Chapter 10
Ethnography of the Devil: The Aftermath of Possession, Exorcism, and the Demonic

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Abstract Exorcists, and the demoniacs they work with, face the mental challenges inherent in demonic possession itself, but also for a lifetime afterwards. The mental effects on those demoniacs liberated through exorcism are often described as cathartic, due to the demon within them having been expelled and therefore no longer tormenting the patient. However, no research on the long term consequences of having gone through such an experience has been undertaken. Also, the exorcist who enables deliverance from evil is likely to experience some form of mental suffering as a result of repeated exposure to the rite. This chapter presents an original ethnographic work dealing with two key informants. The first one is a case study analysis of a demoniac who has written about her own experience as a child and who explains the issue she had to deal with as an adult. The second one if from an exorcist in the Tampa Bay area and covers his experiences surrounding the craft, focusing specifically on the mental health of both practitioner (self-reported) and demoniacs (as reported by the exorcist). Both key informants in this field of research were strongly advocating for community support for the demoniacs. This chapter is a pilot study which offers two interviews focusing on for the first time on the long term mental health effect of, and the community involvement surrounding, the practice of exorcism in a western society.

Keywords Demonic · Demon · Andrea Perron · The conjuring · Demonic possession · Ethnography · Ethnographic · Grounded theory · Exorcism · Communal health · Mental health · Trance · Dissociative · Mental illness · Possession · Recovery · Death · Community

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10.1 Introduction

Exact numbers for how many exorcisms are performed per year is at this stage impossible to track down, yet Baglio (2010, pp. 6–7) makes reference to the Association of Catholic Psychiatrists and Psychologists claiming that there would be approximately 500,000 people a year, in Italy alone, who would receive the rite of exorcism. It is unclear how this figure was calculated. Unlike the ambivalent status of exorcism, which is difficult to quantify (Giordan and Possamai 2016), belief in possession and demons is better documented. The Association of Religion Data Archives reports that 53.8% of an American sample 'absolutely' believe the Devil exists (2010), and 54.6% believe 'that people on this Earth are sometimes possessed by the Devil' (1998). Demonic possession is not just the subject of popular horror movies, it is a phenomenon that is believed to continue to occur.

Individuals who directly request an exorcism are more likely to be referred for prayer, counseling, or medication before being considered for participation in the rite (Cuneo 2002; MacNutt 2009). The medical community is resistant to acknowledge exorcism as a method of treatment due to a variety of factors, one of which is the unknown prognosis of possession (or of diagnosed mental disorders resulting from self-diagnosed possession). Within a religious context, exorcism is also debated and its efficacy is often questioned (Betty 2015). Due to this lack of legitimacy of this ritual in both these fields, and the difficulty in accessing data, the rite's effects on an individual, both behavioral and physical, are at this stage undetermined.

The aim of this pilot study is to offer an ethnographic approach to understanding how the rite of exorcism affects in the long term both the exorcist and the demoniac.[1] Both types of participants in the rite face effects on their mental health during the ritual and after its completion – often for a lifetime. While liberation from the demon may be considered cathartic for the demoniac at the time of the ritual, the trauma incurred eventually changes the individual on a fundamental level. For the exorcist – if the demon can be exorcized at all – the moment of liberation is welcomed as the successful outcome of helping someone overcomes the demon. Whether living through the possession once or performing the rite hundreds, if not thousands, of times, there is no easy or guaranteed road to recovery for either party. In discussions, my two participants – an exorcist and a demoniac – and I attempted to recreate the memories, hardships, turmoil, and growth sustained as a result of their experiences with the demon(s).[2]

[1] 'Demoniac,' as used in this work, is defined as an individual who has been possessed, physically assaulted, or haunted by a demon.

[2] 'Demon' is defined as any spirit of insidious intent that seeks to harm, destroy, or possess an individual. This active definition was discussed with both participants.

10.2 Demonic Possession Today

Media, news, and movies portray exorcism, and related concepts, as violent and alien, even going so far as to conflate mental illness with demonic possession; as found for example in recent headlines such as 'Mental Hospital Fire Leaves Hundreds of Demons Homeless' (The Onion 1996) and 'Chicago Mom Says Devil Told Her to Kill Children, Shrink Testifies' (Perez 2017). What is often left out of any account on demonic possession are the immediate and long-term effects of being exposed to this rite. Cultural exemplars of exorcism, both in press releases and film, challenge the possibility of possession, focus on violent outbursts or events, and fuse mental illness with the demonic possession, rather than advocating peaceful solutions.

