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The Roles of Psychology and Exorcism within Catholicism:

A Dialogue towards Wholeness for the Patient

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Honors Thesis

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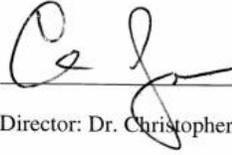
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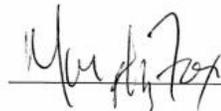
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JMJ,

Lindsey Robyn Cornelius

Abstract

Western Medicine and contemporary clinical approaches to psychological disorders alone do not provide the best care for patients because they often do not consider the religious views of the patient and disregard the reality of spiritual disorders such as demonic possession. Unfortunately, while modern psychology does well in certain areas, it lacks a knowledge and practice of demonology. The Catholic Church, on the other hand, may aid in diagnosis due to its awareness of mental health and demon possession as well as the ability to distinguish between the two conditions. Despite the common misconception that the Church abandoned its teachings on Satan and demons, it still consistently teaches and continues to teach--even by increasing the number of trained exorcists--the importance of distinguishing demon possession from mental illness. Placing scientific psychology in dialogue with religious beliefs will allow for much better patient care and is a key aspect of developing more humanistic care in the field of psychology. This thesis will attempt to bridge the gap existing between the diagnosis of mental illness and the acknowledgment of spiritual and supernatural realities in order to provide the best care for the patient.

Introduction

The Age of Enlightenment resulted in a great shift in the relationship between theology and science. In his introduction to Newton's Philosophy of Nature: Selections From His Writings John Herman Randall Jr. described the end of the seventeenth century as a time where, "most men were only too glad to welcome this new natural philosophy as a secular alternative to religious quarrels of which they had grown tired. Many wanted to forget theology and get down to business" (ix). There was a lot of progress to be made, and the members of the growing middle class were ready to discard the old social structure in exchange for something that was fresh and factual. Randall further writes, "For them, 'Newtonian science' furnished a 'Nature' fully as effective as the earlier 'will of God.' It had, in fact, at last demonstrated what the will of God really was; and what it demonstrated was that the Divine Will had decreed a mechanism that worked automatically without further interference" (x). In this new age the mentality was that God had pressed the start button, and stepped back. All systems were go from then on, as if the world was a well oiled machine that functioned independently from its maker.

This mentality of independence would have been completely foreign to a Jew before the time of Christ. God created the world in Genesis 1 and walks among his creation until the first stain of sin touches down. It is interesting that the great minds of the Enlightenment attempt to live without God involved in creation. After the fall Adam and Eve try to hide from God in the garden, and it soon becomes obvious that this plan is a failure when God immediately finds them. When Cain kills Abel a family feud is not shown, but rather God asks Cain where his brother is and places a mark on his head. It is God who tells Noah to build an ark and floods the earth, scatters the languages at the

Tower of Babel, makes a covenant with Abraham, destroys Sodom and Gomorrah, and visits Joseph in dreams, all in the book of Genesis. God continues to be a part of creation, and this relationship only deepens with the Incarnation: God becomes man to save his most beloved creation from sin and death. The story of God's people has many twists and turns, but God is always present and faithful, and unchanging. The story of God's people and the mentality of the Enlightenment could not be more different.

The age of Enlightenment and the Church have a complicated relationship. The Church fully supports scientific advancement as long as core values are not discarded simply because something cannot be scientifically proven or that science is not used for immoral ends. The recent popes have spoken out against rationalism while still emphasizing that using reason is vitally important in everyone's life. This is a difficult balance, but a necessary one.

Demonology and exorcism are among the delicate subjects for the Catholic Church. Rationalists such as Isaac Newton and Sigmund Freud dismiss the concept by saying that people who believe in such things are unscientific, or that psychology has replaced the superstition of the middle ages. However, the Church still holds to these beliefs and has even trained more clergy to be exorcists within the past ten years.

The early history of Christianity and contemporary Catholic practice emphasize that exorcism remains a valid and important practice because rational explanations for all psychological symptoms are not sufficient and may, as a result, do more harm than good for the patient. Furthermore, there is a role for psychology to play in collaboration with exorcism to achieve wholeness for the patient. This study will examine the potential for a

relationship between two fields that seem to be at odds with another in our post-Enlightenment age.

Chapter 1

The Role of Spirituality in Psychological Care

Mental patients have a right to express their religious beliefs. Though mental hospitals are often run by the government, clients still have freedom of religion and speech. Today some live in fear of expressing their religious views because of stigmas against mental illness as well as religion. Patients should never feel afraid to express their religious views or that they will be medicated because of them.

Nancy Kehoe, author of Wrestling with Our Inner Angels (2009) is a religious sister and clinical psychologist. She has been a clinical instructor in psychology with Harvard Medical School with expertise in religion and spirituality in the clinical context since 1980. She has created a guided questionnaire for clinicians to use in order to explore and discuss a patient's religious and spiritual histories in order to incorporate their beliefs into their treatment. The model begins with asking if the patient was raised within a religious or spiritual tradition and then expands to different scenarios and age groups, asking about prayer and meditation practices, religious or spiritual experiences, and how the patient's personal views have changed over time. The questions are carefully worded to be inclusive and respectful to many beliefs while giving patients the freedom of giving as long or as short an answer as they would like. In this way the clinician does not have to fear being disrespectful or intrusive.

During her years of work Kehoe found a hole in the system of clinical psychology. She writes, "I learned that in general, clinicians did not explore a client's religious history" (Kehoe xx). This realization drove Kehoe to create "spiritual groups" in

mental health facilities for patients to explore and express their faith as others as well as create a rubric for clinicians to ask patients about their religious and spiritual histories with political correctness and respect. She believes that this will add a missing part of necessary care for patients.

Kehoe finds support for her approach in public opinion surveys about religion. She notes,

A Gallup poll conducted in July 2008 found that 78 percent of respondents expressed a belief in God, 15 percent expressed a belief in a higher power, and only 6 percent said they do not believe in either. In 1992 a similar poll found that 71 percent of Americans had a religious affiliation of some kind. During the 1980s, the figure varied between 67 and 71 percent. One out of four Americans suffer with mental illness. Yet in the 1980s the approach to treating adults with mental illness did not include any exploration or discussion of religion. (Kehoe xx)

Kehoe also notes that mental health officials are also likely not to discuss religion as part of psychological treatment because there are higher rates of atheism and agnosticism among them. She cites the 1990 survey by Bergin and Jensen that found that twenty-eight percent of clinical psychologists, twenty one percent of psychiatrists, nine percent of clinical social workers, and seven percent of family therapists are either agnostics or atheists (Kehoe xxi). These differences are also expressed through a story Kehoe shares about an art therapist who called for her help. The therapist believed that a

client's drawing of a bird over an image of the earth, which the client said was meant to express hope, was a sign that the client was becoming psychotic. Kehoe draws on two specific examples of the Holy Spirit, often symbolized in art as a bird hovering over the earth. The art therapist's presumptions could have had devastating effects for the client's creative expression, which is easily recognized from many religious traditions including Judaism, Christianity and those of Native Americans, who have a creation story involving a crow.

