

## BOOK REVIEW

**Demons on the Couch: Spirit Possession, Exorcisms, and the DSM-5** by Michael J. Sersch. Cambridge Scholars Publishing, 2019. 95 pp. \$119.95 (hardcover). ISBN 978-1527521940.

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Michael J. Sersch's (2019) *Demons on the Couch: Spirit Possession, Exorcisms, and the DSM-5* is an immaculately researched and referenced treatise on possession and exorcism presented through the lens of modern psychotherapy and the *DSM-5* (the diagnostic bible of the mental health field). Sersch states in his Introduction:

In writing this book, I hope to answer why demonic possession has held a cultural fascination for over two millennia as well as how clinicians can successfully and ethically deal with patients who legitimately believe they are possessed by a spiritual force. There is also mounting evidence that integrating a patient/client's worldview into clinical practice, including their spirituality and faith practices, increases their likelihood of getting better (Lund, 2014) which is a position I am overtly advocating. (p. 5)

He also claims that he has no desire to attempt to prove or disprove spirit or demonic possession (p. 5). His approach is largely clinical and pedagogical: What does a clinician do with a patient who claims they are possessed?

Sersch divides his thesis into three sections, each dealing with a different aspect of possession and exorcism. Section 1, appropriately enough, deals with the history of spirit possession, demon possession,

and different forms of exorcism. Section 2 is more clinical in its approach, going into detail on such topics as the different designations for diagnoses found in the various editions of the *Diagnostic Statistical Manual (DSM)* such as Multiple Personality Disorder (an older label having been replaced with Dissociate Identity Disorder in the fourth edition of the *DSM* [American Psychiatric Association, 1994]). Section 3 focuses on suggestions for the clinician: Again—How does the clinician handle patients claiming to be possessed?

Sersch's book is an excellent resource. It is quite academically robust and includes a solid reference for nearly every sentence. It has close to 20 pages of references. For a book of only 141 pages of text, that is quite an accomplishment. Sersch claims this book was originally a thesis for his Master's degree and was subsequently expanded into a more accessible read—although at times this reader still got the impression he was reading a doctoral dissertation literature review. That being said, however, the author has made it a point to interject his own personal insights from time to time in the first person, and, although a bit jarring after reading pages of academic text, it allows for a more intimate approach. I found myself wanting to hear more of Sersch's personal insights.

## HISTORY

Sersch begins Section 1 on the history of possession and exorcism with a basic definition: "Possession is defined as a trance state that includes the loss of the individual's persona and social identity, which is replaced by an alien entity, usually spiritual or at least non-human" (p. 10). He also makes it clear that possessions can be found in objects as well as in living things. Through careful referencing of other studies and literature, Sersch makes the argument that possession, as defined by the above definition, is to be found in nearly every culture, and is personally believed, even today, by a large number of people (see the text for quantifications of these statements, they vary depending on the study and when the study was conducted).

Sersch brings up an important tenet that follows the narrative throughout the book—the practitioner working with a patient who believes in possession, and believes he or she to be possessed, does

not have to believe in the same manner as the patient does. They only need to understand “that it is meaningful for the patient” (p. 16). At another point in the book Sersch says: “. . . a patient’s belief in spirit or demonic possession does not necessitate that the therapist holds the same belief, only that the practitioner respects such a belief as valid from the worldview of the patient” (p. 22).

Sersch takes time to examine many different cultures and how those cultures view possession, what they each bring to the phenomenon, and the differing ways they approach exorcism. He also describes the primary signs of possession, first citing the Roman Catholic definition, which requires three basic criteria: 1. The possessed must speak in foreign languages or tongues, 2. They must have superhuman strength, and 3. They must know things (usually about the exorcist) that they could not possibly know. Other cultures have different criteria, some have added to these basic Roman Catholic ones. For example, in some Islamic cultures, an indication of possession includes mental and physical illness, including the hearing of voices. Sersch is also careful to differentiate between modern medical science’s definitions of objective mental illness (or even physical illness) and cultural definitions. Although historically mental illness and physical illness were often considered to be caused by a possessing demon, in contemporary times exorcists are careful to rule out what the medical establishment would define as diagnosable mental illness. However, this careful scrutiny does not always find its way into an exorcism procedure, and indeed there are practitioners who still believe that the primary causal element of mental illness is possession of some external force or entity.