Since the release of *The Exorcist* on December 26th 1973, clergy have been thrust into theological quandaries relating to requests for exorcism. When the film was first released, in almost every showing, an audience member would vomit, faint, or require emergency medical services**.** Nor did the strong mental impression end after the film did. In one case, construction workers renovating a building demanded that an exorcism be performed on it because it had been used as a pagan temple (Fiske 1974). Approximately 1 month after the film's release, Rev. Richard Woods stated to the *New York Times*, "I've received dozens of calls from people who are horribly frightened or so confused that they have begun to lose their grip on reality" (Fiske 1974).

During the mid-1970s, cases continued to come to light of violence and fear related to exorcisms, such as the story, from 1975, on which the movie *The Exorcism of Emily Rose* is based. In 1968, years prior to the event represented in the film, Anneliese Michel (portrayed as Emily Rose in the movie) was diagnosed with grand mal epilepsy. Convinced she could be saved through faith, she began a regimen of such assiduous praying that she ruptured her knee ligaments through genuflection. She also bit the head off a bird, licked her own urine off the floor, and (according to her neighbors) could be heard screaming for hours. It took Anneliese Michel three requests to get an exorcism in the hope of being free of her possession. In 1976, after enduring 67 exorcisms within 9 months, she died. She forced herself to fast, claiming this would dispatch the evil from within her, eventually succumbing to starvation. She died weighing 68 pounds (Day 2005). While this may be an extreme case insofar as the rite itself is concerned, reporting on exorcisms is usually violent.

This reporting of violence is mirrored in more recent exemplars. For instance, at 9 am on 19 June 2017, a woman was observed beating her child on a beach in California. Authorities reported that the child "will probably require reconstructive surgery" after her mother attempted an exorcism on her (Rocha 2017). Cinema portrayals of exorcisms often depict torture, and physical, sexual, and emotional abuse (Maggi 2014, p. 778–785), and media coverage treats this rite as though it were no different from any other situation of violence. Commonly raised objections to exorcism include that the rite has been used, as mentioned above, in order to abuse children or other vulnerable people (BBC 2018). Media coverage of exorcisms

continues to showcase exceedingly violent instances (often unapproved cases or those of individuals attempting the rite without training), treating them as if they had the same validity as those performed by Father Gabriele Amorth (the late Chief Vatican Exorcist), who has published extensively on the topic (Amorth 1999; Amorth 2002). He was also featured in a documentary on exorcism approved by the Vatican (Friedkin 2018). Unlike Gabriele Amorth who performed exorcisms under the guidance of the Vatican, media coverage usually focuses on unapproved or spur of the moment exorcisms by laymen that can sometime end in harming or killing the individual (Rocha 2017, Padilla 2019). While exorcism and possession may often be violent, within the ritual space it is more likely to end with the recipient receiving help, whether medical or spiritual, rather than as it is portrayed in the media, movies and TV shows.

To deal with the sudden increase in requests for exorcisms (Cuneo 2002), the former archbishop of Madrid, Antonio Maria Rouco Varela, and the Archdiocese of Chicago have held special training courses on exorcism, in order to confront what is described as 'an unprecedented rise' in cases of 'demonic possession' (BBC 2018). This is a recent addition to the yearly courses offered near Easter in the Vatican. The Church in Spain was coming across many cases that "go beyond the competence of psychologists" and they were reported occurring with "a striking frequency" (Squires 2014).

Some individuals will find the help they need in the ministrations of the Church, while others are more likely to benefit from therapy (or from both, as is usually prescribed by the Church). The two are not always mutually exclusive as the job of the exorcist can sometime be that of a therapist (Amiotte-Suchet 2016).

Following an assessment as to whether or not someone is possessed, the determination, more often than not, is that the individual needs counseling or medical services rather than an exorcism (Giordan and Possamai 2017). Speaking to the press, the Church generally maintains that medical services should come first:

> The Church says that most people who claim to be possessed by the Devil are suffering from a variety of mental health issues, from paranoia to depression, and are generally advised to seek medical help. But in a few cases, it is judged that the person actually has been taken over by evil spirits, and an exorcism is required. (*The Week*, *UK* 2014)

Inquiry into the outcome of requests to one priest for help through exorcism has shown that only 5.1% of supplicants receive a major exorcism, 19.2% receive blessing, 13.2% undergo a ritual of liberation, and 13.5% are recommended to a psychologist or medical services (Giordan and Possamai 2017, Fig. 4).