When Kehoe was deciding whether or not to write a book about her experiences a valuable member of one of her spirituality groups named Buddy shared that he felt that his life was going to end soon because of his third diagnosis of cancer. Before his death Kehoe interviewed him, especially concerning his spirituality and mental illness. She remembers, "Astutely, he remarked that the medical world does not have all the answers: 'People with mental illness have healthy spirits. We may be crazy, but we are not stupid'" (Kehoe 57).

One of the consequences of the seventeenth century has been the division between religion and science. Even though the Gospels differentiate between mental illness and demon possession, common people were usually superstitious and demons were more often named the cause for the suffering of others. With matters of health becoming more scientific and official, religion was not considered to be scientific enough for matters pertaining to physical health. The excommunication of Galileo widened the gap between science and religion. Influential minds such as Sigmund Freud helped to drive a new point that religion was a sign of mental weakness and that religious people were weak, since they needed an outside moral compass. In New Introductory Lectures on Psycho-

Analysis, he writes, “Of the three powers which may dispute the basic position of science, religion alone is to be taken seriously as an enemy...Religion is an immense power which has the strongest emotions of human beings at its service” (199). Art and philosophy are not considered enemies; Freud considers religion dangerous simply because people feel strongly about it.

This next quote is particularly interesting from a theological standpoint. “The main achievement as compared with animism lies in the psychical binding of the fear of demons. Nevertheless a vestige of this primaveal age, the Evil Spirit, has kept a place in the religious system” (Freud 205). Freud believes that religious people are locked into their beliefs because of their fear of demons. The Catholic Church does not use teachings on demonology to scare parishioners into staying in the pews. Exorcism stories in scripture are used to show how much greater God is and that his followers have no reason to fear demons. The Catholic Church considers anyone who would be scared by exorcism stories to have missed the mark; Catholics are to be much for fearful of living in sin, not have a fear of demons. There may certainly be some misguided parishioners within the Church, but Freud’s accusation is not and never has been a teaching of the Catholic Church.

Until the fourth version of the Diagnostic and Statistical Manual (DSM-IV), “all the references to religion were negative; they were seen as symptoms of illness” (Kehoe xxi). The DSM-IV was published in 1994. The animosity against religion is due, in part, to people like Freud who have misconceptions about the Church and its motives. Kehoe writes,

With a track record of 3,224 group sessions, I can attest to the fact that no client has ever become more delusional because of the group, no client has tried to convert others in the community, and no client had resisted working with a therapist of a different belief. Clients with different religious beliefs have not split the community. These twenty-seven years have uncovered a rich inner terrain, one that had been hidden from mental health providers but has been a source of strength and resilience for the clients.

(Kehoe 18)

Because of limited space within the location where Kehoe held one of her group sessions in the holiday season of 1992, a room was shared with a Social Club. Both groups were voluntary. A client from the Social Club took offense at the presence of a menorah. A representative from the Department of Public Health came to the location to investigate and within two hours had interviewed staff from day treatment as well as the Social Club and had all religious symbols, including the menorah and Christmas tree, removed. Even though he never interviewed Nancy Kehoe or any of the clients, he disregarded the fact that the clients had a right to express their religious views and a study done by the DPH that same year showing that religious affiliation could be beneficial to those with mental illness (Kehoe 79). The 1992 standards of the Joint Commission on Hospital Accreditation state that religious views of patients are to be respected. Kehoe concludes, “Although the day treatment program was not a hospital, the fact that the

JCOHA, a government agency, was addressing the spiritual needs of the clients should have made him pause before making his decision” (80).

Kehoe’s work recognizes the important dimension that one’s spirituality plays in one’s psychological treatment. Freud wished to discard religion because people cared deeply about it. Perhaps it would be more helpful to address a subject that people feel so strongly about, that is often a part of their upbringing, culture, and moral compass. Religion and spirituality can greatly impact many aspects of a person’s life, and so clinicians such as Kehoe that give their patients opportunities to talk about this part of their lives are able to cover a lot of underlying principles and morals. However, there is an important absence in Kehoe’s work.

As important as Kehoe’s work is for the attention that it brings to patients’ spiritual lives as a component of their psychological treatment, she nowhere addresses the spiritual realm that surrounds these patients. With the exception of calling deep-rooted feelings “inner angels,” Kehoe does not address any aspect of demons or exorcism in her book. Kehoe is a religious sister in the Catholic Church which identifies that spirituality is not only within the believer: it also surrounds the believer. Even if Kehoe’s patients were not in need of an exorcist, questions about the presence of angels and demons would have greatly added to her questionnaire and/or book. As such, the Church teaches that demonic forces are real, present, and influential. According to *The Catechism of the Catholic Church*, “Behind the disobedient choice of our first parents lurks a seductive voice, opposed to God, which makes them fall into death out of envy” (# 391). The result is that the Church believes that demonic forces can possess people and that effective treatment for such possession is exorcism, a practice that remains valid in the Church.

The Catechism defines exorcism as “directed at the expulsion of demons or to the liberation from demonic possession through the spiritual authority which Jesus entrusted to his Church” (#1673).

One should not conclude from the Church’s teaching on exorcism that it does not recognize the value of psychological treatment. The Catechism also states, “Illness, especially psychological illness, is a very different matter; treating this is the concern of medical science. Therefore, before an exorcism is performed, it is important to ascertain that one is dealing with the presence of the Evil One, and not an illness” (#1673). The problem is that, while there are movements within psychology to address the spiritual needs of patients, there is an absence of discussion about the role of demonic possession and exorcism as a treatment for it. The result is that this absence risks perpetuating the very dichotomy between faith and science that Kehoe seeks to address. When one understands the process and goals of exorcism better the one can appreciate its role as a partner with psychological care to address the healing of the whole person. Kehoe’s model for incorporating spirituality into clinical therapy is helpful, but it lacks much of the super-natural portions where patients can show their beliefs in such subjects. One of the main objectives of Kehoe’s work is to incorporate religion and spirituality into clinical therapy, and a patient may feel much more comfortable talking about their questions on demonology, or to perhaps express a feeling of being possessed. This model is one of the only rubrics used to help patients express their personal beliefs, and so there is a large gap in the absence of good or evil spirits.

Addressing the spiritual dimension of psychological care is important, but a system which dismisses the need for exorcism, when necessary, as part of that spiritual

care only ignores the patient's malady and instead uses other underlying beliefs to treat the patient. The patient may not share these underlying beliefs, and even if they did would not find healing because their condition would not be properly treated.

