

Review Article

The Value of Collaboration between Psychiatrists and Exorcist Priests

Anna M Noworol OV*

Uniwersytet Papieski Jana Pawła II w Krakowie (John Paul II Pontifical University in Kraków), Kraków, Poland

***Corresponding authors:** Anna M Noworol OV, ul. Okólna 4, skr. poczt. 10, 30-681 Kraków 47, Poland**Received:** May 18, 2021; **Accepted:** June 23, 2021;**Published:** June 30, 2021**Abstract**

The article presents the issues of cooperation between psychiatrists and exorcist priests, taking into account the psychiatrist, exorcist priest, patient, and the unusual disease of possession, paying particular attention to when and why the cooperation is essential. And it is necessary mainly in difficult cases of possession. Possession does not only exist as another mental illness; possession is a parapsychological disease, an unusual disease in which supernatural phenomena occur, and is therefore more than a patient's conviction that he or she will be subjected to demons. Possession is the real seizure of the possessed body by an evil spirit. Possession needs a specific diagnosis and treatment, by a unique specialist, which is an exorcist priest. For the work of exorcist priests, it is very important the cooperation with psychiatrists, who recognize and treat cases of pseudo-possession and mental illnesses that may coexist with possessions. The article also points out when psychiatrists should refer patients to an exorcist priest. The golden rule turns out to be to give the psychiatrist what belongs to psychiatrists, and to the exorcist priest what belongs to exorcists.

Keywords: Evil Spirit; Exorcist priest; Possession; Psychiatrist**Introduction**

Possession really exists, as in Jesus' time (e.g. Mt 8,28-34) [1], it exists in all epochs, being the most destructive presence of the evil spirit in man. The need to fight against the evil spirit in modern times is emphasized, among other things, by the fact that the Popes also celebrate exorcisms, as exemplified by the exorcisms celebrated by St. John Paul II [2]. The existence of evil spirits is the undeniable fact, described, among others, in the Holy Scriptures [3]. Possession is something other than just another mental illness (F 44.3); possession is a parapsychological disease, unusual, and the person who experiences it needs the intervention of an exorcist priest. Just as priests send psychotic penitents to the care of psychiatrists (because they respect their competences and if they do not have a psychiatric education, they do not usurp it), who are specialists in the treatment of mental illnesses in a literal sense. Consequently, there is a need to send individuals enslaved by the devil to the care of exorcist priests (their competences must be respected, because the spiritual world is quite often alien to psychiatrists), who are specialists in the treatment of the soul, treatment of the heart in a spiritual sense, and are experts in the action of demons and the causes of possessions, thus they are competent to treat demonic enslavements. However, there are many doubtful situations when it is difficult to determine whether one is dealing with an ill or enslaved person [4,5]. In the face of such persons, and especially in the case of possessions, cooperation between exorcist priests and psychiatrists is possible and necessary; each of them acts strictly within the scope of its own competences; psychiatrists, who include psychopharmacological treatment and psychotherapy of mental illnesses, which sometimes may be associated with possession, and exorcist priests, who fight against the evil spirits. The same is true of lighter demonic enslavements, when one deals with the presence in the same person of mental disorders and devilish influences [6].

Christian anthropology sees in man a being composed of matter and immortal soul, with all their conditions and properties, which are connected to man, on the one hand known and researchable, and on the other hand deeply mysterious in its structure and action [7]. It is important, on the one hand, to bear in mind the complexity of man and on the other hand, to remember that he is something more than the sum of his parts [8]. This human complexity can be touched by the possession. Possession affects man as a spiritual-corporeal disease. Trans and possession (F44.3) are included by psychiatry in the group of dissociative disorders (conversion disorders), however, possession is more than just a conviction that the evil spirit enslaves her or him, a possessed person remains real in possession of an evil spirit, like "infected with a bacterium", which "infection" (possession) only exorcist priests are able to cure.

Possession: Parapsychological Disease

The fact that many people, especially in countries more economically developed, consider possession to be defeated, as if it were outdated from the evangelical age, try to ridicule the issues of possession, see in possession some sensation, or "medieval", what does not change the fact that possession still exists today. Admittedly, this attitude, especially among various doctors and therapists, proves why people possessed are being ineffective treated by psychology, psychiatry or other medicine. However, regardless of whether most people believe it or not, demon-possession has existed and exists, happening in modern times and requiring treatment by exorcist priests.

A man coming to an exorcist priest, a patient, is a suffering man, and his understanding depends greatly on the accepted anthropology, materialistic, Christian or other. Humanism, including secularism, looks at man as the highest value in the visible world, as a being

with the highest individual and social rights on earth; additionally, in Christian thought man is created and loved by God and intended for eternal life. He is such regardless of his personal level of health, intellectual or even moral traits, and when he is affected by the far-reaching degradation of human qualities, e.g. condemning him to a purely biological vegetation; therefore, he must always be treated with deep respect [7]. In this approach to man, it must not be forgotten that evil spirits are present in possessed persons, and can cause many unexplained ailments. Unfortunately, many societies, guided by the concept of a world-neutral state, secularize themselves; also psychologists and psychiatrists who want to be neutral in their worldview, often exclude the existence of God and evil spirits from the diagnosis [9]. However, possession with dissociative disorders (F44.3) cannot be treated as just one of them, because then a curable disease becomes an incurable disease. Many societies in the world are aware of this and do not mix and even more so they do not equate possession with mental illness [10]. However, there is also a view that recognizes possession as a supernatural disease, but attributes the problem of possession to believers only [9].

Meanwhile, already in primitive religions, in shamanism, there appeared possessions, and even rituals (usually in the form of ecstatic dance) used to induce possession [11]. Some people think that a lack of faith in the power of the devil makes him harmless. For others, non-believers, an additional argument for the non-existence of the devil is that the devil does not torment them, although he “should” if they do not believe in God; therefore, they reason that it is enough to stop believing in God to get rid of the devil [9]. These are very confusing beliefs, since possession occurs regardless of the religion (although it liberates the exorcism of the Catholic exorcist), even though there is a slight dependence of the incidence of possessions on geographical variability. For example, research in Sri Lanka showed that about 0.5% of the population was possessed, and in Hofiyat, North Sudan, 47% of married women were possessed, including married women aged 35-55 experiencing possession in as many as 66% of cases. Meanwhile, in Iran and Pakistan, the possessions of women married before the age of 16 even have their specific name “djinnati” [12]. Thus, possession can affect believers of any religion, including atheists. With this in mind, those psychiatrists who say that they are independent of religion can prove this independence by considering the worldview of the Catholic religion and respecting the Catholic point of view, the existence of evil spirits possessing man, or at least recognize that possessing exceeds the limits of natural illnesses both in diagnosis and symptoms, as well as in treatment. Science must admit that there are phenomena for which it is unable to provide objective explanations, since they belong to a sphere, which cannot be objectively proven [6].

