

EXORCISM AND PSYCHIATRIC ILLNESS

Two Case Reports

T. MANIAM

Department of Psychiatry
Faculty of Medicine
Universiti Kebangsaan Malaysia
50300 KUALA LUMPUR

ABSTRACT

Traditional modes of treatment are popularly sought by Malaysian patients. Two cases, one of major depression and the other schizophrenia, who sought Christian exorcism are described. The exorcism procedure and outcome are reported.

Keywords: Traditional treatment, Psychiatric illness, Christian exorcism

INTRODUCTION

Traditional methods of treatment are extremely popular with Malaysians especially for psychiatric illnesses. Those who seek such treatment come from all cultures, social classes and different educational levels in this country. In one hospital as much as 49% of psychiatric patients had been to traditional healers¹. Some receive simultaneously traditional and modern modes of treatment. While many reports have been written on traditional healers such as the bomoh and spirit mediums, relatively less is written about Christian healers who practise exorcism.

This paper describes two patients who had received psychiatric diagnoses of major illnesses, and who subsequently underwent Christian exorcism. The process of exorcism and the short-term and long-term outcome are reported.

CASE 1:

Madam A a middle-aged widow began to experience sleeping difficulties after her son's wedding. She had mixed insomnia and loss of appetite and became sad and tearful. She lost interest in her usual activities and was unable to do her housework. She was at times agitated and suicidal. Premorbidly she was a rather insecure and worrying type of person. During examination she was uncooperative, answered in monosyllables and affect was rather sad and impassive. Rapport was poor. No hallucinations or delusions were noted.

She met the Diagnostic and Statistical Manual (DSM III) of the American Psychiatric Association² criteria for Major Depressive Disorder and it was decided to put her on an antidepressant. However, her family decided to get treatment through prayer. As a result, she only took Lorazepam 1 milligram nightly.

Three healing sessions with a Christian healer were held on different days. The sessions, approximately a couple of hours each (with intermittent rest periods) began with teaching on the biblical basis of

healing by prayer, examples of healing of physical illnesses and psychological illness deemed to be caused by evil spirits, followed by reading bible verses and occasionally singing of religious songs.

Madam A, who was not a Christian, and who did not know English was given a translation of the proceedings by her son. All present were then led in prayer by the healer, and his wife. The healer, placing one of his hands on Madam A's head prayed and commanded the evil spirit or spirits to leave in the Name of Jesus. No form of physical violence such as caning, beating, pricking or burning was used. The patient was silent throughout the session. The second and third sessions were similar to the first with no remarkable events.

The patient decided to embrace Christianity after the above sessions. Following this all articles involved with her former manner of worship were destroyed. She began to sleep well without any medication. Her sadness disappeared and suicidal ideas ceased. Within a few days she returned to her previous level of functioning and was able to do housework and care for herself. She has since become a regular churchgoer. Two years later she remains well.

CASE 2:

Mr. B a thirty years old single man quiet and reserved, presented with difficulty in falling asleep for more than two years. He began to feel that he was being controlled by the devil and heard voices of the devil. The devil wanted the patient to become his servant. Mr. B began to pray to the devil every night without which he could not sleep at all. He was so troubled by this that he began to attend church once a month while continuing to appease the devil every night. He became more reserved and had few friends. His concentration diminished but he was able to continue to work as a shop assistant.

Examination revealed a slim, shy man who was very preoccupied with the voices he was hearing. He was fearful, and affect was appropriate. His cognitive functions were normal as was physical examination. He met DSM III² criteria for schizophrenia and was given Trifluoperazine 15 milligrams daily. He felt slightly better, sleep had improved somewhat, but he continued to hear voices of the devil. For the next one year he took medication irregularly.

One year ago, the devil's voice commanded him to burn down a church building, failing which he would be harmed. He was taken by friends to a Christian healer. There was only one session lasting about three hours. The procedure was similar to that described for Case 1. After every few minutes of prayer, Mr. B would proclaim that Satan was too powerful and would not leave ("You can't do anything. He is too strong!"). After having been prayed for the fifth time or so Mr. B suddenly said, "Jesus Christ is Lord". He then, rather uncharacteristically for this reserved man, began hugging those present saying, "You have saved my life!".

On returning home, for the first time in a long while, Mr. B could sleep soundly without praying to the devil. He became an active churchgoer. He stopped taking all medication and after one year has remained well and does not hear anymore voices.

DISCUSSION

Traditional beliefs concerning the causation of illness have been with us since time immemorial and they are meaningful within the patient's worldview. All people seek to make meaning of the vagaries of human life – its pains, joys and sorrows and sicknesses. This meaning may be found from various sources such as folklore and religion.

In the Christian worldview, all meaning is derived from the Christian scriptures which contain many accounts of "demonisation", where spirits opposed to God, take control of human beings. The gospels contain many accounts of Jesus driving spirits out of people. However, not all illness is thought to be caused by evil spirits, nor is it always due to sin. The earth is seen as being "fallen" as is the human body (and mind) and so inherently subject to disease, death and decay.

It is imperative for doctors to have an understanding of the basics of the different worldviews, fears and expectations of patients in our multi-racial society. This would be especially important in a discipline such as psychiatry which deals with psychological illnesses where traditional explanations of disease and modes of treatment are widely prevalent.

REFERENCES

- ¹ Kolman P B R. A Study of Psychiatric Patients at the University of Malaya Medical Centre who also consult Indigenous Healers, Department of Psychological Medicine, University of Malaya, Kuala Lumpur, 1974. Mimeograph. Submitted as an elective posting student from University of Aberdeen Scotland.
- ² American Psychiatric Association, Diagnostic and Statistical Manual Third Edition, 1980.