

BOOK REVIEW

GALLAGHER, RICHARD (2022). *Demonic Foes: My Twenty-Five Years as a Psychiatrist Investigating Possessions, Diabolic Attacks, and the Paranormal*. Foreword by Joseph T. English. English. New York, NY: HarperCollins Publishers. i-ix pp. + 272 pp. 12 Chapters, ISBN: 978-0-06-287648-5. Paperback \$15.99, Hardback \$27.99. *Reviewed by Samuel Bendeck Sotillos.*

Time and time again, we run up against the claim that things that we cannot explain scientifically do not exist. However, there are many enigmas that modern science is unable to account for. A curious feature about our secular world—and its rational and empirical modes of knowing—is that all its attempts to rule out the existence of the supernatural (or even the paranormal) continue to be unsuccessful. Those who attempt to debunk their existence require ever more proof, which makes these demands virtually impossible to fulfill.

While religious observance is reported to be largely declining (especially in the West), this has not affected the widespread belief in the transmundane. Even though traditional religion is waning, there is a rise in alternative forms of belief such as New Age spirituality. These developments, along with the loss of faith on a vast scale, leave the human collectivity psychically and spiritually vulnerable.

It goes without saying that the topic of demonic possession and diabolic attacks remains highly controversial, and in many ways rightfully so, as such phenomena are greatly misunderstood and highly sensationalized in the popular culture. Oddly enough, these dark forces have themselves become a commodity of entertainment. This has contributed to the phenomenon of “satanic panic” or the idea that the Devil is on every street corner and can be perceived virtually everywhere. Although this may seem highly exaggerated, we must not overlook the malaise currently afflicting modernism due to the marginalization of religion, and the vacuum that this desacralized outlook has created.

For obvious reasons, very few critical presentations on this theme have been written within the mainstream scientific community or by mental health professionals. To be sure, there are psychiatrists and psychotherapists, including some scholars, who give credence to this phenomenon, yet because of the pressure to remain silent about these enigmatic matters, they do not speak about them publicly for fear of attack. With this said, most mental health professionals are not familiar with this subject and are not given formal training to deal with such matters.

It is often forgotten that word *science* comes from the Latin *scientia*, which is synonymous with *knowledge*—remembering here that, in this context, “knowledge” is limited to what can be empirically verified by the senses. What lies beyond its reach, modern science cannot claim to know without transgressing its own limits. The problem is not science as such, but the phenomenon of *scientism*, which asserts that only what it is empirically knowable can be real; a conclusion, let it be said, that does not follow from the scientific method itself and is thus nothing but an ideological posture. At the same time, an important question remains: If, by means of a more

comprehensive metaphysical understanding, we can know both empirical reality and what transcends it, what does this mean for modern science, which restricts itself to the former? Can it really say that it has access to reality in all its plenitude?

Richard Gallagher's book is divided into three parts—*Part 1: From Skeptic to Observer*; *Part 2: Investigator and Diagnostician*; and *Part 3: Consultant and Scholar*, including an introduction describing the author's journey into this forbidding work, along with the extraordinary cases with which he has been personally involved. The work is comprised of twelve chapters, all of which provide helpful insights into understanding this often misunderstood and controversial subject. In his foreword, Joseph English (past president of the American Psychiatric Association), writes that this book “may well be unique in history: the serious treatment of a long-disputed topic by a superbly credentialed academic physician” (p. ix). Many readers who are ambivalent or skeptical about the theme of the book may be reassured to find that the author shares their concerns and is a trained psychiatrist who values the role of science.

What is overlooked is that, across the diverse cultures of the world, states of possession have existed in a myriad of varieties for millennia. It is important to note that some forms of possession are not necessarily demonic. Examples of these occur throughout the shamanic traditions of the First People's religion and in the world's spiritual traditions. States of possession can be considered openings whereby our separate self expands to include what transcends it, thus offering a “sense of eternity” in the Spirit.