The increase in use of the rite of exorcism has sparked debate as to the validity of the sacrament in any situation – especially in terms of therapy. While the popularity of the ritual itself may be explained by its therapeutic properties, allowing, if successful, for the reentry of an individual into society, the screening process used to determine the legitimacy of the alleged possession often leads to medical or therapeutic services rather than the performance of the rite (Giordan and Possamai 2017, Fig. 4). There has been an increase in investigation as to why exorcism and

the rite of deliverance[3] may succeed where medication and psychological or psychiatric therapies fail, but this has been mainly through a theoretical approach (MacNutt 2009). Although some research has been published showing that treating dissociative identity disorder through exorcism can have positive effects, no firm conclusions have yet been drawn as to its efficacy (pp. 188–196). Working with both the rite of exorcism and therapy to better understand how a technique combining the two may deliver more effective treatment could provide a long-term solution; if experiments show promise, this may throw up more questions than answers (Betty 2015).

10.2.1 Exploring Long Term Effects

The way that possession and exorcism are viewed is dependent on context. Whether these phenomena may be used, potentially, to justify violence against vulnerable groups, and whether exorcism serves as an alternative therapeutic method, a cultural phenomenon, or provides insight into the modern American paradigm, still varies case by case (Maggi 2014). What has yet to be explored are the experiences of the practitioner and recipient in the rite and how this affects them in the long term.

This study focuses on those who have experienced possession, and its effects on their lives in both the short and long term. To address this issue, I visited local churches and spoke with colleagues who had experience with exorcists and demoniacs to seek out participants. I was able to only interview two key informants: one exorcist and one former demoniac. The former demoniac was located via the books she wrote on her experience which were adapted into a movie, the fame making it easier to find media contact forms. The only other method considered for finding demoniacs was through the exorcist they were treated by (and therefore legitimizing the case of possession). However, the eight exorcists whoe were contacted in the context of this study, were reluctant to talk, and when they did, they did not want to talk on the record or discuss any specifics. Only one exorcist agreed to participate in order to aid research into this field.

Even if the sample is very small, these two people are providing information in this field of research that has not been covered yet. The exorcist has had experience in the rite and has remained in contact with the demoniacs he cured or saved. The second informant is a very special demoniac who has even become part of popular culture. But rather than her story being one of Hollywood horror, it is one that expresses the toll that such experience can have on one human being in the long term.

[3] The rite of Deliverance from Evil and the rite of Salvation are similar practices; both generally referring to a minor exorcism (one that *may* not need the expressed approval of a bishop or someone in a similar position). The rite of Deliverance is traditionally used in Protestant communities, whereas the rite of Salvation is traditionally used in Catholic communities. I am not taking a stance as to which rite is which; when referring to them in the article, I find it appropriate to maintain the cited author's context.

The fieldwork consisted of two sets of recorded interviews (around one hour for each participant). More time was spent before and after to speak to them 'off the record,' and, at the request of the participants, no notes were taken during that time. Participants were also reminded before, during, and after the interview that they may withdraw from the study at any time.

Data was transcribed into a word processor. From there, a grounded theory approach was used, as outlined by Lindlof and Taylor (2017), to analyze the data. The main themes covered for this chapter are on the long term effect and the community support provided.

10.2.2 Andrea Perron

Andrea Perron and her family's experience with the demonic ended when she was a young adult (sometime in the 1970s) and is documented in the trilogy, *House of Darkness House of Light*. The movie *The Conjuring* is also based on their story. Andrea has described her experience with the insidious entity (or entities) as causing both physical and emotional harm to her and her family. Andrea is considered a demoniac because she was physically and emotionally abused, as well as haunted, by demon(s). However, Andrea stated that she had not been possessed. Nevertheless, her experiences with the demonic, that are covered in this case study, began in 1970 and lasted almost a decade; the impact of these experiences is ongoing.

When Andrea was 12 years old, a lot of "bizarre things" or abusive behaviour began to occur in the neighbourhood her family was living in. This prompted her mother to look for a new house and raise her children in the country. The house was built while America was still a colony in 1736. They spent approximately 10 years in the house as they did not have enough money to leave when they wanted to.