Some doctors, psychologists, and psychiatrists, either because of an a priori premise or because of a misconception that the symptoms of demonic diseases can be explained and treated in natural ways, question the real existence and action of evil spirits, considering them to be a mental personification of the evil existing in the world. This is partly due to the fact that, with the naturalistic-experimental method, it is impossible, according to its criteria, to prove the real existence of purely spiritual entities, including evil spirits (however, this is not the only method of reaching the truth), and partly due to the ignorance of Catholic teaching about evil spirits and its justifications. Meanwhile, the actual existence of evil spirits is manifested by various physical

and mental illnesses, which are inexplicable and medically incurable, and above all possessions, and various supernatural phenomena described by parapsychologists as a psi-factor [7]. Regardless of faith, historical epoch, geographical location, and whether one believes in it or not, evil spirits exist. In the case of non-believers, it is sometimes the case that the devil does not take care of them because they are on his side; for example, a demon-possessed person can function normally in society until she or he starts converting, leaving evil, and comes closer to God, because then her or his serious torment begins (the evil spirit does not want to lose her or him). Even many Catholics do not take the devil seriously, and if they believe in his existence at all, they consider him harmless, without taking seriously, what is written about the devil in the Gospel. However, the fact that these people do not believe in the existence of evil spirits does not mean that there are no such spirits. Evil spirits exist regardless of whether one believes in their existence or not, and they are really present in the world and in possession [13,9].

When a psychiatrist or psychologist examines chronically ill people, they take into account the medically established evidence, e.g. existence of bacteria; they also take into account all medical consequences of the disease caused by these bacteria. Likewise, evil spirits are like bacteria, entanglements in spiritual threats are diseases, and the most serious of which is possession. Possession resembles sepsis, which develops from a seemingly harmless wound, and then infects the whole body and can even lead to death [5]. Evil spirits are invisible, but harmful; their actual existence is certain and duly justified by Catholic theology. Evil spirits are spiritual beings, created by God as one of the angels (as good), but who rebelled against God and became evil, and were thrown down into hell. Evil spirits (demons, devils, satan), however, have the ability to cause various kinds of damage to people, both spiritual, through temptations, fantasies, etc., as well as material damage through cataclysms, illnesses, wars, accidents, etc. Evil spirits are very intelligent, but they are neither omnipotent nor omniscient like God. Evil spirits are invisible, but they can take different forms perceived by humans with their senses; they can predict different events, and they can possess a man who will give himself to them through grave sins, and especially through a signed cyrograph (pact with devil). Evil spirits, as far as they can, try to hide their existence and actions, hiding themselves behind natural causes, in order to harm more effectively, because an unrecognized enemy, and even more disregarded, is more dangerous [7].

Evil spirits remain invisible to the eyes of psychiatrists, psychologists, and doctors, just as without appropriate equipment (e.g. a microscope) you cannot see bacteria. And you cannot see the devil with specialized medical equipment, such as through fMRI; at best, you can see some of his influences, but not the evil spirit itself [14]. However, theologians have their own “microscope”, which is justified by the theological method, e.g. by Sacred Scripture, coming from faith and confirmed by the experience of priests, especially exorcists, and other people who have actually experienced the manifestation of an evil spirit. If one does not believe in the existence of evil spirits at all, and by definition denies their existence, this does not change the fact that they do exist, and eventually will come across unsolvable riddles and unbearable difficulties [7]. A patient whose hands extend by two meters, a wardrobe that slides by itself, a door that opens by itself, a man with primary education who suddenly speaks fluently in

scholastic Latin, a man who reveals the sin of another person about whom nobody could have known. These and other supernatural phenomena happen as a fact, and are undeniably present in the lives of certain people. Such and other supernatural phenomena are certain occult phenomena, and other phenomena occurring in possessions are studied, among others, by parapsychology. Although the scientific description of parapsychology often omits the spiritual aspect, it proves that certain rituals have certain effects [5], it can only confirm the facts that supernatural, paranormal phenomena actually take place [15]. One of the symptoms of possession, and a demonic action, are strange phenomena occurring in a person's life and at his or her home. Important are the way and context that accompany these unpleasant phenomena, e.g. after a person participated in a spiritualistic screening, started to attend fortune-tellers, magicians, satanic sects, started to take an interest in practicing occultism, magic, etc. [6]. If something supernatural happens, it is caused directly or indirectly by God (if it is good) or by an evil spirit (if it is bad); and there is no "energy" or similar pseudo-real causes [16].

Patient: An Ill Person, Tormented By an Evil Spirit, or Both

The patient needs a careful discernment of the cause of his discomfort in order to go to a competent person, a psychiatrist, another doctor, and sometimes to an exorcist priest [7]. Contact with an exorcist is increasingly necessary for many people [9]. However, not everyone who comes to the exorcist priest is indeed enslaved demonically, and in need of exorcism; some people perceive the exorcist as a doctor of all problems, others have mental illnesses and need a psychiatrist, others simulate possession. There are situations where someone, especially a young person, looks for interest in himself because he feels undervalued and, having a reduced self-esteem, wants to somehow cause to be taken care of him [17], has only a psychological need to be interested in him, to be prayed for him [9]. There are cases of untrue, simulated, pretend or imaginary possessions. In these cases it is possible to deal among others with narcissistic personality disorder, when the patient simulates to arouse concern and interest in the environment for himself [18]; or mythomania (Delbrück syndrome, pseudology), when simulating the possession he believes that he is possessed [19]; or Münchhausen syndrome, when he simulates possession on similar principles as he simulates (or induces) ordinary physical or mental illnesses [20], and even with a sickly egoistic feeling of (imaginary) harm. A person pretending to be self-possessed can also have a basis similar to so-called para suicide (instrumental suicidal behavior), which is a means of achieving an objective, exerting pressure on or punishing the environment, a means of influencing the behavior of other people from whom the sham suicide wants to obtain help or care, but is unable to express this request [21-23]. This is rare in practice, but it is also possible to deal with a person pretending to be possessed, including attempts to simulate insanity in order to avoid punishment for the crime committed [24], as the possessed person would not have any influence on his or her behavior, being in a state of trance, when the control over all activities is taken over by a demon, i.e. someone else [25]. In the case of a person who for some reason pretends (which may not be fully conscious), when it is already recognized, there is no reason to call an exorcist, neither a psychiatrist, and usually the field of action of a psychologist appears here. However, attention must be