The term *exorcism* is derived from the Greek word *exorkizein*, meaning “to bind by oath,” referring to the practice of banishing unwanted demonic forces from humans, places, or things. Besides this kind of possession, there are the phenomena of *oppression* (also known as vexation) that can sow discord and confusion in the person experiencing them. There are also demonic *attacks* (or infestations), which are occurrences that affect specific locales and objects rather than people. Ultimately, demonic possession is, at its core, an attack on what it means to be truly human.

Throughout humanity's spiritual traditions, possession was always treated using the healing resources available to each religion, through what can be termed an integrated “science of the soul.” The tripartite structure of the human being comprising Spirit, soul, and body (recognized by traditional cultures since antiquity) has been used to treat a host of psycho-physical maladies. Despite the variety of forms we see in cases of possession, there is also a remarkable unity manifested across cultures.

As is explained in Richard Gallagher's work, *Demonic Foes*, there are a number of important criteria that need to be considered prior to recommending exorcism, none of which should be readily dismissed. First, it can be difficult to distinguish demonic activity from other, more common, causes such as physiological aberration; e.g., psychosis or “dissociative identity disorder” (DID), formerly known as “multiple personality disorder.” Modern psychology, while attempting to be more culturally competent, has failed to distinguish between religious (or non-pathological) possession from that which is demonic. People struggling with DID, for example, often do not demonstrate paranormal signs as do true forms of possession.

The Roman Catholic Church's official policy on exorcism is based on the *Rituale Romanum* of 1614, which gives the following three indicators of possession: inexplicable familiarity with foreign languages, knowledge of people's secrets, and a strength beyond one's natural capacity. There is a danger that those struggling with mental illness may not be sufficiently informed about their illness and mistake it for a demonic attack; as a result, they may avoid mental health treatment for years, leading to much more suffering. It is worth adding that, just as is the case with religions themselves, the practice of exorcism has been undermined by the disintegrating influences of our time that have compromised our access to authentic spiritual traditions, resulting in a lack of understanding of these matters, and the appearance of many poorly trained and self-styled exorcists who likely do more harm than good.

Gallagher explores the history of the mental health field to place demonic possession in a more complete context by demonstrating how the spiritual dimension has been eclipsed within mainstream psychology. It is relatively unknown (or ignored) fact that Sigmund Freud (1856–1939)—who developed the psychoanalytic “talking cure,” thus laying down the foundations of modern psychology—held that the Devil served a principal function in its development. The Devil captivated Freud on a profound level, as did religion itself. Due to the prevailing secular outlook of his time, where belief in such a being was rejected, Freud was able to reduce the Devil (and even evil itself) to a psychological phenomenon.

Freud wrote to Wilhelm Fliess (1858–1928) on January 24, 1897, with a description of what he hoped psychoanalysis might become; at least for its inner circle: “I dream, therefore, of a primeval devil religion with rites that are carried on secretly, and understand the harsh therapy of the witches’ judges” (Freud, 1985, p. 227). The first place where we find attempts to psychologize the Devil's origins is in the classic study by Breuer and Freud, *Studies on Hysteria* (1893–1895):

The split-off mind is the devil with which the unsophisticated observation of early superstitious times believed that these patients were possessed. It is true that a spirit alien to the patient's waking consciousness holds sway in him; but the spirit is not in fact an alien one, but a part of his own. (p. 250)

Freud attributes the birth of evil to a psychological cause in a paper entitled “A Neurosis of Demonic Possession in the Seventeenth Century” published in 1922. He writes:

What in those days were thought to be evil spirits to us are base and evil wishes, the derivatives of impulses which have been rejected and repressed. In one respect only do we not subscribe to the explanation of these phenomena current in medieval times; we have abandoned the projection of them into the outer world, attributing their origin instead to the inner life of the patient in whom they manifest themselves. (1966, p. 92)