Chapter 2

Exorcism: What it is and What it Seeks

The most important goal of good medical physicians and religious leaders is to provide the best care possible for the people under their care. For some the best treatment is clinical therapy. For others medication is beneficial. For others, still, the best treatment is prayer. Accordingly, all those who dedicate their lives to serving others must seek that which attains the health and wholeness of the person and admit when other means may be necessary, even among physicians and in the field of science. By admitting that a certain treatment is not efficacious for the patient clinicians can aid the recovery of patients by referring them to other sources who have the same goal and with whom they can work collaboratively to reach this goal. From a Catholic perspective, one of those sources may be an exorcist.

All baptized Catholics have undergone an exorcism. It is only because most Catholics, much less non-Catholics, do not understand what an exorcism is that the previous statement will sound odd to some. According to the Catechism of the Catholic Church, the Church performs an exorcism when it “asks publicly and authoritatively in the name of Jesus Christ that a person or object be protected against the power of the Evil One and withdrawn from his dominion” (#1673). Thus, since this dimension is part of the ritual of baptism, one undergoes what the Church calls a “simple” exorcism during this important rite of initiation (#1673). Most people are more familiar with what the Church calls “major” exorcism because they have seen a movie like *The Exorcism* or *The*

Last Exorcism. Unfortunately, these Hollywood versions of exorcism present a distorted picture of this healing rite.

The Catechism stipulates that the Church possesses the power to exorcise because this responsibility was handed to it by Jesus who performed exorcisms during his ministry (#1673). The Code of Canon Law stresses that only a priest can perform an exorcism with the permission of the local bishop (#1172), and the Catechism adds that the priest “must proceed with prudence, strictly observing the rules established by the Church” (#1673). Finally, “Exorcism is directed at the expulsion of demons or to the liberation from demonic possession through the spiritual authority which Jesus entrusted to his Church” (#1673).

As stated earlier, the Church affirms that medical science has a role to play when addressing diagnosable psychological illnesses. Catholic priest and exorcist Fr. Gabriel Amorth supports this approach, but also notes that “we deny reality if we delude ourselves that science can explain everything and that we can trace every illness to normal activities” (11). How, then, does one determine when an exorcism is necessary?

The Roman Rite of Exorcism from 1952 provides guidelines for determining the need for exorcism. First, the priest “ought to ascertain the signs by which a person possessed can be distinguished from one who is suffering from some illness, especially one of a psychological nature” (5). The 1999 revision to the rite adds that the exorcist “decides whether a person is possessed after a diligent investigation, including extensive consultation, with spiritual, medical and psychological experts.” As useful as these guidelines can be, Fr. Amorth stresses that there is often not a distinct line that demarcates the need for exorcism from psychological treatment. The 1952 rite supports

this claim by noting that those that possess a person may try to convince the exorcist that the subject suffers from a natural illness (5). Amorth notes that in circumstances where the determination is not clear “all of us [exorcists] use short, whispered exorcisms that can be mistaken for simple blessings” (Amorth 45). He also notes that these difficult instances may be indications of the need for exorcism and psychological care and identifies occasions where this collaboration has taken place (Amorth 46).

Once the determination has been made that an exorcism is necessary, there are symptoms that the 1952 Rite of Exorcism identifies that may manifest themselves during the ritual. They include talking in unknown languages or understanding them when spoken by another person, exhibiting powers that do not conform to the subjects age and natural condition, disclosing future or hidden events, “and various other indications which, when taken as a whole, build up the evidence” (5). The 1999 revision to the rite affirms these symptoms and identifies these other indications as spiritual signs that include “an aversion for the name of God, the Holy Name of Jesus, the Blessed Virgin Mary, the Saints, the Church, the Word of God, the Church's rites or sacramentals and sacred images...along with the relationship of all these factors to the life of faith.” Finally, the 1999 revision adds that spiritual care should still be provided for those who are determined not to be possessed and that all measures should be undertaken to dispel the perception that exorcism is a form of magic or superstition.

How does one become possessed? Amorth stresses that humans possess free will in relation to God. This theological truth means that they, therefore, possess the capacity to love or to reject God. The consequence is that humans can choose evil behaviors or acts that separate them from God resulting in an opportunity for possession, especially

when they know what is good and willingly do not choose it. Amorth notes that, once they take possession of someone, demons can afflict the subject in a number of ways. Ordinary activity is the most common and is not even considered to be extraordinary (Amorth 59). Jesus even allowed Satan to tempt him after he spent forty days in the desert. The next categories are considered to be extraordinary. In diabolical possession the inhabited person seems to be in a trance while the demon speaks, moves the human body, etc. If the person always remains conscious, can recall memories of the episodes, and episodes happen periodically then the title diabolical oppression is used. Diabolical obsession is referred to in cases where uncontrollable evil thoughts control the individual in five areas which are, “health, business, affections [virtuous personal relationships], enjoyment of life, and desire for death” (Amorth 34). When people voluntarily submit to Satan they enter into diabolical subjugation, also known as diabolical dependence.

The spiritual condition of the exorcist is also as important as the spiritual condition of the subject. The 1999 revision to the rite states that the exorcist, who can only be a priest appointed by the local bishop, must be “a man of piety, knowledge, prudence and holiness of life.” Furthermore, he “must demonstrate maximum circumspection and prudence, initially approaching the possessed person as he would anyone who suffers from physical or psychological illness.” Finally, during the exorcism the exorcist is to maintain constant attention to the psychological and physical states of the possessed person as well as attending to the person’s ongoing spiritual needs.

The 1999 revision to the rite describes the procedure for the exorcism. The first part includes the sign of the cross, the use of holy water, readings from the Gospels, the laying on of hands, the recitation of the Nicene Creed, the renewal of baptismal promises,

and a concluding declamation of the Our Father. Further ritual actions include displaying the cross before the possessed person, tracing the sign of the cross on the forehead of the subject, and declarations (if necessary) commanding the demonic forces to leave the person. After the application of the ritual, it is left to the discretion of the exorcist to determine whether or not it needs to be employed again. Once the exorcist is satisfied that the exorcism has been effective, the “entire rite concludes with a canticle of thanksgiving, a prayer and a blessing.” Finally, the preferred location for an exorcism is in a church.

Fr. Amorth reports that no two exorcisms are the same: demons do not act consistently. Sometimes they respond differently to different prayers, becoming apparent at some times and not in others. The possessed people sometimes moan or wail, and remain silent during other times. Some individuals can be violent and must be held down by the exorcist’s helpers, which can include those who accompany the possessed, but it is very rare that one needs to be held down. The exorcist must never ask the demon questions out of curiosity but must only ask for information helpful to freeing the patient. In very rare cases the demon will attempt to stop the exorcist from continuing his work by denouncing the sins of those in the room, even the sins of the exorcist. Sometimes only the exorcist hears these things, sometimes everyone can. The exorcist must not become discouraged and submit to the demon for reasons of pride but continue the work of God, which is paining the demon to such an extent as to resort to such anomalies.

In one case an exorcist heard the demon recall the sins of a possessed young man and afterwards all but dragged the youth into the confessional. When the youth told the priest he had no sins to confess, the priest started to repeat what the demon had told him

earlier. The youth finally confessed his sins and upon leaving the confessional the priest heard him say, “I don’t understand anything anymore! These priests know everything!” (Amorth 95).