Strange or temporal phenomenon began as they were moving into the house. In one instance, a family member entered the dining room to see another family eating around the table only to stop and look at her as though she was intruding. Other experiences were less indifferent: as an example, one of her sisters was grabbed by the hair, dragging her down to and across the floor. This scene was, dramatically and in different circumstances, shown in *The Conjuring*.

The basic barriers to escaping, such as lack of money, physical illness or degradation, or an attachment to a location, are not, by themselves, necessarily a problem for the affected individuals, and not in the case of the Perron's according to Andrea. However, when combined with the dehumanizing attitude and hostility of the surrounding community, feeling stuck in a location is. The Perrons were banned from the church and many of their neighbours shunned them. Being written to by the Bishop overseeing their parish to "go away" caused both pain and confusion, particularly for Andrea's father, and ostracized them further from the community. The bishop went so far to send a letter directly to the family asking them not to come back. Even though the Perron's had done no harm to the members of the community, they became shunned in their small town (but not by all). In the case of the

Perron family, all of these were contributing factors that lowered the morale of the family. Community hostility and physical barriers to leaving may have made the Perron's sense that they were being abandoned, but they did not lose hope. Andrea made a point of saying that family, and friends, created a strong support structure that caused her family to suffer as little as possible. The sharing of negative experiences allowed the family to maintain resilient.

Andrea's mother, Carolyn Perron, had a significantly physical and emotional reaction to exposure to negative or insidious spirits. Over the course of these 10 years, she went from experiencing hints of the paranormal to significant physical degradation. Within the first week, both Andrea and Carolyn were hearing and seeing entities within the house. This eventually shifted into physical contact with what was in the house.

Driven by a desire to seek out what was the cause of these events, Carolyn became immersed in the history of the house and its former inhabitants. Unlike *The Conjuring*, no answers were ever definitively found. She began to change the way she spoke: using words such as yeomen (a term from the 18th–nineteenth century for land owners) to describe townsfolk. Her behaviour was changing over time, becoming either so immersed in the history of the town that she adopted the characteristics of the time while suffering from demonic obsession.

Although they did have family in the Catholic Church who would visit from time to time, the Church seemingly could do little to help. After a visit from Andrea's Uncle, who lived and worked in the Vatican, an Exorcist was dispatched for a home visit:

> When [the exorcist] came to the door, he simply said, 'I'm Father so and so.' I don't remember what his name was. Introduced himself to my mother, asked if he could walk through the house. Never told us, or her, or my father, that Uncle Jean had sent him. We all knew Uncle Jean had sent him. He walked all through the house and he would pause… You could hear if somebody was walking through and he would pause in each room and pray… He came down into the parlour and my sisters were playing Parcheesi. I remember, he had to kind of walk around them. He came up to my mom and he said, 'I'm so sorry, Mrs. Perron. This house cannot be cleansed.' And then he left. And she wept. She went in the bathroom and wept.

This is not the first instance that an exorcist would come to the house. The church, and the Warrens, all refused to perform an exorcism saying either the church did not approve an exorcism or, when it did, refusing to perform one as they believed it would be unsuccessful.

Carolyn experienced several dramatic instances where she was physically hurt. Early on in the 10 years of living there, Carolyn went out to the barn during the winter:

> Mom took a little trip out to the barn. There was a hand scythe. You know, one of those curved… that you load hay, you can bale hay with it. Very sharp knife with a long wooden handle. When she turned on the light in the barn it was suspended out on a beam about 40 feet above the ground. The main beam of the barn and there is this hand scythe out. Feet away from where anybody would have been. We'd all been in the barn before and nobody ever saw it before. But there it was. Mom said she heard a whooshing sound. She thought a bird was trapped in the barn. She looked up and she saw that it was spinning. Like, just

> spinning in place and making this whooshing sound. Then, all of a sudden, it just flew down and landed across the side of her neck. It cut the jacket from the back all the way to the front and went right across where her jugular vein would have… was. But it didn't penetrate all the layers of clothes. It left a bruise, that's how hard it hit her. It knocked her to the floor. Then it just fell on the floor.