It was the Russian-born psychoanalyst Immanuel Velikovsky (1895–1979) who first referred to the Freudian “Faust-pact” in 1941. This was the idea that Freud had a secret wish to enter the Roman Catholic Church so that he could achieve his worldly ambitions and the consequent selling of his soul towards this end (Velikovsky, 1941). Freud discusses the life of Christoph Haitzmann (1652–1700), a painter who made a

pact with the Devil, and who proposed three factors needed to enter into such a satanic bargain, that: someone suffers from depression, this depression is associated with the death of their father, and this person is preoccupied about how to earn a livelihood. What is important to note here is that Freud met these criteria, as is evident when examining his life and work. The question remains, as Freud asks, “Why does one sell oneself to the Devil?” (1966, p. 97). It has been suggested that Freud did not believe in the Devil as a supernatural reality, which is what allowed him to exploit this metaphor.

To the surprise of many, Gallagher explains that the criteria for diagnosing demonic possession are quite rigorous and are not made frivolously, as its “features are as exacting as any other medical diagnosis” (p. 7). At the same time, he cautions that even experts can be deceived by these phenomena and, for this reason, is reluctant to provide overly rigid guidelines. With that said, a physical diagnosis first needs to be accounted for and, then, a psychiatric diagnosis must be made before the possibility of spirit possession can be admitted. Gallagher points out:

To begin, I never officially “diagnose” someone as being “possessed.” I do this for several reasons. First, it is not a clinical diagnosis that can be shoehorned into a conventional and scientifically responsible psychiatric diagnostic category. Because possession is a spiritual problem—not a psychiatric one—no laboratory or cognitive or mental status tests exist to register that information using medically established categories. Instead, I ask one basic question: Do the patient’s symptoms have a natural or scientific explanation? (p. 8)

He points out that possessions are quite rare, and that most medical doctors and mental health professionals, including clergy, will be unlikely to encounter any genuine ones.

Gallagher notes that, to the inexperienced eye, many possessions may be seen to fall within various psychiatric categories. He reports that when he cannot determine a scientific explanation for someone’s condition, he sends them back to the spiritual advisor of their faith tradition who initially referred them to him. There is no blurring of roles in this work, as mental health professionals and spiritual advisors have distinct responsibilities here. Gallagher writes: “The men and women of faith make the final *official* determination and arrange for spiritual help, if the patient is in need of such” (p. 9).

As mentioned earlier, a “science of the soul” that is informed by traditional metaphysics teaches that each person consists of Spirit, soul, and body, which mirrors the division of the cosmos into the causal, subtle, and gross states of being. In the same way that every facet of reality is hierarchically ordered with its levels and modes of knowing, without acknowledging that which is higher, the lower becomes compromised and distorted because the psycho-spiritual order is dependent on the spiritual domain for its health and wholeness. Again, our physiology is dependent on the soul, and the body and soul are dependent on the Spirit. It is modern psychology’s inability to discern the spiritual from the psychic that can lead to harmful consequences for a patient.

Gallagher points out that “The essence of a possession is the actual *control* of the body (never the ‘soul’ or will) of a person by one or more evil spirits” (p. 80). In

other words, although a person's consciousness and will can never be permanently dominated by demonic possession, they are liable to become overwhelmed by malevolent forces during episodes where possession is clearly manifested, especially through the actions of the body. This is a subtle, yet important, point to consider.

By utilizing the ontological framework of the triadic understanding of the human being of Spirit, soul, and body we can discern the spiritual from the psychic to see that demonic possession is not spiritual in nature but is limited to the psychophysical realm. To fully dominate the human soul would require the person's own will to be controlled, yet our primordial nature (*fitrah*), the "image of God" (*imago Dei*), Buddha-nature (*Buddha-dhātu*), or Self (*Ātmā*), our true identity in the Divine can never fully be eclipsed.

While demonic possession is thought to be preternatural (i.e., beyond what is normal or natural), its effects can be manifested in our material realm. Gallagher writes: "*The tendency for demonic states to imitate medical conditions is the crucial point here*" (p. 113) yet, at the same time, their ability to mimic such conditions is flawed and those trained in these phenomena are able to discern this. We do well to remember that confusion is regularly weaponized by evil.