paid to the type of therapy in order to best help the patient and not to harm him; for example, the Hellinger family settings method carries many spiritual and psychological risks, and some ex-participants need the help of an exorcist priest later, while some others suffer mental disorders [26]. On the other hand, for example, there is a valued existential approach, which is interested in the concreteness and authenticity of individual life and human experience [27]. The most important thing, however, is not to forget also about the spiritual needs of the simulating person under the care of a psychologist; it is worthwhile for such a person to talk to the priest in confession, or outside of it, or to find a spiritual director. The priest may see other reasons, besides psychological, for such pretending, because probably the most frequent pretenders are people who cannot find hope and support in God.

There is a possibility of spiritual illness, which is due to the fact that someone had contact with the devil [28]; also persistent, strong temptations, e.g. suicidal ones, which patients often complain about, may come from evil spirits. On the other hand, it may indicate the most difficult cases when the same person has natural causes (ordinary diseases) and non-natural causes (devilish actions), which often happens, because satan uses natural weaknesses to harm man. Such people need the help of both a psychiatrist (and another doctor) and an exorcist priest, who can work together knowing about each other, what facilitates recovery, or act independently. Demonic enslavements and torments can affect the body and take the form of various diseases, e.g. a woman who has been bent for many years (Lk 13, 10-17) [1], a mute and deaf person (Mk 7, 32-33) [1], that are often difficult to diagnose, and cannot be treated with medical means, which sometimes work the other way round, e.g. strong sleeping remedies cause insomnia. Diseases originating from the evil spirit give way under the influence of exorcism and sometimes prayers for release, which shows their real cause. Giving oneself to the evil spirit, also indirectly through sins, can also cause mental illnesses and disorders, such as severe depressive states, anxiety, states of hatred, aggression, addiction to alcohol, drugs, sex, and others, neuroses of importunity, a powerless feeling towards sin and life, etc. It happens those long-term medical treatments, or other therapies turn out to be ineffective, and one or more exorcisms restore health. This is the area where psychiatrists and exorcist priests most often meet themselves. It is good to know that evil spirits act from hiding, camouflaging themselves with the symptoms of the disease [7]. Also, the causes of possession can sometimes coincide with the causes of mental illness, someone may fall ill because of the presence of evil spirits in him or her [28], e.g. participation in spiritual sessions can be the cause of mental illness, and the cause of disorders resulting from the evil spirit, and even the cause of the possession itself.

Also in the case of physical illnesses, there are points of contact between the exorcist priest and the psychiatrist, as well as between them and the traditional doctor [6]. This is mainly because devils are the direct or indirect source of disease; they are the main cause of disease, although not every disease is caused by sin [28], and not every disease is caused directly by demons. Evil spirits have the power to cause various diseases; examples of this can already be found in the Sacred Scriptures, for example, when Jesus healed the epileptic by throwing the evil spirit out of him (Mk 9,14-29) [1], in this case the illness was caused by the presence of a demon. Some exorcists do

exorcism to heal people from diseases, including brain cancer, and sometimes tumors disappear from sick places; but these are facts that happen to people who have already been infected by the influence of the evil spirits. It is also possible for a surgeon to find during surgery that the patient has nothing to do with what the analysis and examination, ultrasound, tomography, magnetic resonance, etc. showed; there are also cases where a patient has been diagnosed with tumors that have re-formed immediately after surgery [6]. On the other hand, some of the symptoms of possession are similar to those of illness, e.g. epilepsy, and the exorcist may need to consult a neurologist or other doctors.

The possessed person is not ill in the medical (physical) sense; Possession is not an organic disease of the body or central nervous system; the possessed person is usually not mentally ill, does not have psychosis; also the psychological effects or accumulation of diseases do not play any role; the possession cannot be explained by a suggestion from, for example, an exorcist, and hypnotic states do not provide any explanation, and exorcism has nothing to do with the placebo effect. Possessions are characterized by parapsychological phenomena; these are phenomena that do not belong to the medical field. In possession, there are indisputable facts and behaviors, which, according to the *Rituale Romanum*, correspond to true possession; there are demonic forces of action, demonic beings that are not only personalities but also beings, they are evil spirits who can really speak. Possession exists by combining that what is earthly with that what is hellish, and is one of the phenomena in which the need for an interdisciplinary combination of theology, psychology and psychiatry manifests itself most strongly. On the basis of confirmed facts and personal experiences of people who come into contact with the possessed person, after a conscientious examination of various opinions, it can be concluded that in this case it is not a simple mental illness (e.g. hysteria) in which a psychiatrist would be competent, nor is it a constant deception, but it is a true possession, to "treatment" in which an exorcist priest is competent. In cases of possession, there is a need for science combined with faith [13,5].

Possession is the most serious interference of the evil spirit in human life. Possession means that the evil spirit dwells in the human body, possesses it as its own, and destroys the man from within [7]. *Rituale Romanum* states that possession causes phenomena in four areas: religious, bodily, psychological, and parapsychological; and that is what it is based on to make a diagnosis. Psychiatrists, and some to neurologists know the individual symptoms, but they do not know them in this juxtaposition and in such a multitude as in the case of possession. Possession is not a single symptom, but a set of symptoms that extends over four different spheres. Possessed individual is religiously, physically and psychologically abnormal, and at the same time, the whole scale of parapsychological phenomena develops in him more or less clearly, so that account must be taken of explanations outside the sphere of psychology and psychiatry. This distinguishes him/her from any healthy and sick person in terms of differential diagnosis. In order to speak of possession, it is necessary for there to appear parapsychological phenomena and a certain coloring in the religious sphere [13].

