

Article

The Devil and the Doctor: The (De)Medicalization of Exorcism in the Roman Catholic Church

Nicole Maria Bauer 

Department of Biblical and Historical Theology, University of Innsbruck, 6020 Innsbruck, Austria; nicole.bauer@uibk.ac.at

Abstract: Exorcists are once again in demand for their very specific set of skills in (religious) healing. The founding of the International Association of Exorcists (AIE), the development of the “Exorcism and Prayer of Liberation Course” at a Vatican university, and countless publications from prominent Catholic exorcists are evidence for the relevance of exorcism in contemporary societies. Even though it is strictly speaking a liturgical practice, current exorcism discourses incorporate medical approaches and terminology. The relationship between religion and medicine is subject to change in late modern societies, as illness, health, and healing have increasingly shifted from the realm of religion to the realm of modern medicine. While mainstream churches come to terms with the prevailing paradigms of modernity, healing practices such as exorcism are (again) gaining importance on the margins. This article illuminates the tension between religion and medicine, as religious experts (exorcists) interact with medical experts and give their religious healing practices legitimacy through reference to medical and psychological methods.

Keywords: Catholicism; contemporary exorcism; possession; medicalization; religious studies



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1. Introduction

Exorcists are once again in demand for their very specific set of skills in religious healing. The founding of the International Association for Exorcists (AIE) in Rome, the development of the Exorcism and Prayer of Liberation course at the Vatican university *Regina Apostolorum*, and countless publications from the ranks of Catholic, charismatic, or evangelical representatives are evidence for the relevance of the topic of exorcism in Christianity.

In recent decades, scholars have witnessed a renaissance of beliefs in demons and of practices pertaining to exorcism in contemporary societies (Martin 1992; Cuneo 2001; Laycock 2015). Some scholars even speak of the “rediscovery of exorcism” (Hempelmann 2015, p. 3) or the “return of exorcism” (Young 2016, p. 209). There are many reasons for this. Various studies point to growing interest in the occult and the paranormal (Hanegraaff 2003; Cusack and Farley 2015), and this may have an influence on religious organizations (Giordan and Possamai 2018).

Beliefs in demonic possession are currently undergoing a revival in Christian conservative and charismatic groups and organisations. One example is the “International Association of Exorcists”, which was founded in Rome in 1992 and received canon-law recognition in 2014 from the Holy See (Resch 2015; Csordas 2017, p. 295; A.I.E. Associazione Internazionale Esorcisti Press Office 2020). The organization is concerned with questions of “demonic possession”—the appropriation of a person by the devil or by demons—and with specific religious healing practices such as prayers of liberation and exorcism. Belief in the existence of the devil, demons, and demonic possession is essential for Catholic exorcists and has spread outside of the Catholic Church through numerous publications, public appearances, interviews, websites, and the popularity of the Vatican course “Prayer of Exorcism and Liberation”.

Gabrielle Amorth (1925–2016), exorcist and co-founder of the Association of Exorcists, played an important role in spreading the belief in demons and ideas of demonic possession among Catholics (Resch 2017). His publications on demonic possession and exorcism, in which he deals in particular with medical and psychological issues related to possession, are at the centre of this discussion, alongside other authors who have contributed to the spread of ideas on contemporary Catholic exorcism, such as Malachi Martin, Jean-Régis Froppo, and Jean Pliya (Chavez 2021; Giordan and Possamai 2018; Collins and Stackhouse 2009; Cuneo 2001).

To understand the connection between healing and religion, the following developments form the foundation of the main thesis. Illness, health, and healing are deeply anchored in the worldviews of different religious traditions. Secularization and social differentiation have increasingly shifted healing to the realm of medicine (Lüddeckens and Schrimpf 2018, pp. 11–13). While mainstream churches come to terms with the prevailing paradigms of modernity—namely the separation of religion (salvation) from medicine (healing)—healing practices are (again) gaining relevance on the margins of institutionalized churches (Lüddeckens 2012, p. 283). These developments reflect the tension between religion and modernity in secular societies.

The main thesis of this paper is that the integration of exorcism into medical and therapeutic discourses is a legitimation strategy to strengthen the position and authority of the exorcists as “religious healing experts” inside and outside the Church. Recent developments in Roman Catholic exorcism reveal a tendency for medical terminology and an attempt to incorporate psychological approaches. In line with the recent findings of Giordan and Possamai (Giordan and Possamai 2020), who describe exorcism as a “most powerful and significant site, where new frontiers of the relationship between social order and disorder are revealed, and where the boundary between sacred and profane is constantly challenged and redefined” (Giordan and Possamai 2020, p. 6), I argue that modern exorcism is being medicalized and “demedicalized” at the same time in order to meet the demands of modern societies and simultaneously to emphasize religious tradition. Building on the work of Thomas Csordas (Csordas 2017)—who noted the differentiation between “suffering understood to be caused by a supernatural agent and suffering caused by a naturally occurring illness or psychopathology” (Csordas 2017, p. 296)—and Giordan (Giordan 2020)—who discusses the process of diagnosis in Roman Catholic exorcism—this paper examines religious healing with regard to psychology and medicine in current-day Roman Catholic exorcism discourses. The basis for the discussion is current publications by well-known Catholic exorcists, which are compared with the recent Roman Catholic guidelines. The aim of this article is to shed light on the Catholic exorcism discourse from a religious studies perspective in order to afford a better understanding of religious healing in late modern and “re-encharmed” societies (Giordan and Possamai 2020, p. 5).