Sersch also speaks at length about multiple personalities (p. 11, pp. 96–101), and how individuals diagnosed with multiple personalities can be interpreted as possessed if the alternative personality is considered to be a spirit or a demon. These can be complicated distinctions and although the definition of possession, at least as defined by the Roman Catholic church, must include attributes that are not typically found in MPD (Multiple Personality Disorder) or DID (Dissociative Identity Disorder) diagnoses, they have often been included in possession research and considered in the treatment protocols (exorcism).

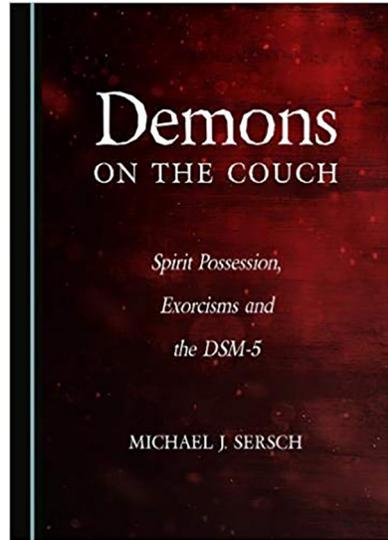
As mentioned earlier, a large part of Section 1 of the book deals

with the history of possession throughout the world. This is a thoroughly exhaustive survey, and again quite scholarly and well-cited. Sersch points out some very interesting facts about historic possession, most notable to this reader was the view that Jesus was possessed by the Holy Spirit or the Spirit of God, in the same manner as the earlier Hebrew prophets were, an idea that was later abandoned due to its heretical nature. Enemies of Jesus believed he was demonic (pp. 30–31). I thought it was quite

interesting as well that Chinese Daoism (300 CE) used exorcism typically as a last resort to treating a person they believed was possessed. Instead, they prescribed a healthy diet, proper behavior, and spiritual practice (p. 44). That seems like good advice for treating any disease.

Sersch covers such topics as Mass Hysteria, Understanding the Witch Craze, The Standardization of Demonology, and The Faust Story. He continues with a chapter titled Modernity and Exorcism where he addresses modern ideas such as materialism: “. . . one way of understanding modernity is the shift to a material world view as a majority view, away from an enchanted world influenced by spirits and spiritual forces. This definition is especially accurate for later modernity” (p. 64). He goes on to say, “Many modern thinkers automatically dismiss all reports of possession, especially in ancient literature, as an inadequate diagnosis that can better be explained now by psychological insights” (p. 65). As mentioned earlier, even recent church-sanctioned exorcisms performed though the Roman Ritual (using the Roman Catholic church’s manual of exorcising spirits) require a differential diagnosis: Is this a true possession, or a conventionally treated mental illness?

Spiro (1998) calls the scientific fallacy the belief that every phenomenon can be explained away in the mechanical–medical



model. “There are dangers in reducing the experience of demonic possession to some supposedly more fundamental psychopathological condition, to neurosis, hysteria, psychosomatic disorder, and so forth” (Midelfort, 2005, p. 83). Increasingly, scholars are questioning the tendency to dismiss everything that is outside of our mechanical worldview. (p. 65)

In this chapter, much of Sersch’s focus is on this materialistic paradigm of modern times. Possession simply falls outside of the boundaries of the material natural world; therefore, at best it is to be ignored, at worst ridiculed, or dismissed as some other form of psychotic mental illness. Sersch meticulously visits every area pertinent to his thesis—modernity and psychology, various faiths’ exorcisms of the 20th century, popular contemporary music, and cinema. He then comments on the uprising of contemporary exorcisms, due mostly to what he calls the culture’s fear of the occult (p. 81). The popularity of Blatty’s book *The Exorcist* (Blatty, 1971) and the 1973 movie *The Exorcist* (Friedkin, 1972) undoubtedly adds to this fear, or maybe their popularization was due to the fear.