Possession is relatively rare. Often the presence of an evil spirit is so hidden that people do not know about their possessions (unless

they consciously give themselves away), they experience only various physical and mental ailments, against which they are helpless, and increasing reluctance to religious acts, which ultimately leads them to seek help from an exorcist priest. On the other hand, for an exorcist priest, possession is easier to identify, because evil spirits often react to contact with him and to exorcisms, with strong manifestations of the possessed, such as fury, terrifying facial expressions, destroying objects, throwing oneself at an exorcist, convulsions, frenzy, rolling on the ground, curses, threats, changing the voice of women into male and snoring, etc.

In addition to signs appearing in contact with an exorcist, possession may be indicated by: free knowledge of foreign languages, which man never learned, knowledge of hidden facts, e.g. someone's unnamed sins, or illnesses, extraordinary physical strength disproportionate to age and body structure (e.g., possessed from the land of the Gerazenes, Mk 5,1-20) [1], repeatedly increased body weight, levitation [7,29,30], and above all a strong aversion to all that is holy and consecrated, hatred for God, Mary, saints, sacred objects, the words of Scripture, blasphemy, mouth blockade at the confessional, at the call to renounce satan, at Holy Communion. There may also be difficulties in saying words of prayer, sensitivity to holy water (e.g. burn blisters on the skin; rejection of a drink that has been secretly added a few drops of holy water). This aversion may manifest itself in many different ways, and is not always easy to detect.

The more of these signs, the more certain is the detection of possession [7,29]. The characteristic causes of possession are also important for diagnosis; the most frequent are the pact with the devil, made orally or in writing, sometimes signed with blood (cyrograph); as well as numerous and grave sins, such as apostasy, abortion, murder, sexual perversion, magic, divination, spiritualism, occultism, satanism [9].

Exorcist: Soul Doctor

The exorcist is a Catholic priest, authorized by the Bishop, who in the name of Christ (exorcists have power over evil spirits, coming from God, according to the words of Jesus: "in my name they will drive out demons" Mk 16,17) [1], by God's power, frees people, things, and places from the presence and harmful action of evil spirits. Only priests can perform exorcisms [31], and the history of the Acts of the Apostles shows this very clearly: God performed extraordinary miracles through Paul's hands, so that even his scarves and headbands were placed on the sick bodies, and illnesses disappeared from them and evil spirits came out. But some wandering Jewish exorcists tried to call upon the name of the Lord Jesus over possessed by an evil spirit. "I adjure you by the Jesus whom Paul preaches" they said. This was done by seven sons of a man named Skewas, a Jewish high priest. The evil spirit told them: "Jesus I recognize, Paul I know, but who are you?" And "The person with the evil spirit then sprang at them and subdued them all. He so overpowered them that they fled naked and wounded from that house" (Acts 19, 11-16) [1].

Thus, without ordination as a priest, and nomination, and permission from the ordinary of the place given to the priest, it would be ineffective and dangerous to perform an exorcism. It is very important to know that there are no lay exorcists (even if they use religious elements like holy paintings, crosses, etc., lay people never

have the authority of the Church). Secular people who pretend to be exorcists are not exorcists, just like people who claim to have the power to do charms (the devil does not drive the devil away (Mt 12, 25-26) [1]). These are various types of fraudsters, e.g. healers, witches, etc., who use some kind of anti-exorcisms, means various magical procedures, e.g. radiesthesia, energy therapies, which often refer to the supposed expulsion of spirits of the dead, fluids, cosmic creations, astral bodies, mysterious deities, and energy (in reality to evil spirits), and they charge for this. Such false exorcisms do not have the power to release (as does charming), but they usually have the power to do the opposite. The action of the exorcist priest is of a religious nature; and the religious factor plays an important role in the life of people, including those who take a negative stance towards it [7].

Important signs of possession are understanding or speaking in languages that the possessed has never learned; knowledge of distant and hidden facts; extraordinary powers, sometimes manifested by maximum efficiency. Other parapsychological phenomena also appear, such as strange burns, conversations in which devils interfere and personality changes, telepathy, clairvoyance. Sometimes it is difficult to study them, and an exorcist is necessary to determine their causes, because what a psychiatrist would observe only externally would remain known to a psychiatrist as a fact, but impossible to recognize in the cause [4].

The difference between evil spirit and psychiatric phenomena concerns their essence; in the phenomena of the evil spirit, the cause is its presence and the energy of the demons; therefore, only prayer and exorcism can lead to healing. If a person acts under the influence of an evil spirit, exorcism affects him or her and is not influenced by other therapeutic methods; and if exorcism is not effective and the illness remains, it means that the cause is psychiatric or psychological [6]. The exorcist priest can also distinguish, among other things, when the reluctance towards what is holy has a religious-spiritual character, and moral, coming from evil spirits. These phenomena, and other anomalies that are related to the real work of evil spirits, are the field of action of exorcist priests. It also happens that evil spirits cause illnesses and suffering with symptoms similar or even identical to those of natural pathologies (malignant and difficult to treat), and therefore, in such cases, it is necessary for both psychiatrists and exorcists to work together [7].

The final decision on whether possession exists in a particular case belongs to an exorcist priest specially appointed by the Church, who follows the norms of the *Rituale Romanum*. Thanks to his theological education and the performance of his functions, the exorcist priest even instinctively strives for the judgments of moral value; he investigates in order to be absolutely certain [4], and after an undoubted statement of possession, celebrates the so-called solemn exorcism. Any priest can free from any other demonic activity that is weaker than possession by means of a prayer for liberation, which is not a solemn exorcism [7].

Exorcism is prayer, and it has never harmed anyone; however, it is different in the case of medical treatment, because many times people who have been improperly treated by doctors have suffered, for example, from poisoning of the body and general dementia. Sometimes it is necessary to pray for someone many times, even for many years, although it happens that God releases at one moment [9].

Some healings may be very slow, but exorcists rescue many people [6].