The author gives an illuminating example from the Rite of Major Exorcism used by the Catholic Church, and clarifies that—on its own—it cannot free an afflicted individual. All forms of deliverance require the will and effort of the person themselves. The exorcist is not viewed as a magician, as they are not the one that actually liberates the victim; it is always the Divine alone. Gallagher notes that, within the Islamic tradition, there is a belief in *jinn*. These are psychic beings of the intermediary realm, the 'isthmus' (*barzakh*) that can lead humans from the corporeal to the spiritual world. Others are malefic creatures that have rebelled against the Divine (as humans are said to have done). In the Qur'ān, the *jinn* are reported to have said "some of us are the righteous, and some of us are otherwise" (72:11) and "And some of us have surrendered, and some of us have deviated" (72:14). In Islam, there is a differentiation between good and evil *jinn* (the latter being demons known as *shayātīn*); both can affect human beings, but only evil *jinn* can possess them.

As each person differs from all others, so is each exorcism unique. Traditional forms of the "science of the soul" consider that the cause of mental illness is, in part, misuse of the will, yet it would be prudent to assert that the origins of psychosis still remain a mystery. As every human being has been endowed with free will, the process of healing requires the individual to reorient their will to the Divine. Consequently, treatment both from "within" a person (through use of their will) and from "without" (through authentic spiritual interventions) are needed for healing.

What is common to the deliverance of demonic possession is the need for the person to participate in their liberation through their own behavior and attitude. Exorcism only works if the person completely gives themselves over to the Divine. The individual must enlist the aid of their own free will to align with what transcends their own human agency. The exorcist, while completely in submission to divine influence, exposes him or herself temporarily to the malevolent presence, but it is the person possessed who must ultimately free themselves by force of their own volition. When

the subject fully surrenders to the Divine, the demonic is expelled. It is characteristic of such cases that those possessed, even while undergoing an exorcism, are often unaware, or have no recollection of, what took place. It needs to be said that it often requires several exorcisms to provide final deliverance.

Why do people turn to the demonic? As Freud suggested, Satan can grant favors and worldly success. Some people are given extrasensory powers, which even when seeking to be freed from demonic control, may cause them to remain under its subjugation in order to keep these powers. The author explains that possessions do not appear out of nowhere, and people do not become victims without reason. He also points out that context matters; for instance, a person's background is relevant. It has been found that those without a stable spiritual foundation, who are involved in overt satanic worship, or alternative religious practices such as the occult or the New Age, can open the door to dark forces. Such practices have been linked to demonic oppression, but whether they can lead to full possession is debatable.

It is imperative that mental health providers have some working knowledge of possession, as it applies to the diverse religions and cultures of the world (Oesterreich, 1930) and how they differ from demonic possession (Amorth, 1999; El-Zein, 2009; Martin, 1992). Gallagher's book is an imperative step in correcting the scientific and public understanding of these phenomena and should aid in the creation of more multidisciplinary teams that encourage the incorporation of spiritual advisors within the mental health field. This work is recommended for anyone wanting to understand this all-too-often misunderstood subject.

It is pertinent to recall that "[T]he Devil's cleverest trick is to persuade you that he does not exist!" (Baudelaire, 1926, p. 51). While it is important that states of possession be better understood by mental health clinicians, it is equally vital that people have exorcisms available to them if required, and that they are undertaken by those who are qualified to do so. The most important preventative measure to protect oneself from such tenebrous phenomena is to live a spiritual life committed to prayer and the teachings of one's religion. Despite the hostility and difficulties faced by many faiths today, their innermost saving truths can never be compromised. Indeed, they are the surest way to restore balance to the psyche and reunite ourselves in the Spirit. As it has been said: "Woe unto them that call evil good, and good evil; that put darkness for light, and light for darkness; that put bitter for sweet, and sweet for bitter!" (Isaiah 5:20).

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