There were more direct interactions with the insidious entity, one particular case during a séance that the famous mediums Ed and Loraine Warren oversaw in an attempt to dispel the evil in the house:

> The language that was coming out of my mother doesn't exist on this planet. It was a dark force that was capable of killing her and choose not to. I know that. It had all the power it could have possible needed to snuff her out. And it didn't. It tossed her from the middle of our dining room to the middle of our parlor, in the chair she was sitting in. An old captain's chair, solid rock maple. The chair had to be 20–30 pounds. It just lifted up off the floor, it just lifted.

A few years into the abuse and after the séance, Carolyn began to sink into herself. Attempting to live on coffee and cigarettes, while not eating or sleeping. She struggled to cope or recover from demonic influence. Unfortunately, she

> … never really recovered. If, and I want to say this as delicately as possible, my mother is 78. She began aging at a remarkable rate at that house. It took a real physical toll on her. She's still a beautiful woman. You've seen her in interviews, she's lovely. It robbed her of her youth. She was only 29 years old when we moved into that house. She looked like she was 59 when we moved out 10 years later. It took a terrible toll on her.

As the interviewing process came to an end, the last thing Andrea shared with me was an emotional recollection of an attempt to banish the demon:

> What happened in the house that night… Cindy and I are watching my mom and she pulls her legs up and she is screaming and moaning and it's not her voice. I mean we knew her voice, it wasn't her voice. She started to literally cave in on herself like her body was being twisted into a ball. You would expect to hear her bones breaking. There was nothing natural about it. It was physical, it was psychological, it was spiritual, it was the most intense and compelling and disturbing thing I have ever seen in my lifetime. I never want to see anything like that again. I thank God every single day that my mother has absolutely no recollection of it at all… I thought I had just seen my mother die.

Her mother Carolyn doesn't remember many of the events that happened while being abused or assaulted. She changed a significant amount in a very short period of time. Mannerisms, speech, and interactions with others shifted within a matter of months to that of a completely different person. Today, she lives a secluded life. Living with the entities caused her to age faster than she otherwise would have, both physically and mentally. For a 78 year-old woman, she is still able to tend a garden from time to time but otherwise lives a very low impact life. Mentally, Carolyn doesn't remember vast portions of her life but has made almost a full recovery otherwise.

Andrea, deeply impacted by the events of her youth, in her adult life has gone out of her way to share her story and connect with others. Becoming a prominent lecturer in America on spirituality and metaphysics, she has devoted herself to creating a community that accepts experiences such as demonic possession. Going out of her

way to connect and work with people who had similar experiences and spreading this knowledge through a variety of media. Andrea wanted those in recovery to have someone, even if it is someone they don't know, who will believe them and not criticize them for something potentially out of their control, believing that strength is in knowing that they aren't alone. The communities that she started also aid in research efforts to find more effective means of treating and managing demonic possession and other negative supernatural experiences.

While Andrea has been open about her experiences through her books, interviews, adaptations, and public speaking, this is the first time it has been placed into the research field. Locating her story among others of the same type bridges the gap between media representations of exorcism and the true stories that inspire them. Her story, an extreme case lasting 10 years, is one of survival and recovery unlike some, unordained, cases discussed earlier.

10.2.3 The Exorcist

The Exorcist, hereafter referred to as E, found himself drawn to the fold during his time in college. As a psychiatry student and licensed counsellor, E volunteered as a Cult Deprogrammer where he focused on bringing individuals out of commune style esoteric groups. After some time he decided that the best way to lead people into the faith would be to lead them himself and went into the clergy specializing in spiritual counselling.

E was ordained over 40 years ago in the Lutheran denomination and has been practicing counselling, and, when necessary, the rite of exorcism. Like the exorcist discussed by Amiotte-Suchet (2016), E prefers to seek therapeutic means first and only utilizes the rite of exorcism as a last resort. In the context of this study, we discussed two cases in great detail and other cases more broadly. The cases examined here in depth are explored with permission from E, without identifying the individuals involved. The exorcist himself has treated hundreds of individuals with personal or spiritual needs but did not disclose how many of those treatments included a major exorcism; blessing, use of holy water, or a minor exorcism (sometimes known as Deliverance from Evil) were common in his treatments.

While those who sought the rite of exorcism as a cure to their ailments came from diverse backgrounds, the symptomology (see below) was generally consistent among those who received the rite. The intensity varied wildly however. For E, cautious skepticism preceded any supernatural explanation. For him, this initial phase was similar to him counseling anyone else who came to him for help: discussion of the problem, suggestion of physical or spiritual solutions (such as deep breathing exercises or praying), and, if nothing else worked, then psychiatric treatment.