Psychiatrist

Possession is a parapsychological disease, unusual [5], and the task of a psychiatrist is to diagnose mental illnesses, either accompanying the possession, or occurring in the absence of possession (and to treat them); however, it is always the exorcist priest responsibility to make the final determination of possession. Evil spirits as the cause of possession need to be detected by an exorcist's specialist. Just as a cardiologist does not diagnose schizophrenia, although he treats possible heart defects in a schizophrenic, so a psychiatrist gives way to an exorcist in the diagnosis of possession without prejudicing his own competences. Cooperation between psychiatrists and exorcists is possible and necessary, however in these cases psychiatrists (and in some cases also psychologists) should know what "bacterium" (i.e., the evil spirit) is placed herself in the body of the patient in order to know what ailments were caused by this "bacteria" and how to deal with such a patient, leaving the treatment of these "bacteria" to the appropriate doctors (i.e., to the exorcists), and to determine whether or not this was accompanied by a mental illness and, if so, to treat this mental illness.

The starting point are the cases of possessions from the Gospel, and their healing by Christ. The cases of possessions in the Gospel are known; they show the moment of healing people by Jesus and can be translated into the present times to state that every modern psychiatrist sees facts and symptoms that can be found in his clinic, but which are not always natural. Any doctor who examines these symptoms and relies on them alone will undoubtedly see only the paralyzed in a curved woman (Lk 13, 10-17) [1], only the insane in a demon-possessed from Gerazzo (Mk 5,1-20) [1], and only the epileptic in a healed child (Mk 9,14-29) [1], etc., and therefore only the illnesses.

Furthermore, every case of possession described is presented with an accompanying disease: the devil makes the mute (Mt 9,32; Mt 9,17; Mt 11,14; Lk 11, 14) [1], the deaf (Mk 9,25) [1], the mute and blind (Mt 12,22) [1], the epileptic (Mt 17,15) [1], causes seizures and convulsions (Mk 1,26; Mk 9,18-20; Lk 4,35) [1]. Here lies the temptation of the psychiatrist to consider these phenomena separately, to build his judgment on themselves, and to come to the wrong conclusion that the Gospel represents only natural mental illnesses. It is therefore essential that Christ did not heal all the blind, mute and deaf in the same way; He put his fingers in his ears to the deaf-mute man and touched his tongue with saliva (Mk 7,32-33) [1]. The paralyzed servant of the centurion of Capernaum healed by the word from afar (Mt 8,13) [1]; the paralytic who was let down on the stretcher through the roof, also by the word of healing itself (Mk 2,1-12) [1], blind from birth by touching his eyes (Mk 8,25) [1]. There were no mental or related psychogenic disorders in these cases, although in a deaf- or blind-born person it could be an organic one. However, in these cases Jesus did not speak of the devil, and in others so (He cast out evil spirits, that is, exorcism was necessary). It is very important that Jesus can heal every illness, but he does it in different ways, as if he wanted to show that different diseases require different cures. In different cases, everything is different. However, in any case, the equation of possession and mental illness, or whatever,

is incompatible with the Gospel. In these examples, the problem is framed in such a way that demonic possession is always accompanied by clinical symptoms in the Gospel descriptions. The devil's action is at the point where the body and soul touch each other, where the spirit accepts the impressions of the world in the sense of feelings, and where thoughts and emotions are transformed into physical reactions. This concerns temptation in the first place; in the same place is the work of the devil in possession, and in addition, it is much more advanced in demonic influence on people. This leads to the first conclusion for a doctor, especially a psychiatrist, that he cannot see the effects of the devil's actions with the tools of science. In true possession can be, to some extent, accompanying brain disorders (organic), and nervous, mental, which cause devils, or strengthen them. The speech of the demon-possessed, and other accompanying symptoms, may practically and medically be the same as in the case of mental illnesses; a psychiatrist may examine these symptoms in all freedom, may describe mental disorders, and may propose their direct causes, since he is in his own field. But he would have exceeded his specialty if he had wanted to exclude the transcendent cause on behalf of his specialist science, from either the very first moment or in any case, or because of the part of the symptoms that might suggest natural abnormalities (mental illness). As a result of the medical analysis, the devil will never be found, just as the surgeon will not discover the soul, because it belongs to a different order [4]. Therefore, a psychiatrist, a doctor who wants to be a healer, must leave to philosophers and theologians the evaluation of the hidden force (demon) acting in a given case, i.e. hidden behind a disease, and must remain alone in the light of faith (without fear of being suspected of it in some cases, for faith does not contradict science).

A psychiatrist, like any other doctor, is accustomed to thinking about diseases, but possession is not a disease that reaches to purely natural causes; possession has nothing to do with the organic conditions of mental illness, i.e. it is not organically determined. Diseases that are sometimes associated with it, such as deafness, mutism, blindness, and others, are only accompanying phenomena, not the essence, because possession can occur without them. A possessed person is inherently healthy who is not mentally ill; although sometimes illness and possession are linked to each other because they are not mutually exclusive. The aim of a psychiatrist is to find the trace of the origin of a natural disease, and if he finds it, determine the disease process resulting from organic or mental disorders, or combined with possession, try to alleviate the pathological symptoms including treatment. The aim of a psychiatrist is also to discover lies and the source of "demonism", or pseudo-possession, in order to adequately help a patient who (consciously or unconsciously) simulates possession. He may also see some parapsychological phenomena, although possession must ultimately be found by theological research. A psychiatrist should be very modest and humble, so as not to try to cross the boundaries of natural phenomena alone, and not to bypass, not to marginalize the problems that theologians perceive. Some people are possessed, and the signs of the devil's presence give the right to use the term.

Natural diseases that may have a similarity to possession include epilepsy, schizophrenia, organic psychosis, manic-depressive psychosis, and other mental disorders. In differential diagnosis, which is purely psychiatric oriented, there are cases, which make

diagnostic problems, e.g. hysteria, which best suits many symptoms, imitating various diseases. A person who is not an expert may think that hysteria will explain everything. However, although psychogenic symptoms in cause are taken into account to explain non-possession, there are phenomena in possession that are unusual even in the context of hysteria, e.g. the possessed vomits pieces of glass, iron, nails, and other sharp objects; sometimes not only patients, but also their environment senses impacts, and hears voices. What can be psychopathological grasped does not belong essentially to hysteria, but goes far beyond it, and cannot be transferred to the denominator common to one mental illness [4]. In spite of this, a doctor who is unaware of the difference between possession and obsession, between trance and possession, and between possession and mental illness, can only see the possessed as a hysteric, a psychopath who wants to impress, and many of the symptoms he sees as a simulation or a "bad performance". Thus, his conclusions in no way do justice to facts, because neither hysteria nor psychopathy explain the unnatural knowledge of languages, nor the far-reaching knowledge of the hidden things, etc. [13,5].