The amount of time the individual sessions within an exorcism last depends on the exorcist, but a doctor can also be helpful in the process. “When the obsessed or the exorcist is feeling poorly, the doctor is the one who advises when to end the session. The exorcist also is able to determine when it is useless to go any farther” (Amorth 96). This is not to say that if a doctor is not present that the exorcist will over-exhort himself or the possessed person, but their advice in these situations can be valuable.

As exorcisms go on they become more difficult for the victims. This may be because the demon within them senses that its time is threatened if it does not go to further measures to discourage the person. It takes a lot of effort and energy for possessed persons to continue their sessions and they should be closely watched by their family and friends, even to the point of accompanying them to the appointments in order to ensure that they are getting the help they need. In fact, the Rite of Exorcism identifies a role that family and friends can play in the ritual.

How long does it take to free someone from demons? Amorth writes that there is no easy answer to this question. He affirms the Catholic belief that “He who frees is the Lord; he acts with divine freedom, even though he most surely listens to prayers, especially if offered through the intercession of the Church. Generally, we say that the time factor is proportionate to the initial strength of the diabolical possession and the length of time before seeking exorcism” (Amorth, 48). While the prayers of the exorcist,

the one being exorcized, and other faithful people can help a great deal, most exorcisms take much longer than one appointment (Amorth 49).

Fr. Amorth also notes that while it is by the power of God that demons are cast out of possessed person, the possessed person also bears responsibility for the success of the exorcism, perhaps even more than the exorcist. He compares an exorcism to drug rehabilitation; having a strong support group and treatment is important, but these things mean nothing if the individual is not committed to being cured. Jesus does not heal those who do not wish to be healed, and he gives people free will even to the point of refusing his help.

The detoxification for demon possession is to live a faithful Catholic life, to receive the sacraments, and to pray vigorously and regularly. Father Amorth writes that one of the most effective ways to gain progress is what many people find to be a battle so difficult that even the best Christians struggle with it: to forgive one's enemies (Amorth, 113).

Fundamentally, by healing the possessed person through the rite, exorcism seeks to restore the possessed person to the community of the faithful, the Church. This is why a church is the preferred location for an exorcism. The rite can also employ the possessed person's family and friends which is compatible with Kehoe's emphasis on the social dimension of psychological healing. Attention to the healing of the whole person—physical, psychological, and spiritual—is not an either/or proposition; it requires a both/and willingness on the part of psychologists and religious leaders to seek what is best for the patient. Fr. Amorth and the Church have noted the important role that psychological care can play in the diagnosis of possession and care for possessed persons.

However, this cooperative effort also requires those in the medical professions to acknowledge when attention to the spiritual dimension may be necessary for a person's full recovery. As difficult as it may sound to modern sensibilities, even Kehoe's attempts to attend to spiritual needs, Christian tradition has acknowledged and affirmed since the time of Jesus that demonic possession is a reality that must be addressed. The Catholic Church's Rite of Exorcism is the means by which it tackles this reality. It does not employ Hollywood special effects as in *The Exorcist*. Rather, it employs reason while conceding that reason, alone, may not be enough.

Admittedly, exorcism sounds like a superstitious by-product from a long-past era. Our modern culture likes to believe that our post-Enlightenment emphasis on the use and application of reason can address all that ails us, both physically and psychologically. Thus, exorcism appears as a medieval form of magic that is no longer applicable in an age of reason. By updating its Rite of Exorcism in 1999, the Catholic Church, an institution with its own academy of science and an institution that recently celebrated the 150th anniversary of Darwin's *On the Origin of Species*, has affirmed that there are spiritual maladies that cannot be cured by the application of reason and medicine alone. In his experience Fr. Amorth notes that possessed persons often first seek medical remedies but to no avail. They can visit physician after physician and try treatment after treatment with no positive results. Amorth writes, "Mental symptoms are the hardest to cure; many times the specialists find nothing wrong-although this also happens often with physical illness-and often the family accuses the possessed individual of imagining his problems. This is one of the heaviest crosses to bear for these 'patients'; they are neither understood nor believed" (Amorth 91).

Why, then, does the Church remain committed to this seemingly archaic procedure in a time of unprecedented technological progress and unlimited self-help books, including those by Christian leaders? Because Jesus was an exorcist whose work as an exorcist was to demonstrate God's healing and restoring work as part of the kingdom of God which Jesus preached was now breaking into the world. Furthermore, the work of exorcism did not end with Jesus' death and resurrection; it was continued by the early Church.

Chapter 3

Jesus the Exorcist

First century Jews lived in fear of demons; they brought nothing but destruction and were only driven out by rare and skilled exorcists. The presence of the devil, his demons, and their powers in the synoptic gospels show the greater power of Christ because they portray him as a successful exorcist. By using first century knowledge of demons and their works in Matthew, Mark, and Luke the common Christian discovers the greater purpose: that Jesus has the ultimate power to conquer evil.

The messiah of the Old Testament was never prophesied to be an exorcist. Jesus drove out demons to restore order to individuals as well as their families and communities and to foreshadow his victory over Satan, but did so in his own way apart from the traditional views in both Jewish and Hellenistic cultures. Jesus was a unique exorcist of his time.

Richard H. Bell gives an historical account of how Jesus' defeat over Satan fits into God's plan to renew creation. One of Bell's first goals is to argue why the exorcism accounts are legitimate. "The first argument," writes Bell, "for the historicity of the exorcisms is that it is unlikely that the Church made up stories about Jesus being an exorcist" (78-79). One example is for the accounts in Mark 1:23-28//Luke 4:31-37. In this story the evil spirit in a possessed man asks Jesus what he has to do with the demons of the world. In these repeated stories the possessed man is in the synagogue where unclean men were not allowed. If the gospel writers had created the story, they would

have set this encounter in the wilderness where the audience would expect to see someone who was unclean.

Bruce J. Malina and Richard L. Rohrbaugh focus on how Jesus' teachings and works would be interpreted by his audiences during his ministry. They describe many aspects of this particular text, including the pattern that the teachings follow. Malina explains that even the pattern of the gospel of Mark reflects the teachings of Christ. According to Malina, the author shows Jesus' teachings in an "ABA" form. The way that that this form works is that Jesus gives a lesson, something that seems disconnected seems to happen, and then the audience understands the fullness of his teaching because of the interruption (Malina 149). In this case Jesus, who is overstepping his social boundaries as a carpenter's son by speaking in public, is teaching in the temple in a way that gives Him authority and not the Pharisees. Out of nowhere, a demoniac man enters where he is not permitted (in the synagogue), acknowledging Jesus as a "holy man, a person whom Hellenists called 'son of God'" (Malina 244). Jesus casts the demons out of the man, and then the audience understands that Jesus is greater than his earthly status as a carpenter's son would be: he has the authority to drive out evil. Word quickly spreads through Capernaum, helping the freed man to return to his community and the whole community to also know Jesus' authority that the son of God has come as the son of a carpenter.