Other than two cases, E spoke in general terms about his experience with demoniacs and suggested a general pattern to their development. Prior to seeking any form of treatment, the demoniac often exhibits no symptoms or behavioral changes before the rapid onset of physical and emotional degradation. Sudden changes in

personality are often preceded by an obsession with finding out the cause of their symptomology. At the beginning, mental symptoms are often, but not always, sudden onset depression, suicidal ideation, and isolation of one's self. Physical pain, in many cases a result of physical degradation due to self-harm or by some unknown source, is often accompanied by voluntary isolation and the destruction of support structures or personal connections. The destruction of support structures is recurrently a result of callous or violent interactions, through isolation and degradation, which makes the demoniac becomes a different person. Communal, physical, and mental symptoms do not go away immediately, if the patient recovers it can take anywhere from months, to years. In some cases, even if liberated from the demonic the patient never fully recovers.

The onset of possession seems like any other illness – lethargy, lack of productivity, and mental haze. Blatant disbelief – a sense of 'this can't be happening to me' – ensues as medication or therapy fails. Trust in medicine, in this early phase coincides with a strong initial aversion to a supernatural explanation.

If the personality is completely consumed by and integrated with the demonic, the affected individual may harm themselves or others. If not consumed, the personality may instead become obsessed. Treatment failure often results in the individual's losing his or her privileges in society, such as loss of parental rights or becoming incarcerated, due to the diagnosis or to violent outbursts. Cognitive dissonance exhibited by the demoniac only worsens the problem.

For E, the patients who are able to experience liberation still face a long road ahead of them. They have to reintegrate into society, reestablish their identity and potentially faith, and in severe cases need physical therapy. Also, the patient can become lost in the sense-making process as part of the behavioral readjustment to living without the insidious presence. E. also spoke about the physical recovery process after the exorcism itself, which can leave the recipient weak or confused for an extended period afterwards.

The Exorcist shared with me, in depth, two particularly difficult cases for him:

Patient A directly requested an exorcism from E. She had been a member of his Lutheran church for quite some time, but attendance had dropped off due to work stress. When E arrived at her house, she met him outside and begged for an immediate exorcism. He started a mental health screening process and determined that an exorcism was indeed needed. She had experimented with esoteric or "cultic" organizations during her time away from the church. Over the past few months she had been experiencing disturbing phenomenon at a steadily increasing rate: nightmares, bruises and scratches appearing at random on her body, irrational and obsessive thoughts, and a voice in her head telling her to harm others. As the exorcism was about to begin, she fled from the house and threw herself in front of a semi-truck. It was later discovered that she had thought the exorcist was going to harm her, describing the thoughts she was having as irrational. She was placed into a mental health facility where E continues to help her.

Patient B was a devout member of E's church for many years. When her attendance began to waiver, he encouraged and oversaw counseling sessions. In the course of these sessions, it was determined that she was facing a legitimate case of

possession and the rite of exorcism was offered to her. While progress was being made, the exorcisms were not curing her of her fatigue, doubts, and violent impulses. She left the church entirely against the recommendations of E. Years later, she became a "lady of the night" and at the time had a 6-month-old child. The child was recovered by police after a neighbor discovered the baby was ill-treated. She continues to refuse any treatment or help, including exorcism which had failed in the past, and has been stripped of parental rights by the state.

Performing the rite had its effects on E as well. In the extreme examples that he shared with me, he even questioned his career and faith. He understood why more clergymen didn't perform exorcisms and why they often turn individuals away completely. E described burnout from other exorcists; unable to cope with stress, depression, or anxiety. Often, it does not take long for exorcists starting his or her job to choose to leave the role or their faith entirely. In regards of his own experience, E described having experienced the same. Leaning on his "flock", his family, and his faith gave him the strength he needed to perform the rite for decades. He said that despite his long career, there are still periods when he experiences melancholy. During these moments, the most important part for E is his support structures. This helps him not to break down. Both family and faith facilitate E's ability to persevere, and even to process traumatic experiences into points of strength.

Those exposed to demonic possession often feel as though the world is turning against them. The patients can completely burn their support structures and job, becoming lonely and, if not on the verge of, homeless. Support structures that existed previously are 'tested by fire' and are either reinforced or severed during the possession experience. In some cases, they can also face local community hostility. For E, the bonds with his family were strained significantly as a result of dealing with stress and depression. In the long term, he said that it was these trails that strengthened his relationships.