2. Materials and Methods

This paper is part of a research project on contemporary exorcism. The research examines current processes of the institutionalization (and popularization) of Roman Catholic exorcism with a special focus on strategies of (biblical and medical) legitimation. The research project will use a multi-method design based on an ethnographic approach that consists of three parts. The first part is participant observation among Austrian exorcists. During field research, the researcher took part in the XIII Course of the *Ministry of Exorcism and Deliverance Prayers* at the *Ateneo Pontificio Regina Apostolorum* in Rome in April 2018, where she was able to establish initial contact with exorcists. Subsequently she observed the diagnostic process of a “possessed” woman and an official exorcism. The second part consists of qualitative interviews with individuals from two “stakeholder-groups”: (1) Catholic clergy (bishops, priests, exorcists, pastors) and (2) Catholic laity (diocesan staff, pastoral care workers). The third part of the multi-method design is content analysis of major publications and websites of Catholic groups.

In this article, the preliminary results of the content analysis of Catholic primary sources are presented. I draw on official magisterial and canonical sources (Catechism of the Catholic Church, Canon Law) as well as popular theological publications by leading authors in the Catholic exorcist movement (e.g., Malachi Martin, Gabriele Amorth, Neal Lozano, Jean-Régis Fropo). Other sources include information brochures collected during field studies. Furthermore, the content of official websites of the Catholic Church (dioceses, Catholic parishes, and communities or individual websites of priests) will later be included in the empirical analysis.

All of the empirical material will finally be processed in a content analysis (Mayring 2007; Kuckartz 2016; Lamnek 2005; Atteslander 2008). Content analysis is a method of collecting data to uncover social issues. By analyzing content, insights can be gained into relationships, intentions, and effects. The aim of content analysis is the description and evaluation of the communication content and the reconstruction of its social reality based on an analysis of the sender, recipient, and social situation (Atteslander 2008, pp. 228–29). By means of an explicative procedure, assignments of meaning are filtered out of the material (Lamnek 2005, p. 509). The evaluation of the empirical data will be based on the written transcriptions. Building on content analysis according to Mayring (2007), these are evaluated in different analysis steps, and categories are obtained from the empirical material. The qualitative content analysis is used because it is ideally suited to processing large amounts of text and at the same time is open to empirically based categories.

3. Theoretical Framework

3.1. Exorcism and Possession in the Study of Religion

To discuss modern Roman Catholic exorcism, a brief comment on exorcism and possession in the study of religion is necessary. “Exorcism” describes the expulsion of one or more supernatural beings (demons, devil) from a “possessed” person with the help of a special ritual. Originally a process of healing, contemporary exorcisms fulfil numerous social functions and interests (Habermehl 1990, p. 401).

Exorcisms are a worldwide practice and an integral cultic component of most religions (Figge et al. 2007). As a religious healing practice, exorcism aims to eliminate psychological, social, or material disorders that result from the presence of one or more supernatural entities. During the religious healing practice, “possessed” persons—and sometimes objects or places—are freed from the influence of the “occupiers” with the help of a special ritual. In the Catholic Church, the *Rituale Romanum* (1614) still applies today. It provides rules for the liturgical procedure of the exorcism and serves as a guideline for the identification and treatment of possessed individuals (Ecclesia catholica and Congregatio de cultu divino et disciplina sacramentorum 1999). The focus of religious studies in this regard is thus on the processes involved in the ascription of meaning in diverging contexts and the associated discursive construction of social realities.

Closely related to the term exorcism is the term “possession”, the meaning of which is subject to cultural and social negotiation processes. The meaning of and the ascriptions to the term are diverse and depend on context and culture (Laycock 2015). In different cultures, different forms of possession can be observed in various religious contexts (ibid.). From the perspective of religious studies, someone is possessed when they describe themselves as possessed or when they are described as possessed by a social group. What possession is can therefore only be determined according to the classifications of the respective religion or social group (Zinser 1990, p. 132). This research focuses on the attributions of possession and the ritual treatment of possession in the discourse of Christianity, specifically in Roman Catholicism. In the Catholic Church, possession is understood as by the devil or by demons; hence, the term “demonic possession” will be used here to describe the emic perspective of those involved (De Waardt 2005a; Fortea 2006).