Bell's second argument is that Jesus' opponents never doubted that he cast out demons (80). Accounts of the Pharisees calling Jesus *Beelzebul*, or the prince of demons, can be found in Matthew 9:32-34, 12:22-32, Mark 3:22-32, and Luke 11:14-23. Having

the knowledge that the Pharisees and scribes did not doubt that Jesus cast out demons strengthens the argument that he did so.

William Clay provides interesting information on the Jewish idea of exorcism. He writes, “If one could get to know the name of a still more powerful spirit and command the evil demon in that name to come out of a person, the demon was supposed to be powerless to resist” (Clay 225). Since Jesus is all-powerful, the demons the man was exorcising would have had to flee the afflicted, just as if Jesus was doing the healings Himself. Bell’s next argument ties in with Clay’s work. There were exorcists in both the Hellenistic and Jewish cultures, so the idea of Jesus being able to cast out demons is not completely unique.

The messiah in Jewish tradition was not prophesied to be an exorcist. “Indeed there appear to be no pre-Christian sources which suggest the messiah will be an exorcist,” writes Bell (93). Though Jesus was not prophesized to be an exorcist within the Old Testament, the theme fits in well with conquering Satan to renew creation in the future. This also fits into the legitimacy of Jesus’ exorcisms: why would the gospel writers include something made up about Jesus if it doesn’t fit in with Old Testament prophecies? There were other exorcists in first century Judaism. Jesus did not have to be one of them in order to be considered the son of God.

Bell explains that Jesus did not seem to fit the part of a Jewish exorcist because ritual was very important in Jewish culture. “It is striking that in the exorcisms of Jesus, ‘ritual’ plays virtually no part. In comparison with other ‘exorcists’, Jesus refrained from using physical means to achieve an exorcism” (Bell 72). Bell uses an example from Tobit 8:2-3 in which Tobias burns parts of a specific fish and an account of Josephus using a

ring to drive out demons (*Ant.* viii. 2, § 5). Bell also observes that Jesus grants healing for a specific individual instead of a community, which is a theme of the Old Testament. Abraham was known to cast out demons by placing his hands on the afflicted person's head and praying, which Jesus does not do. He also does not use a "powerful name" or music in his exorcisms. Jesus also permits those other than disciples to cast out demons without the usual amount of Jewish ritual. Accounts of this are in Mark 9:38-40 and Luke 9:49-50. For example, in Mark 9:38-40 the apostle John says to Jesus, "Teacher, we saw a man casting out demons in your name, and we forbade him, because he was not following us." Jesus replies, "Do not forbid him, for no one who does a mighty work in my name will be able soon after to speak evil of me. For he that is not against us is for us."

John seems to be anxious because the exorcist was not physically following Jesus with the other disciples. He was also concerned with status among Jesus' followers. Since Jesus started his ministry there was a new powerful group in Israel, and since status was so important in the culture John wanted to make sure he had higher status as Jesus' follower. The man was "casting out demons," so his efforts must have been successful. By having non-followers that could also cast out demons in Jesus' name, John's opportunity for higher status was diminishing.

Jesus was not concerned that the man was not one of the chosen few because he did not start his ministry to create a new and elite group. He came to fulfill God's plan to renew creation and conquer evil. This exorcist's efforts did not worry Jesus. In fact, they fit in with his plan instead. "Making a random group of first-century Jewish men the new elitists" was not one of the main purposes for Jesus' healings (Malina 267). Relieving the

afflicted from their pains and renewing creation were. By using Jesus' name in exorcism, these exorcists who were not disciples were acknowledging his status as son of God. Jesus did not have a problem with disciples other than the chosen twelve having the power to cast out demons.

The accounts in Mark 9:38-40 and Luke 9:49-50 also tie into the next part of Bell's argument. "The third argument for the historicity concerns the use of Jesus' name in exorcisms by others. This suggests Jesus had a reputation as an exorcist," writes Bell (85). The disciples come to Jesus exclaiming their joy that demons flee at his name in Luke 10:17, and his name is still used by other Christian exorcists throughout history. Jesus' name is still used in exorcisms by the Catholic Church.

When the Pharisees called Jesus the prince of demons they created another opportunity for Jesus to be unique. "Jesus was most likely the first to link exorcism and eschatology" argues Bell (89). He points out a specific occasion in Matthew 12:22-30, Mark 3:22-27, and Luke 11:14-23 where Jesus uses the Pharisees' accusations to teach: that the kingdom of God is stronger than Satan, for why would Satan drive his legions out of the world? Jesus attacks Satan directly by casting out demons from the possessed. He comes from the Father, and no one is more powerful than Him. It is no wonder that the Pharisees and scribes walked away angry, for they were proven to be foolish in front of many people by the son of a carpenter. Jesus restores social order to the poor and sick, and also disrupts it for those whose livelihood depends on them being higher than everyone else.

Warren Carter has extensively researched the “Jewish Gospel.” Part of this research involves the historical background of Jesus’ exorcisms. Carter writes, “Many understood disease and sickness to have nonphysical causes” (124). These causes include sin, changing social dynamics, doing something that is displeasing to God, and demons (124).

Carter proposes that Jesus’ healings serve four main purposes. The first, certainly, is to restore the afflicted person’s health and quality of life. The second is so that the healed can regain their position in society as active citizens. God recognized at the beginning of time that “It is not good that the man should be alone” (RSV Gen 2:18). It would be a natural wish for Jesus to restore the healed to the community. In addition to being a part of community, a healed person can also gain a sense of well-being by being able to provide for one’s household. The third main purpose of Jesus’ healings is that in “healing sickness and casting out demons, Jesus overcomes sin and the devil... and manifests God’s saving presence and empire” (Carter 125). By healing many spiritual and physical afflictions, Jesus shows the people of Israel that he is far greater than any evil. The fourth purpose of healing is to “protest the current ‘sick’ imperial world and anticipate the yet-future, complete establishment of God’s reign” (125). These four main components help the reader piece together the reasons why Jesus would cast out demons from the people of Israel.

Carter notes that the Jewish idea that demons can carry physical ailments can be traced back to Tobit 3:7-8, “On the same day, at Ecbatana in Media, it also happened that Sarah, the daughter of Raguel, was reproached by her father’s maids because she had been given to seven husbands, and the evil demon Asmodeus had slain each of them

before he had been with her as his wife” (124). Because a demon was able to kill Sarah’s seven husbands before a marriage was consummated, first century Jewish people believed that other demons could carry all kinds of affliction with them.

These traditional teachings from the Old Testament were very important to first-century Jews. Jesus’ power to exorcise demons not only reflected his will to bring healing to Israel but also his ability to conquer evil, even in its most feared form. The synoptic gospels include many stories of Jesus’ healing and exorcism, and biblical scholars offer valuable insight into what the stories meant in the past.