Here one can find the limits of the ability to medically interpret and experimental means; there is no doubt that there is a need to refer to faith; here we need diagnostic means not in the medical sense, which may be different from other medical arguments. Differential diagnosis of diseases and possessions is very important; disease and possession are not mutually exclusive, but constitute two different options, sometimes two aspects of the same action; however, the final decision on whether possession exists in a particular case is not a decision of a doctor, a psychiatrist or a medical analysis, but a decision of faith (i.e. a statement by an exorcist). No attempt at biological, scientific, natural (i.e. medical) research should be required into the existence of something that could be considered an essential substance of possession, because it is the result of demonic activity, and it cannot be definitively confirmed or denied in a purely psychiatric assessment [4]. Thus, one can find the position of some psychiatrists who, due to their worldview assumptions or the inability to submit to possession criteria (especially understood as Catholic theology understands it), of methods used in medicine, negate the real existence of evil spirits, and thus their actions in the form of possession and other harmful actions. They see the great progress that psychiatry and psychology have made in recent years and believe that such problems can be solved by psychiatric treatment and become unbelievers until they are directly confronted with real possession and exorcism [32,7]. The expert knows much more; every expert admits that the final explanation of possession requires a diagnosis by an exorcist priest, and the explanation by other methods is impossible [4].

Cooperation between Exorcists and Psychiatrists

There are many differences between exorcist priests and psychiatrists. A psychiatrist, a doctor fights the disease; his task is to cure the patient. The exorcist priest fights evil spirits; his task is to free the person from their presence, and their evil actions, through exorcism, which is God's intervention. The exorcist priest looks at the demon's actions taking sins very seriously into account, considering them as something very bad and remembering that possession is usually strongly associated with sin. For centuries, possession has

been accompanied by a climate of vagueness, mystery and horror; and the world-view entanglements around it make the researcher's objectivity vulnerable to many traps, and for psychiatrists, possession is a psychopathological syndrome, most often treated as a form of dissociative syndrome [7], or one of the types of different states of consciousness [33]. A psychiatrist, like other doctors, uses the means suggested by his medical knowledge. On the other hand, an exorcist releases through prayer, exorcism, ordering the evil spirit to leave the human being. In order to be released, a sincere conversion of the possessed person is needed, and often a religious and moral healing of his environment.

However, exorcist priests and psychiatrists are united by a common concern for the good of man; a common task to determine the correct diagnosis and the cause of the deficiencies, in this case mainly whether they are natural or supernatural. It is not enough just that it is difficult to make a diagnosis, nor that medical or psychiatric therapy proves that is ineffective, in order to establish a disease of demonic origin. It is necessary to identify specific symptoms indicating the action of evil spirits. The exorcist priest usually asks first for a medical psychiatric diagnosis, because in case of symptoms of the disease, seeking help from a psychiatrist is something normal and ordinary, and it is necessary to start with that [7]. Most often, a person who goes to an exorcist has already undergone a number of medical examinations and visits; often, also if the treatments did not produce the desired results, he or she turned for help to healers, mages, etc. [6]. Turning to an exorcist priest is rare, although justified when there are special symptoms. *Rituale Romanum*, in its short rules, summarizes what the exorcist priest needs to see and take into account in order to be sure of possession.

The cooperation of an exorcist with a psychiatrist has four main principles. A psychiatrist is to recognize diseases similar to possession, co-occurring or independently occurring only; a psychiatrist is to refer patients suspected of possession to an exorcist priest. An exorcist priest is to state whether the patient is possessed or not; an exorcist priest, suspecting the patient of mental illness, is to refer the patient to a psychiatrist.

A psychiatrist should refer patients suspected of being possessed to an exorcist priest, and in order to rightly suspect possession, it would be helpful for him to know certain basic rules and signs of possession. From ancient times to modern times, the possessed, whose possessions does the Church detect (although very different from each other), from a medical point of view outwardly almost do not differ in suffering and behavior from patients who suffer from different delusional disorders. They differ, however, by the features that reveal themselves through supernatural activity in possessions, and by the fact that after the end of exorcism there is improvement and healing (if someone simulates possession, consciously or unconsciously 'pseudo-possession', then the applied exorcism has no influence on him/her). In various mental illnesses, delusional disorders, being a true (natural) mental illness, the soul can be completely pure, without sin (moreover a sin contributes to possession, however a mentally ill person living in sin does not have to be possessed); besides, demons remain in human dimensions, i.e. the image of the devil is a reflection of a person's knowledge, or his or her imagination, or a reflection of the folk imagination, but deviates from the true image

of the devil. Various delusional disorders are like an interpretation of the relationship between sinful man and demons, and possession is an obvious relationship of bondage (demonic bondage), usually a bondage to sin, fundamentally of a spiritual nature. Demons manifest themselves particularly intensely in the possessed body, because the devil has a possessed person in control, and physically does with him or her what he wants. Possession is a state of trance that begins with a state of sleep, eliminating any intellectual activity or consciousness; it resembles a state of hypnosis, listening to the will of someone else; when one wakes up from trance, the memory of what happened during the trance generally disappears. Various delusional disorders allow, among other things, for any motor functions, and in possession, the devil controls motor functions and body parts. The devil can join in such a way that he grasps imagination and ideas; the will is directly or indirectly restrained and the organs of speech are at his disposal; thus, the possessed person speaks blasphemous words, and may have suicidal intentions. Thus, the possessed loses control of his movements and his bodily and spiritual freedom during the trance. At the same time, physical predispositions to possession do not exist, nor are they acquired by disease; the causes of its occurrence are religious and moral, and are therefore not medically researched. The nature of possession is found through theological wisdom, and it is not in the competence of a psychiatrist or any other doctor, who is not an exorcist priest.