3.2. Religion, Science and Medicine

The starting point of the theoretical considerations is the fact that therapy and healing in modern societies are located in the fields of medicine through processes of secularization and social differentiation. There is also a general consensus on scientific and medical interpretative sovereignty over illness and health and the corresponding healing processes (Lüddeckens 2012, p. 283). In the past few decades, however, opposing developments can be observed, especially on the fringes of institutionalized churches and religious communities (Sax 2020; Sax and Basu 2015; Giordan and Possamai 2018) and in new religious movements (Bauer 2019a; Zeller 2010, 2011). In particular, new scientific theories and psychological-medical expert knowledge have been adopted by “religious” authors in recent years in order to legitimize their own “religious” conceptions (Lewis 2003). This trend can also be observed among exorcists. In particular, medical and psychological findings are used in order to justify a “spiritual worldview”, which is particularly clear when possession is diagnosed.

Zeller points out that “the notion or idea of science, quite aside from actual scientific enterprises, has achieved tremendous cultural power and prestige in modern society” (Zeller 2010, p. 4). Religious authority, Zeller observes, is not legitimized in the current religious field by sole reference to “higher powers” but requires scientific evidence. Supernatural aspects have lost their importance in modern societies and religion itself was rationalized in the course of the Enlightenment, yet belief in the supernatural has continued to exist (albeit to an extent in the underground of esoteric and occult groups) and has never completely lost its validity (Giordan and Possamai 2020, p. 5; Asprem 2014). In contemporary society, it can be observed at the same time that religious and supernatural ideas are experiencing a revival, especially within institutionalized religions: “Science today is not dominant enough to curb this revival of magic [sic!], and this is why we are taking about a ‘re-enchantment’ process in contemporary societies.” (Giordan and Possamai 2020, p. 5). In the Roman Catholic Church, and especially since the pontificate of Pope John Paul II, the veneration of Mary and saints, as well as pilgrimages, have become particularly popular. The reemergence of exorcism can also be viewed against this background.

These developments reflect the tension between religion and modernity in secular societies. I agree here with Giordan and Possamai, who view Roman Catholic exorcism against the background of the rediscovery of ancient folk practices in late modern societies (Giordan and Possamai 2020, p. 6). However, unlike their argument that science has to integrate into religion, I argue that religion is adapting to science in order to meet the demands of modern societies. Religious healing practices in particular are therefore challenged to unite medical and religious worldviews and at the same time to maintain the prerogative of interpretation. In order to argue my thesis, I will discuss current developments in Roman Catholic exorcism and then use selected case studies to illustrate strategies of medicalization.

4. Historical and Theological Background of Roman Catholic Exorcism

In the Roman Catholic church, the term exorcism is described as a public and authoritative prayer of the church in the name of Jesus Christ that protects a person or an object from the power of the Evil One and withdraws this person or object from the enemy’s dominion (Pree 2019, p. 921). The ministry of exorcism is traced back to biblical accounts of Jesus casting out demons. In the history of Roman Catholicism, exorcism has developed in different periods and has been discussed at various Councils, e.g., the Fourth Lateran Council (1215) and the Second Vatican Council (1962–1965) (Young 2016). Countless exorcism manuals have been preserved from the early modern period and provide information about local practices and beliefs (Ammerer and Watzka 2021).¹ The development of a unified Christian liturgy took place gradually and was renewed at the beginning of the 17th century. In a resolution of the representatives of the Council of Trent (1545–1563), the desire for a binding unified liturgy was expressed. As a result, the Pope was tasked with reforming the liturgy, which consisted of organizing and unifying the existing liturgy and composing binding

liturgical texts in Latin (Bärsch 2012, p. 45). These efforts finally led to the publication of the *Rituale Romanum* in 1614, which gained importance in the course of the “liturgical movement” in the 19th century alongside diocesan rituals (Maas-Ewerd 1996). The last part of the *Rituale Romanum*, entitled “De exorcizandis obsessis a daemónio”, dealt with the casting out of demons.² It contains guidelines for identifying a “demonic possession” and for dealing with those who are possessed. In 1999, a new exorcism ritual in Latin was published in the Vatican under the title “De Exorcismis et supplicationibus quibusdam”. This document differs in some essential respects from the *Rituale Romanum* from 1614 (Ecclesia catholica and Congregatio de cultu divino et disciplina sacramentorum 1999).