Jesus heals the boy with epilepsy (Matt 17:14-21, Mk 9:17-29, Lk 9:37-45)

One of the most popular gospel stories including demons that bring physical illness is the exorcism of a boy who experiences epilepsy because of being possessed. According to Malina, the boy who appears to have epilepsy is actually suffering from a cultural illness known as “falling out” in the southeastern part of the United States. Back in the first century this “falling out” was translated as “moonstruck,” or “lunatic” (Malina 90). This “falling out” has all of the symptoms of epilepsy without the foaming at the mouth. Even though the father does not describe foaming at the mouth in Matthew’s account, he does in Mark and Luke, and so evidence points to the conclusion that the boy showed numerous symptoms of epilepsy.

Malina also gives insight into the father’s situation. The boy is obviously possessed by a demon, and therefore he would have been ostracized from the community since he cannot control his actions. The boy would be unable to care for himself, and the father would face a difficult decision: to stay in the city and have his son face certain

death, or follow his son into the wilderness. The father would also lose his status in the city since his family line would end, and so he and the rest of his family would lose all of their status. The father not only pleads for his son's life, but also his own (Malina 90).

Another component of this story is that Jesus is not the first to try casting out this demon. The disciples have failed in their attempts and the affair was starting to draw a crowd, the opposite of their intentions since Jesus' life was in grave danger during this time (Malina 185). After Jesus publicly scolds his disciples he quickly rebukes the demon and it leaves the boy immediately, saving the boy and his family and restoring honor from the crowd. Later Jesus tells the disciples that some demons can only be driven out through prayer, and thus he provides the Lord's Prayer (Malina 185).

Another account where it is assumed that demons carry disease is disguised in the commissioning of the twelve in Matthew 10:1-4, Mark 6:7-13, and Luke 9:1-6. During this commissioning the apostles gather together and Jesus gives them power to drive out demons, but this specific passage does not mention healing the sick. A few verses later the apostles are healing the sick, which they were not able to do before. The Jewish idea that demons can carry illness therefore carries on, even if it is not explicitly said by Jesus.

Jesus is tempted by Satan after fasting in the wilderness
(Mt 4:1-11, Mk 1:12-13, Lk 4:1-13)

The traditional role of *ha-satan*, translated as *accuser*, is a different view of what Christians would consider satanic today. In order for God to be just, he would appoint one of his angels the job of taking the opposite side of God and evaluating his treatment of creation. The position was not permanent, but the accuser in Job takes his position to a new, brutal level. "In Job, Satan is still part of God's council, but about the 3rd century

B.C.E., Satan was ascribed an anti-God role” (Malina 36). This third-century view of Satan has remained into the modern era. It is the current way that most Christians think about the devil. “He was a rogue secret-service agent who recruited anti-God persons on his own behalf. His temptations became both a testing and a recruiting device” (Malina 36).

Malina explains that Jesus proved himself to be a worthy holy man after he fasted in the desert for forty days. The number forty is significant in Jewish culture because Noah and his family were trapped in the ark for forty days until dry land was finally found on the earth, and the Hebrews wandered in the desert for forty years until they entered into the Promised Land. Thus, it is a number associated with trial and testing. “He is far removed from the protective network of kinsmen and therefore vulnerable to attack” (Malina 147-8). It is after this time that Satan tempts Him. After all, when would be a better time to bring down the Son of God, after he is weak from being in the wilderness for so long and so soon after his holiness is justified? The devil attempts to stop Jesus’ ministry before it ever starts.

The healing of Peter’s mother-in-law (Mt 8:14-15, Mk 1:30-31, Lk 4:38-39)

One of the most well-known of Jesus’ healings in the synoptic Gospels is that of Peter’s mother-in-law. “And when Jesus entered Peter’s house, he saw his mother-in-law lying sick with a fever; he touched her hand, and the fever left her, and she rose and served him” (RSV Mt 8:14-15). This section is full of historical content and is a window into first-century Jewish beliefs in demons.

The setting of this passage is a contributing factor to understanding this woman's predicament. "That Peter's mother-in-law is living with him is unusual and may mean she is a widow without sons. Serving those in the house after being healed indicates that the mother-in-law's place in the family has been restored" (Malina 56). Usually a widowed mother would live with the family of her oldest son. Living with Peter would signify that she had no son to live with as mother-in-laws would be a financial burden as another mouth to feed, even though she would do her best to serve the family in whatever way possible. Living with Peter would also signify that Peter was a kind man to take the woman in since he was under no obligation to do so. Peter's mother-in-law was not only in immense pain from this fever but was also unable to serve in Peter's house as she normally would. The entire family is suffering from this woman's illness because her responsibilities, as well as the tasks of caring for her, now fall on the other members. By healing one woman of her illness Jesus restores order to the whole family.

A "fever" in first-century Jewish culture was not a normal bodily reaction to fight illness as it is considered in modern times. In the Old Testament; it had a different connotation. "Her fever suggests more than a physical illness. The cognate noun 'fever'...denotes in Deut 28:22 a sickness with which God curses people... But to heal a fever expresses God's blessing and power and anticipates the wholeness which God's empire will establish" (Carter 205). It would seem misleading for God to send a fever upon a woman simply to prove that Jesus could remove it from her. The most plausible explanation for Peter's mother-in-law having a fever would be because a demon had possessed her. Jesus' action of removing the fever hints toward a demon and not just a physical illness.

Just as a demon would “leave” the person it is afflicting after it has been cast out, the fever has “left” Peter’s mother-in-law. “Her healing may also be a victory over sin, since the verb ‘left’ is used for forgiveness in [Mt] 6:12, 14-15...It may also suggest an exorcism, since in [Mt] 4:11 the verb is used of the devil after Jesus resists him...Her response, she got up, attests to the power of God’s reign. The verb is associated with resurrection and new life” (Carter 205). This use of language suggests that it was a demon, and not a common virus, that was the initial cause of the woman’s suffering. By healing one member of a community, Jesus foreshadows the victory of his conquest over Satan. God is all-powerful, even over the forces of Satan and his leagues of demons.

Even the placement of this exorcism serves a purpose in Matthew. Just before this story the reader encounters a story involving a Gentile man. This suggests that everyone, no matter what sex or background, is a part of God’s plan.

Jesus casts demons into swine (Mt 8:28-34, Mk 5:1-17, Lk 8:26-39)

In this common passage, a man possessed with a whole legion of demons approaches Jesus. Jesus holds a conversation with the demons occupying the man and sends them into swine which run to their deaths into the sea. The people of Gadarenes ask Jesus to leave because they are afraid of what has happened.

Malina describes the main symptoms of being possessed by a demon. “A late Israelite document describes four customary tests for madness: (1) spending the night in a tomb; (2) tearing one’s clothes; (3) walking around at night; (4) destroying things received from others. All are present in this case, leaving no doubt in the reader’s mind”

(Malina 165). Malina also explains that this man has shown all of these signs, so the reader is left without a doubt that this man is possessed by demons.