Speaking from his long experience in the field, E said that the exorcisms and therapy are more effective with patient having a community or familial support, as compared to isolated patients. Without support structures, patients turning to violent outburst over weeks, if not years, can often lead to pushing others out of their life. Feeling like the world has turned against them only intensifies their struggle, and when support structures begin to fail a snowball effect can occur. A deteriorating mental health then becomes expedited when the individual is alienated from the community they have left. E did not give specific examples on how demoniacs continue to live their lives as they go through the process of exorcisms and demonic possession, however he explained that leaving a job, a marriage, or moving to a different place are compounded on top of the community distain. Post-Traumatic Stress Disorder (PTSD) like symptoms persisted in about half of those he saw, and this contributed to self-inflicted separation from (former) friends, family, and community.[4]

[4] E added that although he was a licensed counselor, he was not a physician and could not diagnose.

Upon the demoniac's reintegration into society, they were often ostracized away from their family, friends, and community due to the stigma surrounding demonic possession or acts they committed while obsessed or possessed. As treatment progresses, both the exorcist and the demoniac experience distress both during and outside of the rite. During the rite, specifically, both experience dissonance and perception shifts, and these may leave the recipient uncertain of himself or herself for some time afterwards (if not with serious changes in personality or life path).

E continues to maintain a strong connection with his family, believing it key to mental strength and resiliency. E, and his family, have strived to spread positivity and steadfast faith to the community through fostering over 400 children, volunteering, providing free counselling services, opening and running community centers, and overseeing homeless shelters. E believed in the same thing that Andrea does, that having a religious community or a strong familial structure is a major contributor to recovering and escaping demonic influence, without it, his patients are significantly less likely to recover.

10.2.4 The Community as a Support Structure

Whether in the short or long term, both the exorcist and the demoniac experience change and strain as a result of undergoing the rite. For the demoniacs discussed here, to undergo the rite is to choose the lesser of two evils; if successful, treatment aids in recovery, yet will leave permanent mental scars. For the exorcist, the rite is an intensive procedure that tests the perseverance of even the most devout. The demoniac may, according to E., vomit, thrash violently, attempt to harm the exorcist or themselves (then requiring restraints), perform supernatural feats such as vomiting 3-inch iron spikes, levitate off the ground, speak in tongues, or in some cases do nothing. While this havoc, or lack thereof, is occurring, E would pray over the demoniac. Touching them with holy water, blessed oil, or performing the sign of the cross in a rite that lasts, usually, from 30 to 90 minutes.

The discussion of short-term changes in behavior of those exposed to demonic possession, prior to an exorcism, revealed that the key component was significant changes in a very short period (sometimes within days): disbelief rapidly shifting to fear, significant behavioral changes, and, if the demoniac were left to his or her own devices, (self-)isolation. The short-term effects can be broken down into three themes according to the analysis of these two interviews: a period of disbelief that accompanies rapid personality changes, a treatment that often fails or is insufficient, and the strain on relationships with the family and community.

According to the E's experiences, long term changes in those exposed to demonic possession and/or exorcism are reflective of both the rapid short-term changes in the individual and the community's reaction. Trauma and the accompanying short-term effects develop into long term consequences. Dealing with the mental and physical toll can result in suicide, confusion, or even death in some cases seen by E. The trauma is often ignored or the sufferer shunned by those outside the immediate

support system, whether it be religious or familial. Andrea's experience also reflected this.

In cultures such as New Orleans Voodoo, the community will come together if possession harms an individual; yet in the context examined in this study, the community surrounding an individual suffering a harmful possession can turn its back on the possessed person. There are fundamental differences between the way Voodoo, or Vodou, views possession: as a way for the Gods, or Loa, to interact peacefully with their believers and pass along knowledge. Possession, in this case, is something cherished and encouraged by the community and occurs during community gatherings. The Loa are welcomed to possess individuals. When harm comes to the possessed, which is rare, it is usually indicative of actions and sins that angered the Loa. While possessed, the individual is not responsible for their own actions, such as harming themselves, however the community as a whole will step in to ask the Loa to leave and will take care of the individual for as long as it takes for them to recover (usually from 2 hours to 2 days) (Fernández Olmos and Paravisini-Gebert 2011). In the Christian west, possession is an inherently negative experience bringing along with it negative effects. The community does not have a framework in place for the community to handle it, according to Andrea and E, and those who become possessed are often ostracized.