The specifics of the exorcism ritual are regulated by canon law and are oriented to this ritual book that was revised in the 20th century (Pree 2001; Lüdicke 2019). It contains rules for the liturgical procedure during the exorcism and also serves as a guideline for the “identification” and treatment of possession (Siegmond 2016, pp. 25–26). Furthermore, it defines the term “possession” for Catholic practice as described above (ibid.). The condition for the identification of possession in the Catholic context is belief in the existence of supernatural beings (the devil or demons) that take possession of humans (or objects) in different ways. Different kinds of possession or demonic influence on humans are described in Catholic texts. Besides demonic possession—the worst form of possession (Amorth 2003, p. 18)—exorcists report other forms such as external harassment by demons that are perceptible outside the body (Amorth 2008, p. 70); devilish torments that manifest on an emotional, social, and physical level (ibid., p. 71); and devilish obsessions that can even lead to suicide (ibid.). The term “devilish infestation” is used to describe the demonic possession of objects and places (ibid.). Even though the exorcism of objects is no longer officially sanctioned, different practices (e.g., petitionary prayers, exorcistic formulas) that can be used in the case of a presumed devilish infestation may be found in the new exorcism rite (Pree 2001, p. 419).

By referring to different sources from the New Testament that describe the expulsion of demons, the clerical battle against the power of evil (Müller and Annen 1997, p. 66) is placed at the center of Christian belief in demonic possession. Satan, the devil, and demons are all defined in the Catechism of the Catholic Church: “Satan or the devil and the other demons are fallen angels who have freely refused to serve God and his plan. Their choice against God is definitive. They try to associate man in their revolt against God.” (Catechism of the Catholic Church (CCC) 2019, § 414). While the question of evil takes on different forms in theological positions, and evil is often understood as a metaphor for human suffering and humanity’s wrongs (Siebenrock 2009, p. 9), advocates of exorcism practices emphasize belief in the existence of the devil and demons as supernatural entities: “He is a pure spirit; he is not representative to us in a fully comprehensible form.” (Amorth 2016, p. 25).

The Catholic Church distinguishes the “simple exorcism” from the “major exorcism”. The “simple exorcism” can also be performed by religious laity. It represents a kind of petitionary prayer for liberation from the power of the Evil One (Lüdicke 2019, p. 1172), which is directed to God in a deprecatory form (ibid.). The “major exorcism” is part of the so-called “sacramentals”, different liturgical practices that consist of prayers and rituals (Reinhardt 1999, p. 1014). It is performed when a demonic possession has been identified. As a liturgical practice, the “major exorcism” is said to be directed to “the expulsion of demons or to the liberation from demonic possession” (Catechism of the Catholic Church (CCC) 2019, § 1673). If a demonic possession is presumed, an exorcist is called. The exorcist’s task during the performance of the major exorcism is to communicate with the “occupier” (demon or the devil) (Bauer 2021, pp. 98–99). The exorcist may either communicate directly with the demon by calling upon it and commanding it to leave the body they are occupying (“imprecatory exorcism”) or by expelling it through prayer and other religious practices (“deprecatory exorcism”) (Pree 2001, p. 418; Reißmeier 2020, pp. 426–29).

Canon law also regulates who may work as an exorcist: only an ordained priest who is appointed as exorcist by the local ordinary (either for a specific case or permanently) may

act as an exorcist (Pree 2019, p. 921).³ The selection of the exorcist is also regulated by canon law. The priest who is to be appointed as an exorcist has to fulfil criteria such as “piety, knowledge, wisdom and impeccable lifestyle” (Lüdicke 2019, p. 1171; Pree 2019, p. 921; Reißmeier 2020, p. 427). Laity are explicitly excluded from this office (Lüdicke 2019, p. 1171). Despite this—at least theoretically—strictly regulated framework for exorcism that is based on canon law, recent developments show evidence of a variety of approaches and practices that have crossed the strict confines of the regulations. Contemporary exorcism must be understood as a “complex web of networks and ideas” (Chavez 2021, p. 1). In addition to the priest-exorcists who act “officially”, Michael Cueno also identified “rogue” Catholic exorcists (Cuneo 2001). In some instances, individual priests garner public attention with spectacular exorcisms or with healing rituals that refer to a spiritual battle between Christian and anti-Christian powers.⁴ The following analysis focuses on the official practice of Catholic exorcisms and takes a look at statements made by key figures in the field of Catholic exorcism, such as representatives of the International Association of Exorcists.

5. Categories and Results: The Medicalization of Exorcism

In order to understand the processes of medicalization, I present two categories which make the main thesis of the article clear. The first category I want to introduce relates to the process of identifying possession. I argue that exorcism is justified by integrating medical-psychological expertise into religious practice, as prescribed in the new edition of the Roman Catholic exorcism manual. In the second category, which I call “medicalization and professionalization”, I show how the activities of the exorcists are upgraded through the academization of training and the inclusion of scientific expertise and are therefore also compatible with modern scientific discourses.

5.1. Category 1: Diagnosing Possession

In the Roman Catholic context, possession is clearly defined as occupation by the devil or by demons; hence, the term “demonic possession” will be used here to describe the emic perspective of those involved (Rodewyk 1966; De Waardt 2005b)

The theological prerequisite for this idea is the “doctrine about the existence of demonic powers as belonging to faith” (Müller and Annen 1997, p. 66). Roman Catholic notions of possession are to be seen against the background of the battle between “good” and “evil”, from which a multi-layered doctrine of demons has developed. The occupiers are named in the Catholic discourse as Satan, the Devil, or a demon. In Catholicism, the *Rituale Romanum* of 1614 (and its updated version) still applies today. It provides rules for the liturgical procedure of the exorcism and serves as a guideline for the identification and treatment of possessed individuals.

