the Devil as derivatives of the child's ambivalent attitude towards its father. If God is the good, loveable, warm father, then the Devil is the strict, feared, aggressive father. In Haizmann's case, Freud assumed that the Devil was a substitute for his own father and that the state of possession was a struggle against his own

³ Most papers dealing with possessional states in the medical literature use a psychodynamical theoretical framework. McAlpine-Hunter 1954, Diecköfer 1971, Schatzmann 1973, Bron 1975, Ehrenwald 1975, Taylor 1978, Diecköfer 1979, Ward 1980, Griffith 1980.

feminine, passive wishes, including a desire to bear a child for his father. Freud's ideas here have been criticized. Above all, critics claim that Freud's interpretation of Haizmann lacks the support of the sources. The Devil can instead symbolize *both* mother and father. Archaic pregenital procreation fantasies may exist in their own right and arise independent of passive homosexual wishes. Later, mainly from the direction of neoanalysis, it has been maintained that possession experience must be interpreted according to objectrelations theory. It is possible to understand the internalized object as an introjection or fantasized incorporation of either one or both parents. These introjected objects are experienced as either good or evil depending upon which feelings the child projects into them. What can then arise is a persecution of the self from the introjected bad or evil object. This leads to a persecutory-paranoid anxiety. It is here that possession can function as an *interpretation* of this inner anxiety. Otherwise, the general psychoanalytic view is that thought, feelings, fantasies and impulses are repressed from the conscious by the super-ego. Aggressive and sexual components in particular lie as a loaded potential in the depths of the individual. This inner impulse material can, in distorted form, come to the surface and invade the personality in the form of self-hatred. The evil that one feels, however, can alternatively be repressed from consciousness by being projected outwardly onto a culturally sanctioned scape-goat, in our culture a devil, thereby shifting the fear and apprehension to an externally perceived figure. However, it can also be introjected and thus both belongs to personality itself and is at the same time experienced as an alien, a devil. The Devil's impulses are then beyond the individual's control; anxiety decreases.

If the neurological model is seen as a typically monogenetic theory and all too concentrated on biological conditions, we may say that the psychoanalytic explanation speaks far too narrowly of the psychodynamic determinants. The problem is *why* is it just one "person", the Devil, who is created to function as the recipient of projections of evil? Consequently, we must say that this theory too is far too narrow, although our cases C and D can largely be understood with the aid of this theory.

III. *The hypnosis theory*

The hypno-theoretical explanation was especially common at the turn of the century and in the developing psychotherapy. Possession was related to hysterical phenomena which, as had been known for a long time could be cured through hypnosis.

But even the hypnosis research of the 1970's, especially that involving dissociative states, has proved very useful for attaining a deeper under-

standing the psychological genesis and structure of religious possession.⁴ It was observed quite early that central elements within the mind could be dissociated from the flow of the rest of consciousness. Previously it stated that different qualities of experience were guided to different association centres within the consciousness. There they could live a shadow existence of their own, separate from normal waking consciousness. Janet related this to the perceptions of devils.

For a long period of time, this area of hypnosis research has lain dormant, and it is only in recent years that the question of so-called "multiple personalities" has been reconsidered. It has been discovered that in hypnotic states, where we know that the degree of suggestibility is greater, but also that the barriers for what is repressed or "dissociated from consciousness" are weaker, that so-called alter-personalities can appear. A new personality can spontaneously take command. The individual's language, diction, sentence rhythm, dialect, voice level, etc., can then change. An apparently completely new personality speaks through the lips of the person hypnotised. These are well documented experiments.

Instead of assuming the existence of personalities flying around the room in accordance with reincarnation theories, it is now assumed that the interviewer with his question: Who are you?, provides the subject with a suggestion. This is above all the case with deep regressions, where people have been enabled to imagine themselves living, for example, in the 14th century. At the same moment as the interviewer says it is the 14th century, the subject unconsciously compiles all he knows about the period and in this way creates a new personality. Thus, during hypnosis, a subtle role-playing emerges between the subject and the interviewer, so that very diffuse questions such as: "Who are you?, Where are you? How are you dressed?", can create clear perceptions and change the subject's behaviour. Whether the hypnotic state is a "state or non-state" phenomenon or whether it should be described as a sophisticated role-play is difficult to clarify. It is, however, tempting tentatively to understand many possession experiences, even in a neurotic sense, as the results of suggestive states. We can say that an intensive religious revivalist meeting with its multiplicity of suggestive stimuli prepares the individual suggestively for a message on possession.

The classical *exorcismus probartivus* is not the least of the phenomena which it is possible to clarify theoretically with the hypno-theoretical framework. When an individual filled with conflict and anxiety becomes the

⁴ Ravenschroft 1965, Ludwig 1972, Allisson 1974, Kampmann 1976, Larmore 1977, Berwick 1977, Hilgard 1978 and Hildén 1981.

object of intensive "treatment" from an exorcist who desires contact with alien personalities with the individual's own inner world, it is possible that everything that is incomprehensible and anxiety-filled, is welded together by the exorcist's suggestions into an especially diabolical individual.