Diabolic manifestations differ in manifestations from mental illnesses, and therefore they could not be explained neither by hypnosis nor by hysteria; in possession, in crises, in trance, and only in them, appears a new personality (devil), which is experienced differently in each possessed person, and is in contrast with the first personality (human); these personalities may overlap in part, but cannot fully overlap [4]. Among other things, the physical properties and the appearance of the possessed person are changed, the facial expression acquires features consistent with the nature of the devil who has possessed the person [34], and new motor skills appear in him/her [35]. Trans appears suddenly, like an epileptic attack, but it is not just a trance attack, a crisis attack, but a sudden change in the whole personality, which can be lasted for hours and days.

Consideration and description of the differences between mental illness and possession are not the subject of this article, therefore they are only outlined. In short, we can say that pseudo-possession belongs to the field of mental illness or mental disorders. It can have different bases: organic conditions, epilepsy, diseases such as schizophrenia, vocal and motor tics, or neuroses such as psychasthenia and hysteria, and others. The general name pseudo-possession can be called various mental diseases, natural, similar to possession, or confused with it (specifically, the name pseudo-possession describes one of the types of multiple personality). Since pseudo-possession can have very different causes, it is also advisable not to look for the causes of true possession on its basis. If someone pretends to be possessed, consciously or unconsciously (pseudo-possession), then the exorcism applied has no influence on him or her, and cannot guess the hidden facts. In doubtful cases, a psychiatrist is right to send patients suspected of being possessed to the exorcist priests.

When a psychiatrist notices something unusual, he should refer the patient to an exorcist priest. In a specific case, both the exorcist

priest and the psychiatrist may agree that the case has something unusual in it, that there is something supernatural in him or her. And it is the exorcist priest who determines the essence of this supernatural phenomenon; whether it comes from God or from the devil, he can check whether there is a demonic personality, because in possession the devil reveals himself under the influence of exorcism. The purpose of the exorcist's researching proposal is to make sure that there is no ignorance about religious matters, which are crucial for the recognition of possessions. The exorcist is a physician of the soul, and heals the diseases he is a specialist at, like other doctors, but with completely different methods, by means of higher values. Therefore, there may be something that the psychiatrist notices in a given illness, but it seems irrelevant to him, while it might be an important criterion for exorcist priest [4].

It is important that a psychiatrist and an exorcist priest always act within the scope of their strictly defined competences, without getting in the way, e.g. not to ask only a psychiatrist whether in a given case there is really a case of possession, or not to ask only an exorcist priest whether in such a case psychopharmacological measures should be given. Psychiatrists and exorcists have to be seen on two different levels because they use two different methods; a psychiatrist uses the methods of treatment suggested by his knowledge; and an exorcist heals by prayer, by order in the name of Jesus, ordering the evil spirit to leave the sick person. These two specialists should talk about the person they are investigating in a spirit of cooperation. The psychiatrist should know the basics of demonology and the exorcist priest should know the basic symptoms of the most common mental disorders; this can facilitate the correct distinction for both and makes it possible to refer the patient correctly to the appropriate specialist, sometimes from an exorcist priest to a psychiatrist, sometimes from a psychiatrist to an exorcist priest [6].

A psychologist can also help a possessed person's family by explaining how to live with him, although the most important thing is to bring the possessed person to the exorcist priest; the relatives of the possessed person should follow the instructions of the exorcist priest, both for the benefit of the possessed person and to facilitate his care, so that the care of the possessed person would be as little stressful as possible and the possessed person can recover as quickly as possible. Moreover (what is significant for both exorcists and psychiatrists), it is important to have a general knowledge of the social environment in which the possessed person lives, as it may have some positive or negative influence, which should be taken into account in the treatment process [36]. It is also important the help of the psychiatrist to return the patient to normal life after exorcism, with the aim of renewing in the sick person the powers and psychosomatic abilities weakened or destroyed by the evil spirit [6].

If an evil spirit does not cause a patient's illness, exorcism will not help. However, a priest can help with prayer for healing, consolation, help in establishing close contact with God; that is why hospital chaplains are appointed to hospitals. However, if there is an evil spirit that causes the illness, the doctor will not do anything; the medical treatment will not help. Nevertheless, the exorcist priest should recognize the limits of his competence where he is convinced of an ordinary illness and, in these cases, refer to the appropriate doctor. And a psychiatrist, seeing the ineffectiveness of his procedures, especially when he notices suspicious symptoms, and during an

interview he learns about serious moral transgressions of the patient, about his involvement in occult or satanic practices, etc., will do the right thing if he suggests him to go to an exorcist priest.

The cooperation of a psychiatrist, and of every therapist and doctor, with an exorcist priest is possible provided that none of them exceeds the scope of their competences. A psychiatrist cannot diagnose with certainty that a person is possessed. An exorcist priest (if he is not a psychiatrist at the same time) cannot diagnose that a given person suffers from e.g. schizophrenia. If the exorcist's interview shows that medical interventions had a positive effect, it is almost certain that the disease is natural and not demonic, because in the case of an illness of devilish origin, medicine remains helpless [7].

A doctor, especially a psychiatrist, in order to be able to help an exorcist, must have scientific truth and the recognition of his own limitations, and have a deep faith [6]; however, an atheist psychiatrist (or follower of another religion) may also recognize possession as exceeding the limits of his knowledge. For example, the well-known Italian psychologist and parapsychologist, Prof. Emilio Servadio, often referred patients to an exorcist, Fr. G. Amorth. On a certain television show, he said: "I refer some cases to an exorcist priest. I am an atheist, but when I see that in some cases I am powerless, that science has its limits and does not find an explanation, nor does it find a way to solve the problem, I direct people to an exorcist priest [7].