The identification of demonic possession is subject to strict guidelines. According to the *Rituale Romanum*, the possessed can speak and understand unknown languages, know the secrets of others, and display strength beyond their physique. They show violent aversion to God and aggression towards Christian objects or practices (Siegmund 2016, pp. 25–26).

For Catholic exorcists, the devil and demons are real and active in the world today. Those who deny their existence or toy with occult practices are laying themselves open to possession, when Satan or a demon attacks a person in body, mind, and soul. The belief in the existence of the devil and of demons is an “accepted fact of the Gospel’s and the Church’s teachings” (Amorth 2003, p. 35), and without this assumption, demonic possession is unthinkable. In the interpretation of the Catholic Church (or at least in parts of the church), possession is a “demonic experience” in which a “demon attacks a person physically or on the level of the soul and in his environment” (Fropo 2014, p. 100).

In theological literature, different types or “intensities” of “satanic bonds” are identified (Holzer 2004, p. 103). These vary between “oppression”, a form of satanic harassment in which Satan or demons have not yet fully taken control, to complete “satanic possession” (Holzer 2004, p. 103). In addition to demonic possession as the most severe form, exorcists report “external harassment” by demons that can be perceived outside the body; “diabolical

torments” that manifest themselves on an emotional, social, and physical level; and “diabolical possession” that can even lead to suicide. During demonic possession, the demon acts within the human body (Fropo 2014, p. 101). The possessed loses control of their body and mind, which can result in screaming, physical contortions, insults, and uncoordinated movements. Contemporary exorcists claim that such signs of demonic possession are difficult to distinguish from psychological or social problems (Amorth 1996).⁵

Different “signs” or “symptoms” can be also identified in the Catholic exorcism discourse, which are interpreted spiritually (as caused by demons). The actions of the devil can be differentiated into “ordinary and extraordinary” actions (Csordas 2017, p. 269).

The signs can be subdivided into three main categories: (1) supernatural symptoms, (2) physical or psychological reaction to Christian objects, and (3) physical or psychological symptoms in general. While the supernatural symptoms mostly elude scientific explanation and therefore are open to an interpretation that the religious experts claim for themselves, the religious interpretations of the other signs compete with medical-psychological diagnoses of symptoms.

(1) Supernatural Symptoms

The *Rituale Romanum* gives the following three signs of possession: inexplicable familiarity with unknown languages, knowledge of others’ secrets, and a strength beyond natural physique (Siegmund 2016, pp. 25–26). Yet, contemporary Catholic exorcism includes more signs. Gabriele Amorth (Amorth 1996, pp. 98–101) includes violent reactions, a change of voice; and the production of nails, glass, hair, or other objects from the mouth. Other authors point out phenomena such as levitation, flying objects, or drops in temperature (Martin 1992, p. 10).

(2) Physical or psycho-social Reaction to Christian Objects

Reactions to Christian objects, symbols, or practices come to the fore in more recent exorcism publications, but especially in the practice spread by Amorth. They serve as evidence of anti-Christian influences. These physical or psychological reactions, which often occur during the exorcisms and which the exorcists use as evidence of demonic influence, can be interpreted psychologically and sometimes point to unconscious, internal resistance or even serious trauma. Malachi Martin (Martin 1992, pp. 10–19) and Gabriele Amorth (Amorth 1996, pp. 98–101, 105, 112) refer to a disgust for holy objects (icons, rosaries, relics) or sensitivity to holy water. Amorth points out an inability to enter a church or difficulty in praying (ibid., pp. 99–100, 105).

(3) Physical or Psycho-Social Symptoms in General

While the first category certainly opens up competing spaces of interpretation and allows both medical-psychological interpretations and “spiritual” interpretations, the last two categories represent an area in which religious healing seeks to establish itself in direct competition to medicine and psychology.

Thus, mental and physical illnesses as well as social problems are interpreted as caused by demons. The exorcists refer to ancient sources⁶ or reinterpret medical models. Demonic intervention is described as an invasion of the body and mind of an individual which influences the person’s cognition and emotion. In his 1996 publication *Esorcisti e Psichiatri*, Gabriele Amorth stresses that doctors should always be consulted first and that an exorcist should be a last resort (Amorth 1996, p. 93). The exorcist can step in and provide healing only once psychological and medical attempts have failed and thus the only diagnosis is demonic possession.