In D's case, it appears that the preacher's talk of devils functioned like a post-hypnotic suggestion, that when the impulses to leave her husband arose, they were "captured" immediately by the religious language and were thus kept from consciousness: it was the effect of the devil. That the exorcism worked can be seen as strong support for D's neurotic defense against affect: isolation and repression.

Even doctors have, in certain situations, felt obliged to work with priests who have performed exorcism, when the problem was judged to be inaccessible to insight-oriented treatment (Cappannari 1975). So we see that even hypno-theoreticians have begun to approach a theory which actively attempts to combine emotive and cognitive elements.

IV. *Interaction between language and emotion*

Bourguignon, in particular, has worked with Haiti's Voodoo cults (1976). She has found that the essence of the obscenities and blasphemies flowing from the mouth of the possessed, must be understood as divided or dissociated elements of the personality itself. The culture provides the *forms*, that is the possibility of dramatically providing shape and figure and even the *words*, verbal representatives for evil. If there are concepts current in a culture according to which people during certain rites become the helpless victims of interventions by spirits, then these concepts fit into collectively sanctioned hysteroid attacks. The culture thus provides both form (possession by spirits) and words (blasphemies, obscenities) for them. In this way, a repressed experience constituent interacts with a cultural world concept of mythical character (Ward 1980, Leon 1975).

"In a sense these attacks manifested by one who consciously knows that they will be followed by exorcism, simultaneously demonstrate a breakthrough of the repressed feelings, and constitute an appeal for the help of the community in dealing with the overwhelming force of the individual's own contradictions and anxieties which they produce" (Bourguignon 1976, 78). This hysterical reaction can then be treated by the exorcist who supplies a culturally sanctioned form of psychotherapy. In general, the word possessed is probably a powerful and appealing metaphor implying that a person feels "beside himself". He is then no longer responsible. Possession can here unconsciously symbolize a form of magic escape.

One can say that the mythological expressions of a culture for what lies

beyond the individual's control, serve to symbolize certain psychological dispositions, and the relationship that is obtained between these elements may be symbolic of certain psychological processes. In this way, the conflict is removed from the intra-particularistic level to the cultural-universalistic level and is restructured as possession by a spirit.

It is, therefore, far too simplistic to call spirits or devils purely the results of projections in a psychoanalytic sense or of paranoid tendencies. Even the ethnologist *Crapanzano* maintains the double perspective: "Thus there can be projections only where there have been introjections. If the spirit qua exterior existents serve as means for the articulation of what the westerner would regard as within him as outside him, then strictly speaking there can be no projection of what was within outside, for there was no within to begin with" (1977, 12). Language and emotions *interact*.⁵

Summary

It must be seen as necessary to supplement the narrow medical model for interpreting states of possession.⁶ The clinically interested psychologist of religion, in particular, needs consider aspects of the phenomenology of religion and clinical psychology in order to gain a broader understanding of this phenomenon. Otherwise, there is a risk of falling into the trap that James warned us about. He called it medical materialism. With reductivist zeal one regards multi-dimensional experiences such as mysticism, conversion or prayer as the result of primarily biological drives. James strongly criticized those who for example felt that saint Theresa's spiritual marriages were "nothing but" hysterical reactions.

There is, in other words, a danger within more clinically oriented psychology of religion that one unconsciously adopts a medical model and falls into the "monistic-method" fallacy or that one "totalizes ones own perspective".

To declare that possession experiences are "nothing but" psychosis, mania, epilepsy or schizophrenia, are examples of this type of over-simplification. The same can be said of the assertion that possession is "nothing

⁵ A few have tried to maintain a unity between ethnographical facts and psychiatric theories, Parson 1974. Particularly Yap 1960, tried to compare what we have called the arbitrary, process initiated possessional state with hysterical, pathological phenomena. Cf Kiev 1961. Hes 1975 but even more Figge 1973 and Leon 1975 implicit use a "interactionalistic" perspective stressing the dynam-

ic relation between emotions and cognitions. Cf. Wikström 1980.

⁶ The scientific exploration of this field is also ethically desirable as is shown in the "Case Klingenberg", where the German student Anne-Lise Michel, suffering from epilepsy died after long-term exorcist "treatment". Goodman 1980. Cf Roth 1970.

but " an obsessive neurotic symptom. I maintain, rather, that one must attempt to produce a multi-factoral model for explanation.

In our cases we have tried to understand "clinical cacodemomania" as a process. It is possible to describe it as a *dynamic relationship* between the *verbal* representatives for evil or the Evil One in the world of mythological language, and the intrapsychic, anxiety-filled *emotive* state, regardless of whether this inner state is considered to be the result of neurosis, psychosis, or the consequence of intensive suggestion.

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