The marginal experience of demonic possession leads to those who have such an experience sharing a bond, as both participants stated: "only those who have experienced it will understand." An exemplar of such, both participants said, or agreed with the statement, "I'm not afraid of death." These communities or groups of friends that have consolidated during and after these traumatic events embrace the common goal of education and of finding a 'cure' for demonic possession.[5] In the case of E, he has worked with medical professionals and is supported by a community, his church and other churches that he works with, that comes together to work with the possessed individuals to cure them while trying to find trends that could contribute to a preemptive solution. Andrea, in addition to writing and spreading knowledge on paranormal experiences, works with the media and others who write on the topic in the pursuit of a better understanding through television shows and public lectures. Working to build these communities, and teaching and helping others, was described as a crucial directive in their lives.[6] Such new communities are a result of both past community hostility to the possessed and the strong bonds built between those affected and their support structures during periods of possession or treatment. Communities, such as the ones that E and Andrea have built, in the context of mental illness are considered to beneficial to those in recovery (Bromley et al. 2013; UK Mental Health Foundation 2018).

[5] I find it interesting to note here that not only did both participants thank me multiple times (in just the recorded interviews) for conducting research on demonic possession and exorcism, but also strongly encouraged me to continue to work in this field.

[6] This was partially as a result of a belief that possession was and is behind certain acts of violence (including public violence). However, this belief will not be explored here.

10.3 Discussion

Exposure to possession and/or the rite of exorcism has a profound impact on those who experience it. The development of strong coping mechanisms and of communities based around shared experiences aids in combating the mental and emotional turmoil resulting from the rite. In the short term, prior to the rite, disbelief on the part of the demoniac (sometimes exacerbated by undergoing less rigorous means of treatment such as counseling in an attempt to discern the true cause of the symptoms) can lead to rapid deterioration. In the long term, even with a successful outcome, performing or experiencing an exorcism may mean that the participant never recovers from the trauma. While the mental health ramifications of exposure vary, finding community support and working to help others overcome their possession is a vital directive.

The results of this study are presented as preliminary research into the long term behavioral and health effects of the rite of exorcism on the exorcist and the demoniac (that is, the participants). As stated before, this research is a case study. While the data here cannot be generalized, due to the small sample size, it can be used as a starting point for a larger study.

Individuals who were referred to medical services (rather than to spiritual services) to be treated for something like dissociative disorder NOS (not otherwise specified (DDNOS)) see mixed results in the efficacy of the treatments delivered. The results correlated well with other research showing that most cases of self-reported demonic possession and/or requests for exorcism were likely to result in some form of spiritual counseling or medical treatment (Giordan and Possamai 2017). Although a specialized mixed spiritual (exorcistic) and therapeutic treatment is being considered (Betty 2015), it is necessary to determine its efficacy and long-term side effects prior to its application.

Specialized treatment would aid in maintaining physical health and balancing community reactions – factors that are not otherwise considered in non-psychiatric settings. The potential for starving to death, as in the case of Anneliese Michel (Day 2005), or withering away, as described in the quote from Andrea Perron in relation to her mother, would be lessened through constant observation by behavioral health specialists.

10.4 Conclusion

The rite of exorcism has much further reaching and longer lasting effects on the participants. Something lacking in previous accounts and research (e.g. Amorth 1999; MacNutt 2009). Degradation or tension impacts on all aspects of the participant's life. The rite of exorcism was once surrounded by a veil of horror. Removing the veil, through sociological investigation, has revealed a dark truth, the

ramifications of which are becoming clearer. This rite is not the final cure even when exorcism is used as a last resort.

The data presented here shows promise in applications – from joint spiritual and medical treatments to a better understanding of the rite of exorcism itself. It is however difficult to generalize this data obtained from this small-scale ethnographic study, even if the two informants had years of experience in the field. What I am claiming here is that demonic possession takes a long-term physical, emotional, and communal toll on those who experience it. While this chapter does not claim or disclaim the existence of demons and the efficacy of the rite of exorcism to deal with these entities, it does highlight that these beliefs and practices do exist. The point of this pilot study is to confirm that the use of exorcism is not likely to disappear and that it has to be performed alongside treatments delivered by the medical community (Betty 2015; Bull 1998), but also that it should be supported by community and/or familial structure during and after the rite.

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