In order to confirm the diagnosis, an exorcist should speak a short prayer (Amorth 1996, p. 96). Yet, he should first look for signs. This is justified by the claim that the Church has always warned exorcists not to mistake mental illness for demonic evil (ibid., p. 94).⁷ Nevertheless, for Amorth, someone can be mentally ill *and* possessed at the same time (ibid., p. 95). Another example is the French exorcist Jean-Régis Fropo. He attributes social, physical, and mental illnesses and even cancer and multiple sclerosis to demonic

possession (Fropo 2014, p. 107). Psychological complaints such as depression, mental confusion, phobias, or hallucinations can also be traced back to diabolical causes (ibid., p. 108). He differentiates variations of demonic experiences that are diagnosed as “distress”, “oppression”, and ultimately “possession”, depending on the intensity of the experience. The symptoms for these states are said to be hard to differentiate from psychological or social problems, confused thoughts, anxiety states, health problems, relationship and family problems, or job problems (ibid.). Because psychological and physical symptoms can occur alongside spiritual disturbances, a medical diagnosis is not a criterion for excluding a spiritual disorder. Although some exorcists claim a similarity of the aforementioned symptoms to psychological or physiological illnesses, they still claim interpretational authority over these states. Thus, it is implied that exorcists have a set of skills equal to—if not, indeed, superior to—those of medical doctors and psychologists. It is the religious expert who decides after an examination of the affected person. Amorth and Fropo point to collaboration with psychiatrists and psychologists but still claim interpretational authority over the experience of those affected: “The devil is the devil! That means he doesn’t want to be discovered and he can very well infest a mentally ill person so that he can hide behind this pathology better.” (Fropo 2014, p. 102, translated by the author).

Thus, in contrast to the *Rituale Romanum*, which now calls for a clear distinction between psychological and spiritual disorders,⁸ some current exorcists claim authority to interpret human suffering and its causes. Physical and psychological symptoms are taken from the medical-psychological context, de-medicalized, and integrated into a system of religious interpretation. The “diagnosis” of demonic possession and, as a consequence, the necessity of exorcism are ultimately incumbent on the religious expert, the exorcist, who thereby legitimizes his special position in the area of healing.

In agreement with the results of Giordan (2020), it becomes clear that the modern separation between medicine and religion is no longer tenable (Giordan 2020, p. 95). Particularly in faith-based healing discourses, such as the Catholic exorcism discourse, medical and religious narratives overlap. Possession, as a concept discussed in both religious and medical fields, leaves room for interpretation. At the same time exorcism, can no longer be seen as an “atavistic ritual in conflict with science and modernity” (ibid.).

5.2. Category 2: Professionalization as Medicalization

The second category describes the professionalization that has taken place in the field of Catholic exorcism in recent years and which I interpret as medicalization. Two events describe this process. The first event is the founding of the “International Association of Exorcists” (IAE) in the 1990s as the first network of Roman Catholic exorcists. Gabriele Amorth was the first president of the organization in 1994 (Cummo 2015, p. 165). On 23 June 2014, the Holy See recognized the association (according to can. 322, §1 on the grounds of can. 322, §2) (Resch 2015, p. 69).

The goal of the association is to bring together Roman Catholic exorcists and provide a networking platform for them so they can share experiences and discuss religious conceptions. Guidelines for exorcism and criteria for the identification of demonic possession are developed and harmonized with experiences of the practice. At international conferences, different topics are discussed, and these are then published. The IAE has also invited medical professionals to their meetings (Cummo 2015, p. 165) to discuss questions on diagnosis and healing. This has been the case since the early 1990s, indicating an overlap between religious and medical discourses and making clear the dynamics of medicalization and the integration of medical approaches into religious practice.

Further evidence of the professionalization of exorcism is the formation of the course “Exorcism and Prayer of Liberation” at the Vatican university *Regina Apostolorum*. The course takes place annually at the university founded in 1993 by the “Legionaries of Christ” and is organized by the “Istituto Sacerdos” in collaboration with a non-university research institute, the “Group for Socio-Religious Research and Information” (GRIS). The course itself was first held in 2004 and was initially aimed exclusively at Catholic priests. In

subsequent years, however, it was also made accessible to laypeople and attracts hundreds every year (Bauer 2019b; Ferrari 2018).

The course, as the first institutionalized further education for priests who are interested in the exorcist office, acts as a figurehead for exorcisms. It has been offered for several years now as the “first course in the world on the ministry of the exorcism and prayer of liberation” (Catholic Support Services 2019). It is of particular interest for the analysis of current developments because the content of “fringe topics” is discussed from different points of view. The speakers are experts from various academic disciplines, such as theology, medicine, psychology, anthropology, and law, who shed light on possession and exorcism from their respective disciplines and discuss important questions. A central question in this course is how to differentiate between possession and mental or physical illness.

Psychological and medical perspectives are a major focus of the curriculum (see Figure 1), and differential diagnoses are conducted in collaboration with Christian psychiatrists and psychologists.⁹ Although the course itself does not qualify students as “exorcists”, prospective exorcists or priests who are active in the healing and liberation ministry appeal to this training in order to legitimize their psychological and theological competence in the area of exorcism. This gives the priests the status of theological-medical experts, and the religious practice of exorcisms is legitimized.