This particular story is in a context that the Jews would quickly associate with extreme sickness. The possessed man is outside the village because unclean people were ostracized from the community to both protect the citizens and to keep whatever the problem is away. Possessed people were known for being unpredictable and could be dangerous if they were free to do as they pleased in their town. Malina explains,

Owing an honor debt to Jesus, the man who had the demon wishes to stay with Jesus as his client. But Jesus sends him home. The Greek specifies both his own house and the wider social network of which he is a part. Jesus also directs his attention to the proper place where honor is due: God, the mercy-giving Patron. The man does not follow the instructions, however, and gives honor to Jesus rather than to God. (Malina 166)

The messiah of the Old Testament was never prophesied to be an exorcist, and Jesus was a unique exorcist of his time. Jesus shows through the exorcism stories in the synoptic gospels that he has the ultimate power to conquer evil. By exorcizing these demons Jesus restored social order to the victims' families. God's plan to renew creation involves defeating Satan, and the exorcism stories foreshadow this victory.

The Practice of Exorcism in the Early Church

Andrew Dauntion-Fear summarizes Early Christian documents in order to draw accurate conclusions on their views of sickness, healing, and exorcism. These early Christian theologians believed in demons, that demons could afflict people, and that Jesus' followers could cast out demons with the use of his name and accompanied with a combination of faith, prayer, anointing with blessed oil, and baptism. His conclusions help the reader to understand the common beliefs within the time period and his personal reflections at the end of his work bring the early views relevantly into modern times.

Records of medicinal practices indicate that demons were not the sole cause of illness and that it could be treated. Dauntion-Fear attributes the beginning of pharmacology and diet control to Hippocrates, who lived in the fifth century B.C. Plato "saw him as a philosopher who sought to understand the human body as a whole organism" (Dauntion-Fear 13). Jews in the Old Testament, however, rarely saw Roman physicians because their training was mostly learned through experience. Instead the Jews would go to the high priests and sickness was widely seen as punishment from God. The sick person was to repent and pray, and in severe cases such as leprosy be cast out of the community (Dauntion-Fear 14). Ben Sirach changed this outlook in the second century B.C. by asking his readers to acknowledge that God was the true maker of medicines and that physicians could be of help. Though the sick should still repent, pray, and offer sacrifice, the physician could also be called for help. Because of these writings many sick Jews called upon physicians for help during the time of Jesus (Dauntion-Fear 15).

Daunton-Fear examines many main themes through his work. One of these themes is that Jesus looks for faith before he heals. The Jewish high priests would seek to heal and offered sacrifice for anyone, but Jesus sought the participation of the afflicted within the healing experience. In Mark 6:5-6 he does not heal in Nazareth because he does not find enough faith there. He calls for action that demonstrates faith, such as holding out a hand or telling a lame man to pick up his mat and walk. This is very similar to Fr. Amorth's comparison of an exorcism to drug rehabilitation in that the afflicted must show some sign or effort of wanting to be healed. In multiple accounts he tells the person asking for the miracle that his faith has made him well. Jesus hands the power to heal through his name over to his apostles. They carry this theme through their ministries, and in Acts 3 faith is even seen as a precursor to healing. Daunton-Fear points out that healing procedures are developed as early as the book of James, and that the Greek word for "sickness" in James 5:14 alludes to any type of weakness, which could include demon possession.

The first century scriptures mention throughout that they do not include all of the stories about Jesus, which leads the reader to believe that a number of miracles were not mentioned in scripture. The included portions were written so that the reader may have faith and believe, even though the witnesses of these miracles could have easily misunderstood what had taken place before them. The early Christians understood healing as a compliment to the ultimate point of the apostle's mission, which was to spread the Gospel so that others might believe in Jesus as Christ and convert to Christianity (Daunton-Fear 38).

Daunton-Fear points to a number of second-century theologians who write of demons and spirituality. One of these is Tatian, a student of Justin, who wrote in his “Oration to the Greeks” that it would be better for a sick man to look for a cure in Christ rather than a druggist. Tatian saw God as the superior power and did not understand how people could put their power in a druggist, who only dealt with the natural, instead of placing all of their faith in the super-natural God who could work miracles. He felt that those who resorted to druggists had somehow put their faith in other sources than Christ, which would be considered idolatry. Daunton-Fear adds that, “Tatian goes farther than any other Church Father in opposing faith to scientific medicine” (53).

Another theme that Daunton-Fear stresses throughout his writing is that exorcism is both a public service and free of charge. This is not always the case for physicians and magic-workers, who were known to drive their patients into poverty with high prices for their services, practice through experimentation as the Roman physicians, and give anywhere from very little to very negative results. This exploitation is one of the reasons why theologians such as Tatian had such negative views towards practicing medicine.

Tertullian, who lived c.160 to c.225, did not share Tatian’s negative view of medicine but also spoke of demons. In his work, “On the Soldier’s Crown,” Tertullian writes that medicine is useful and can even be helpful because the afflicted could be comforted and believe that their relief came from God. Tertullian gives a mixture of causes of sickness, including that it is a punishment from God, that God can do whatever he sees fit, and that demons can cause affliction.

By the middle of the third century exorcists had become a specific order instead of simply one of the many duties of the clergy. The “Apostolic Tradition,” written by

Hippoclytus c.215 does not mention this title, but through the writings of Cornelius, bishop of Rime in 251, there is clear evidence of such a role. Others who mention the order of exorcist in such certain terms include Firmilian in “Cyprian” (c.235), Origen in “Homilies on Josh” (c.240), and Cyprian in “Epp” in the 250’s (Daunton-Fear 88).

Origen also agreed that medicine was beneficial. In his, “Homily on Numbers,” he stresses that the gifts of knowledge and wisdom come from God. He considers learning about God more virtuous than simply having faith, which is unusual among most theologians, which stress that those who have a charismatic gift are often uneducated and yet very devout. While Origen approves of the use and development of medicine, he believes that knowledge and wisdom are better directed towards God than the material world (Daunton-Fear 99).

Origen was not alone in his ideas towards medicine, knowledge, and faith at that time. A Northern-African Christian convert named Arnobius who lived from the late third to early fourth century had two negative views towards medicine; that it was much too expensive for the small amount of good it usually procured and that many doctors mixed their pagan practices and traditions into their work. The results, whether good or bad, were considered the will of their gods and Arnobius felt that this mixture prevented objective findings in their medicinal practices. He observed that the Christians placed their hope in God and the end of their lives instead of the instant results that the pagans strived for in that moment of their lives. While Christians also praised God for their renewed health, they were also taught to remain hopeful in the future if a cure was not procured (Daunton-Fear 111-114). Daunton-Fear explains that, although Christians did

not often intentionally seek pain, enduring suffering was seen as a way to obtain virtue (149).