Sersch then comments on exorcisms gone bad, ones where the subjects were exposed to terribly abusive interventions, such as extreme restraint, or having crosses forced into their mouths (p. 82, referring to the particular case of Michael Taylor, see Ruickbie [2015]). These are primarily cases wherein a differential diagnosis was ignored or never sought, which could have concluded that the proper treatment should be more conventional (the medical treatment of a diagnosed mental illness). There have been many such “exorcisms gone bad,” concentrating on physical and emotional abuse to forcibly chase out the offending demon or spirit. “Unfortunately, in many places it appears that the ancient approach of beating a person believed to be possessed in order to make the demon leave continues to be standard practice” (p. 83).

When is exorcism the right choice? As mentioned before, a patient may be a candidate for an exorcism ritual if the patient believes they are possessed and they exhibit behavior that does not fit into a more conventional diagnosis. There are many elements of the practice of exorcism that hark back to a time where formal ritual was a mainstay of

human experience. Again, much of this ritualistic practice in our modern materialist culture is considered passé, old-fashioned, or superstitious. However, ritual is often considered one highly effective way to practice psychotherapy. Just sitting with a client, in a sacred space, and carefully listening, and becoming empathically tuned in to their suffering is a kind of informal ritual. Sersch suggests that finding a good exorcist to perform the ritual of exorcism is a task that requires much attention. Monsignor Andrea Gemma is interviewed by Wilkinson (2007), and in the interview Gemma says:

So, finding someone who listens and prays is important, even psychologically. Sometimes just the fact of being listened to, or being invited into prayer and into a relationship of trust, this is a great remedy of those who are suffering. (p. 83)

Sersch continues in this chapter to explore modern exorcism covering such topics as women and possession and Catholic exorcism in the 21st century.

## DIAGNOSES

The first chapter (Chapter Four) of Section 2 of the book is devoted entirely to Multiple Personality Disorder and Dissociative Identity Disorder. Here the author explains both of these disorders and their history, noting how MPD was first introduced into the Third Edition of the *DSM* in 1980 and was replaced by DID in the Fourth Edition. He cites one of the authors of the new text who was reported as saying “the reason for the change was that patients were not suffering from multiple personalities, rather they had less than one full personality” (Loftus & Ketcham, 1994). In the revised version of the *DSM-4*, variants were added to the DID diagnosis—Dissociative Disorder Not Otherwise Specified (or NOS) was a person who experienced DID but the alter was a demon or spirit. DTD, Dissociative Trance Disorder, and PTD, Possession Trance Disorder, also were added to the manual. These specifications opened up several therapeutic modalities as being acceptable methods to deal with the new designations.

By this point in the book it becomes numbingly clear that this

topic is exceptionally dense and complex and covers such a multitude of topics, diversities, histories, and anecdotal experiences that it is nearly unmanageable. Again, Sersch approaches this difficulty with aplomb and confidence and thus the reader just continues to glide relatively effortlessly through it. Personally, I find the topic of exceeding importance as it touches on some very fundamental truths that I believe the culture has, since the age of materialism as mentioned before, all but obliterated from the collective consciousness. We have not yet found an effective way to define, treat, or otherwise integrate, any phenomena that do not fit neatly into the materialist paradigm. Psychology and the treatment of psychological issues are supposed to be “scientific,” and that term requires adherence to laws of material cause and effect. Nowhere in psychology do we see this dichotomy of material and non-material more evident than in MPD, DID, and the now accepted variants DTD and PTD. Sersch is careful not to fall into the trap of describing these conditions in a non-scientific manner, yet he makes it clear that as practitioners we have to “act” as if what our patient is describing to us is “real.” If anyone reading this has ever experienced an actual possession case and has seen, and heard, what comes from the person suffering the alleged possession, they will probably find it much easier to perceive the possession as real.