The structure, content, and tone of the course are also clearly geared towards dialog with medicine and psychology (see Figure 1). The “professionalization” of exorcism training ascribes this ancient practice new significance. In this process, it is standardised and linked to medical approaches which in turn leads to a demystification and a legitimization of the training.

13 th COURSE EXORCISM AND PRAYER OF LIBERATION					
Monday April 16 th		Tuesday April 17 th		Wednesday April 18 th	
	THEOLOGICAL, BIBLICAL AND PASTORAL ASPECTS		CANONICAL, LITURGICAL AND PASTORAL ASPECTS		ANTHROPOLOGICAL, CULTURAL, PHENOMENOLOGICAL AND PASTORAL ASPECTS: CASE STUDIES
09:00 – 09:20	Welcome Address by the Rector of the Pontifical Athenaeum Regina Apostolorum	08:30 – 09:30	The Devil and Exorcism in the Catechism of the Catholic Church	08:30 – 09:30	Testimony: Exorcism as Liberation from Satanism an its Influence
09:20 – 09:40	Course Presentation	09:30 – 10:30	Prayer of Liberation: Theological and Pastoral Approach	09:30 – 10:30	Witchcraft in Africa and the Action of the Ministry of Exorcism
09:40 – 10:00	Introduction	10:30 – 11:00	Coffee Break	10:30 – 11:00	Coffee Break
10:00 – 11:00	Lecture: The Church and the Ministry of Exorcism				
11:00 – 11:30	Coffee Break	11:00 – 12:30	Exorcism Juridical Questions: Some Aspects regarding Liturgy and Canon Law	11:00 – 12:00	The Ministry of Exorcism in Paraguay and Latin America and the Spread of Afro-American Cults
11:30 – 12:30	The Bishop’s Role in the Ministry of Exorcism				
12:30 – 14:30	Lunch Break	12:30 – 14:30	Lunch Break	12:30 – 14:30	Lunch Break
14:30 – 15:30	Exorcism, Ministry of Mercy and Consolation amidst the Confusion of Today’s Society	14:30 – 15:00	The Celebration of Exorcism: Liturgical Praxis and the Regula Fidei	14:30 – 15:30	The Ministry of Exorcism in Spain and the Reality of Sects and the New Age
		15:00 – 15:30	Signs Laid down in the Roman Ritual for Recognizing Diabolical Obsession		
15:30 – 16:30	Angels and Daemons in the Sacred Scripture and the Magisterium of the Church	15:30 – 16:00	Coffee Break	15:30 – 16:30	Symbols in Magical Occultic an Satanic Rites
16:30 – 17:00	Coffee Break	16:00 – 17:00	The Assistant Exorcist: Requirements and Tasks	16:30 – 17:00	Coffee Break
17:00 – 18:00	Theology of Exorcism as a Sacramental: Theological, Pastoral and Spiritual Aspects			17:00 – 18:30	Esoteric, Magical and Occultic Ties in some alternative Therapies

Figure 1. Cont.

13 th COURSE EXORCISM AND PRAYER OF LIBERATION					
Thursday April 19 th		Friday April 20 th		Saturday April 21 th	
	PSYCHOLOGICAL, MEDICAL AND PHARMACOLOGICAL ASPECTS		CRIMINOLOGICAL ASPECTS		
08:30 – 09:15	Psychological Aspects in Mental Manipulation	08:30 – 10:00	Pedophilia and Child Pornography in Occultic and Satanic Rituals	08:30 – 12:30	Roundtable on the Ministry of Exorcism
09:15 – 10:00	Psychological Disorders and Differential Diagnosis				
10:00 – 10:30	Coffee Break	10:00 – 10:30	Coffee Break		
10:30 – 11:30	Differential Diagnosis: Spiritual Phenomena and Phenomena of different Nature	10:30 – 11:30	Discerning the Supernatural Activity of the Devil		
11:30 – 12:30	Mental and Physical Alterations Due to Consuming Old and Neu Psychoactive Substances	11:30 – 12:30	The Ecclesial Dimension of the Ministry of Exorcism and the Personal Spiritual Journey Necessary of Liberation		
12:30 – 14:30	Lunch Break	12:30 – 14:30	Lunch Break		
	LEGAL AND CRIMINOLOGICAL ASPECTS				
14:30 – 15:30	Italian and International Law Enforcement Agencies and Prevention and Prosecution of Occultic an Satanic Crimes	14:30 – 16:00	The Fathers of the Desert and the Extraordinary Activity of the Devil		
15:30 – 16:30	References Legislation and Reflection for the Adoption of Legal Protection Forms for the Exorcist	16:00 – 16:30	Coffee Break		
16:30 – 17:00	Coffee Break	16:30 – 17:30	The Exorcist: Life, Choices an Errors		
17:00 – 18:30	Mental Manipulation and Criminal Activity in Satanic and Occultic Fields	17:30 – 18:30	Discerning between Charisma and Mediumship		

Figure 1. Program of the 13th Course on Exorcism and Prayer of Liberation.