Familiarizing oneself with the cases faced by exorcist priests can bring mutual benefits to both psychiatrists and exorcists. A psychiatrist must be more aware than others of the limitations of his or her knowledge, because there are things that are hard to believe. For example, a demon-possessed person who had typical symptoms of devil-possession but also showed signs of mental imbalance was sent back to a psychiatrist by an exorcist; the psychiatrist sat behind a wide desk, so that the girl sitting opposite him was far away from him; when, at the end of the conversation, the psychiatrist began to write a prescription for the possessed, then, without getting up from the chair, she stretched out her hand and her arm, in front of the frightened psychiatrist, became very long (it was almost 2 meters); the girl grabbed the prescription, crushed it, threw it in the trash, and said in a suffocated voice that she did not need these things. The exorcist priest is not surprised by such cases because he deals with them, he encounters them repeatedly; and it would be good if psychiatrists became acquainted with such cases so that they could better recognize the diseases that fall within their sphere of competence, as opposed to those that do not [6]. Among other things, it is important that the psychiatrist does not equate the possession with an ordinary mental illness, because then he can easily make mistakes. Furthermore, as long as mental illnesses and disorders are treated by psychiatrists and psychologists and physical illnesses by doctors and souls cannot be treated by somatic therapy (the body and psyche are treated).

A free person is a person who is not conditioned, ethical or moral; each one is unique and unrepeatably; a spiritual person is an individualized spirit, located outside the sphere of carnality and sensuality; therefore, the dignity of a person as a Human stands above every illness process and above the loss of biological and social values; this causes the soul to remain intact even in mental illness, although it may be inert and invisible [37]. The healing of the soul remains in God's hands; God can heal every illness of the soul and

body, including mental illness [28]; and it is He who frees man from possession, which is a supernatural disease that affects the soul in a certain way.

It is much easier for psychiatrists to treat people who have faith [6]. Religion is a model solution for every emotional crisis, because it can be repeated infinitely, and because it is assigned a transcendental origin [38]. Prayer and confession will help the believer. The sacrament of confession, especially confession from the whole life, is a great help in healing the emotional sphere, and often brings considerable relief even in certain neuroses, sometimes even physical healing [7]. Furthermore, God can heal every illness, and the healing of every person is in the ultimate competence of God, even if He wishes to use people (Sir 38,1-15) [1]. Everyone needs to know himself, and if this is not used to find the truth, he or she at least serves to determine his or her own life [39], but only God knows man better than himself does. Man is the unity of soul and body; he is created and understood by God [37] and therefore, even unconsciously but always intentionally turns to God [40]. And the highest value is God, even if misunderstood, even if differently represented in different religions, even if you do not believe in Him, because He always remains Creator and Savior [7]. The very nature of man makes him strive (or should he at least strive) for God [41]. Therefore, in practical life of man, religiousness (even when it is rejected) turns out to be the most important, as a proper relation to God, because it reaches to the deepest layers of the personality, and for the believer it is, or at least should be, the most important source of motivation, and the most appropriate center for the integration of the personality; where God is in the first place, everything else is in its place. In psychotherapy in particular, the reference to religion, specifically to God, to Christ, to God's principles of life, is a great help, and some psychiatrists (doctors, psychologists) benefit fruitfully from this when they see that the patient is open to it.

Based on many experiences, it can also be concluded that if some patients could be treated by exorcist priests in psychiatric hospitals, those whose illness was related to a devilish spirit could return to a normal life. An example of this is the work of Fr. Rufus Pereira, and many similar cases demonstrating the power of exorcism, and the prayer for liberation. However, even beyond the specific case of possession, enslavement by satan, and the importance of exorcism, the religious factor can be of great importance in psychiatric practice, especially in countries where most people consider themselves to be believers, although not always correctly, and not always practitioners [7]. Psychologists and psychiatrists who see the need to send their patients to exorcist priests, i.e. in cases of serious suspicion of demonic activity in patients, can find appropriate contact through a Catholic hospital chaplain, a pastor, a priest or through a diocesan curia.

Conclusions

The challenge for psychiatrists, psychologists, and exorcists' priests will be how to cooperate respecting each other. Therapists in this task can be helped by the awareness that respecting the theological dimension does not mean any concession of worldview, but only respecting someone else's "map", faith in the fact that everyone knows their own field better, literally, and metaphorically. Practical considerations may decide about the choice of this dimension at a given moment; psychiatrists and psychologists need to supplement

the biopsychosocial model of the phenomenon of possession with a spiritual dimension, as understood by Catholic theology. To reject the extremes and learn to give spirituality to exorcist priests and psychopathology to psychiatrists, which sounds convincing as an idea, but turns out to be very difficult in practice [7], it would become easier to apply in practice if in educating priests and psychiatrists, more was said about the existence of evil spirits and the possibility of causing various diseases by them. Moreover, it seems to be a fundamental need, already during school catechesis, to talk about the existence of evil spirits and the fact that the Triune God never causes evil, but evil is caused by evil spirits and people who listen to them [42]. It is also worth reintroducing the uniqueness of possession in subsequent DSM versions.

The demonic damages caused, among others, by the practices of magical charms, superstition, occultism, divination, etc., confirmed by a great deal of experiences, which make the problem be treated very seriously, as phenomena connected with real demonic activity [7,43]. To persons, whom not believe in all this, one should respond by showing a specific case of possession in practice. Theoretical considerations should not obscure the practical problems faced by psychiatrists and priests on a daily basis, so that they can work together for the good of suffering people; give to a psychiatrist what belongs to a psychiatrist, and to an exorcist priest, what belongs to an exorcist, is a proposal that is absolutely right and real, avoiding extreme attitudes on both sides. The postulate of cooperation between psychiatrists and exorcists is not new; there is no lack of psychiatrists who send patients to the exorcist priests, nor of exorcists who send their patients to the world of medicine [7].

The first principle for bringing about release from demonic powers is to believe in their existence and to believe that God is greater than the devil; and this faith is necessary both for the patients and for their doctors (psychiatrists, priests, etc.). If this faith is lacking, the path of conversion and liberation becomes very difficult, because neither a psychiatrist nor an exorcist priest can free and heal a man against his will. A man who has given himself into the possession of the evil spirit needs, in order to be released, to show the will to be liberated from this power, and to be helped accordingly. Therefore, we should not be afraid to speak openly about the existence of evil spirits and their destructive actions, to send people to exorcist priests or psychiatrists, or to warn people about the consequences of entanglement in spiritual threats, such as sects, magic, occultism, spiritualism, divination, and many others. Liberation from evil spirits and conversion as long as a person lives is always possible.

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