The life experience of a human being is intricately complex. The traumas a person experiences through life, both large and small, active and passive, are many and varied. If the practitioner, or patient, believes in a collective unconscious, as Carl Jung did, then the metaphysical idea is that those experiences expand beyond a post-natal life. Sersch makes great effort to explore various experiences that could be a key to a person who believes they have become possessed (see Chapter Six, *Social Dynamics*, p. 107). Life experiences, unconscious forces and agendas, and cultural influences that mold a particular belief system all seem to be scientific evidence for the phenomenon of possession—at least they seem to be viable explanations.

Sersch cites Bourguignon (1976) who promoted a theory that those possessed, or who claimed to be, did so as a form of role-play and that they still held a certain degree of autonomy in their execution of the possession. Sersch goes on to describe a time during his school years where he pretended to be possessed by an evil spirit. He succeeded in

persuading some of his schoolmates that he was indeed possessed, but never was fully convinced himself. This story reminded me of a time in my own life when I was 13 years old and was home alone roughhousing with my dog. For whatever reason, I was inspired to take a paper grocery bag, cut holes in it for eyes, and draw on it, with crayons, a demonic face. I put the bag over my head and proceeded to growl, emit every horrible sound I could, while “attacking my dog.” After a while I felt as if something was taking me over, and I became more and more aggressive, which seemed to be out of my control. The dog became terrified and ran off before any harm could be inflicted on it, leaving me in the room writhing around on the floor in my newfound demon-state. I finally got a hold of myself and pulled the bag off of my head and sat on the floor exhausted for quite some time wondering what had just happened. To this day I still wonder about it all; it was an experience I had never had, nor have had since. It does make me contemplate, and this thought is in support of some of Sersch’s commentary, that my possessed state was self-induced. Possibly with the right setting, the right ritual, and the right props, anyone can call forth an evil spirit, possibly the evil shadow that resides in all of us, only waiting for the ideal moment to be known.

### **SUGGESTIONS FOR CLINICIANS**

Section 3 begins with several interviews with exorcists. Albeit of some interest, it seemed to be a bit out of place. Chapter Ten is where the nitty-gritty begins—Contemporary Treatment. I have to admit I was a bit disappointed. I expected here an outline of an actual methodology in the treatment of a possessed patient. Sersch continues with citing the literature and further explanations of the placebo effect, how it is important the clinician be empathic to their particular worldview, and so on. The information is sound, and useful, and of course interesting. Again, I felt a strong desire to hear what Sersch himself believed, or what his conclusions were, or if he had developed some sort of methodology.

The final chapter, Conclusion, states in the first sentences that the new designations and their explanations in the *DSM-5* (American Psychiatric Association, 2013) give practitioners the ethical, and legal,

green light to treat possession. He goes on to say that any sort of exorcism, or treatment with the same intentions as exorcism, should be performed by a qualified, ethical, and experienced practitioner—a Catholic priest, a shaman, or whoever else is considered the “expert” in the particular culture or religion or belief system. Sersch goes on to say that a person should only be referred to this treatment

1. if the client believes themselves to be possessed and in need of an exorcism without coercion from the therapist or others,
2. if they have a belief system that is consistent with belief in possession states (versus clear forms of psychosis), and most importantly
3. if the ritual is performed in a safe and respectful manner, causing no harm to the person involved. (p. 139)

This is a very well-thought-out and thorough set of criteria.

In conclusion, *Demons on the Couch* is an excellent book. It is very well-written, incredibly well-cited and referenced, and contains just about everything a reader would want to know about possession through the lens of a practicing psychologist or psychotherapist. It would be accessible and useful for anyone without ruffling any feathers regarding belief or superstition, as Sersch makes it evident, as he states at the beginning of the book, that his intention is not to prove or disprove the reality of possession, demons, spirits, or the like.

As I stated earlier, I would have liked to have heard a bit more from Sersch himself regarding his own experiences. He tantalizes us a bit with a few anecdotal references, but it is not enough in my opinion. I also would have liked to have seen some sort of discussion about working with a possessed client without having to perform an actual exorcism, but I can understand if Sersch was intentionally avoiding that possible pit.

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