Overall, the Catholic Church from the first to the fifth centuries had a positive view on medicine. Monks copied and thus preserved ancient texts on healing, which is how much of that information has survived up to modern times. Daunton-Fear points to scholar A.P. Crislip, who shares information on doctors who became monks, nursing ministries, and stewards of the sick. These monastic movements led to the development of hospitals, hospices, poor houses, and hostels for travelers (150).

Daunton-Fear shares this personal reflection:

When prayers for healing appear unanswered, as in the case of Paul's 'thorn in the flesh' (2 Cor. 12:7-9), it is important not to sink into resentment and bitterness but to acknowledge that God is sovereign. We must hold onto his unchanging love and, if we can, pray that he may be glorified even in our weak state. It may be that, unlike Paul's, our malady will be temporary. We do well to remember though that ageing is a natural process, and that there is an 'allotted span' of life for us all. Death, when it comes, will provide the ultimate healing of release into God's nearer presence. (166).

Exorcism, as a Christian practice, dates back to Jesus and the early church. In the synoptic Gospels Jesus is seen as an exorcist, even though the Old Testament prophecies do not require this healing as a criterion for the Messiah. Rather, the exorcisms are seen

as a foreshadowing of Jesus conquering Satan because of the crucifixion and resurrection. Through these exorcisms Jesus also reminds his people that they are meant to live life in fullness, and part of that fullness includes restoring the afflicted back into their communities. This is still important today because the Western exportation of healing is centered on the individual, which is harmful because psychology is so intertwined in the culture within that place and time.

Conclusion

In her book Crazy Like Us: The Globalization of the American Psyche Ethan Watters provides a view of mental illness not from psychology, but through anthropology. He believes that the Western idea of mental illness, communicated through the Diagnostic and Statistical Manual of Mental Disorders (DSM), assumes that the entire world shares underlying Western assumptions about the psyche. Watters says these assumptions are not universal, and that mental illness around the world is much more complex than Westerners would like to make of it.

Watters argues that different mental illnesses follow a pattern of appearing and disappearing from an area because of the outside environment of the patient. When a body is in distress it will send out visible signals for the rest of society to observe. If enough cases with these same distress symbols are recognized, they will be termed “symptoms” and a new diagnosis will be “discovered.” Once this discovery has been made the information will spread to the more common people, and this symptom will enter the minds of people as a distress signal that works, in that the patient receives the treatment he or she needs. Watters refers to this phenomenon as a symptom pool. Over time other distress signals will be recognized, new mental illnesses will be “discovered,” and the old diagnosis will eventually disappear from the society as new signals receive more attention than old ones.

One example Watters gives took place during the American Civil War, in which “Soldiers often reacted to the psychological trauma of battle by experiencing an aching in the left side of the chest and having the feeling of a weak heartbeat” (Watters 101). They also experienced feelings of withdrawal and lethargy, although this was also attributed to

being far away from home. This set of distress signals gained the name Da Costa's Syndrome. In World War I American and British soldiers experienced Shell Shock, which included symptoms of "nervous tics, grotesque body movements, and even paralysis" (Watters 101). Da Costa's Syndrome and Shell Shock were particular to a specific time and place and have faded out of today's symptom pool. Posttraumatic Stress Disorder (PTSD) is the name given to the current set of distress signals that Western psychological trauma victims experience. PTSD is considered to be in the Western symptom pool, and is also in a particular place and time.

This naturally occurring cycle of recognizing distress signals and identifying them is interesting, but not terribly harmful. It is important for people to recognize unusual behavior among their neighbors, especially since this behavior is an unconscious plea for help. The current problem is the globalization of Western ideas of mental illness to other parts of the world. Thus, the Western symptom pool is becoming universal and not specific to a particular time and place. American mental illnesses are now being introduced to new areas, similar to the way McDonald's restaurants can be visited around the world. The Western ideals of psychological treatment often do not correlate with the natural mental illnesses of other cultures, which only makes the process of getting the best treatment for the patient more difficult.

Another example is the PTSD training brought in for the tsunami that hit Sri Lanka in December of 2004, killing over 35,000 people and displacing 516,150 more in that country alone. Western health specialists appeared on television and wrote articles about the dangers and symptoms of PTSD, certain that people would be plagued with the condition. Drones of clinicians and volunteers from around the Western world came to

Sri Lanka, some to offer help and others hungry for the opportunity to conduct psychological studies to serve other clinical psychologists in the future. The glitch in this disaster relief plan was that the Westerners believed that PTSD was the universal condition for victims of psychological trauma.

The traumatologists who sought to help the tsunami victims carried Western ideals with them: that it was important to counsel survivors as soon as possible, that retelling their version of the event was helpful in recovery, and that taking a sick leave helped a person to relax and reenergize. Kate Amatruda wrote a training manual in which she instructs that “one of the requirements of disaster trauma counseling is to be non-political and non-denominational. We must not be influenced by religion, ethnicity or political affiliation” (75). Drug companies were also on the scene. “‘There was no checking,’ John Mahoney, the director of World Health Organization’s mental health initiative in Sri Lanka, told a reporter. ‘We found one organization just handing out anti-depressants to people’” (Watters 81). Some of the groups only offered food, water, and medical supplies to patients they were treating, so the survivors would go to therapy sessions in order to get the physical aid they needed.

PTSD was not found in Sri Lanka after the tsunami. PTSD was not in the symptom pool in that time and place because Sri Lankan culture and other environmental conditions were so different from those that the Western world was accustomed to. Watters writes how the Sri Lankans turned to their religions and cultural traditions in times of hardships and often felt more hardship with how the tsunami affected their communities as a whole rather than what the effects had on them personally (Watters 89). This cultural, religious, and social community clashed with the Western traumatologists’

ideals of secular one-on-one therapy and leaving the community in order to rest. To the Sri Lankans, practicing their religious traditions and being with the community was the way they sought healing.

The Sri Lankan's sense of community is similar to that of first century Judaism. Healing was seen as valuable because it brought a suffering, incapacitated, member back into their social community. To be outcast from a community meant death, both physically and emotionally. When Jesus healed and exorcised as he did in the synoptic gospels, he was not only restoring their physical health but also their place in society. Furthermore, a study of Christian history demonstrates that the practice of exorcism was not unique to Jesus; he also passed it on to the apostles—and subsequently to the Church—to continue his healing and restoring work in the world. Mental health physicians cannot focus on their patients if they only use Western, secular ideals, especially if those ideals ignore the religious and cultural practices of local populations.

Just as the traumatologists who traveled to Sri Lanka could have helped the survivors more if they had learned about and worked within the culture and symptom pool within the particular time and place at hand, mental physicians today can better serve their patients by learning about and incorporating their religious and spiritual beliefs into treatment. This study argues that those beliefs can include demonic possession and exorcism and that these beliefs are not vestiges of a bygone era; they remain relevant for many Christians today. By using a revised version of Nancy Kehoe's Religious/Spiritual History Assessment which would include questions on a patient's beliefs on diabolical possession and exorcism, clergy and mental health physicians can

work together to provide the best care for the patient, one that provides for their restoration to their communities and to society.

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