6. Conclusions

In Roman Catholic exorcism discourses, demons represent, to adopt a medical term, the “viruses” that make people “spiritually” ill. The exorcists operate within a social and theological context in which a literal interpretation of the Bible and maintenance of tradition determines their practice. Yet, at the same time, the integration of modern medical discourses breathes new life into the ancient paradigm of demonic possession and legitimizes a religious worldview. By including medical-psychiatric expertise in the process of diagnosis, demonic possession is given its modern *raison d’être*. Demonic possession as an interpretation or explanation of human experience is finding its way into modern religious healing discourses and thus becoming a marker of identification for religious representatives in contemporary society.

What characterizes this branch of modern exorcism practices in the Roman Catholic Church is the explicit integration of medical expertise. Medical concepts are included to legitimize religious practice. This also gives the religious experts supposed “medical” competence. Modern exorcists seek to emphasize their credentials by interacting with modern medicine and psychology. Demonic possession is, they claim, a separate phenomenon to mental illness, and the exorcist steps in where the psychiatrist cannot help. This argument helps to establish the practice of exorcism not only as equal to the world of medicine, but even as superior, as an exorcist provides a service when modern medicine fails.

What identifies current exorcism as modern healing can be seen in the dissolution of the modern border markers “religious” and “secular” and in the mixing of the cultural codes of medical-psychological and religious discourses (Giordan and Possamai 2020, p. 5). In this process of medicalization and subsequent de-medicalization, the power of the Roman Catholic priest as exorcist is reinforced in his position as a “spiritual” healer who provides a solution to suffering and illness which is not only supernatural, but super-medical.

The analysis of this case study allows insights into general societal dynamics in the tension between secularization and re-enchantment. The re-emergence of exorcism can be viewed as an aspect of such re-enchantment, as especially those elements of Christianity are revived which, as a result of the Enlightenment and internal church rationalization

processes (“demystification”), had become devalued as “irrational” or “magical” and were thus sidelined from religious practice. At the same time, the processes of legitimizing these very practices are thoroughly modern: only through the connection to academic (“academization”) and medical (“medicalization”) discourses can the pre-modern practice find its new form and appear as a competitive offer on the market for healing and claim superiority over other medical offers (“demedicalization”).

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Notes

- ¹ It should be noted that the belief in demonic possession is closely linked to the idea of the “devil’s pact” and the concept of witchcraft, which culminated in the so-called “Malleus Maleficarum” in 1485.
- ² More detail about the content and its historical context can be found in (Fortescue et al. 2009).
- ³ For this reason, I will always refer to an exorcist as “he/him”.
- ⁴ One prominent example is the American Exorcist Bob Larson (<https://boblaron.org>, accessed 1 October 2021).
- ⁵ The concept of possession has also found attention in psychiatric and psychoanalytical literature in recent decades. In contrast to the religious perspective, possession is described in this context from a medical point of view. It is understood as a symptom of various mental illnesses such as “multiple personality disorder” (MPD) or “repressed memory syndrome” (RPS) (cf. Sträuli 1997, p. 22). “Trance and possession disorders” (Code F44.3) have become part of the tenth edition of the International Classification of Diseases under the category of “Dissociative [conversion] Disorders” in 1991 (Dilling et al. 2016; Hinterhuber 2006).
- ⁶ E.g., the “epileptic” demoniac of Mark 9:14–27 or the “schizophrenic” demoniac of Mark 5:1–13.
- ⁷ Amorth (1996, p. 106) adds that he has found psychiatrists more open to the idea of demonic possession than many priests! Furthermore, doctors and exorcists will not disagree (1996, p. 115); there is mutual respect and each allows the other to work in their respective field (1996, p. 116). Nevertheless, he also claims (1996, p. 113) that an exorcism can be effective for brain tumours and ovarian cysts.
- ⁸ The new editions of the *Rituale Romanum* explicitly prescribe collaboration with psychiatrists and psychologists for the realisation of a clinical differential diagnosis and point out that an exorcist should first of all not rush to believe that someone is possessed by a demon, but rather he should recognize the signs which differentiate a possessed person from someone who suffers from another illness, namely the psychological: “In primis, ne facile credat aliquem a daemonio esse obsessum, sed nota habeat ea signa, quibus obsessus dignoscitur ab iis qui morbo aliquo, praesertim ex psychicis, laborant”.
- ⁹ Csordas (2017) has already established that the medical-psychological experts involved are usually practicing Catholics and share the relevant beliefs (Csordas 2017, p. 269). I can also attest to this based on my own observations during field research.

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