

Belief in demons and exorcism in psychiatric patients in Switzerland

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Belief in demons as the cause of mental health problems is a well-known phenomenon in many cultures of the world. However, there is little literature on this phenomenon in Protestant subcultures of the West. The author conducted a systematic investigation of the prevalence of this attribution in 343 mainly Protestant out-patients of a psychiatric clinic in Switzerland, who described themselves as religious. Of these, 129 (37.6 per cent) believed in the possible causation of their problems through the influence of evil spirits, labelling this as 'occult bondage' or 'possession'. One hundred and four patients (30.3 per cent) sought help through ritual 'prayers for deliverance' and exorcism. Prevalence of such practices was significantly related to diagnosis ($p < .01$) and to church affiliation ($p < .005$). Patients in charismatic free churches suffering from anxiety disorders and schizophrenia reported the highest rate of exorcistic rituals (70 per cent), and patients with adjustment disorders from traditional state churches the lowest (14 per cent). The various forms and functions of these healing rituals are described. Although many patients subjectively experienced the rituals as positive, outcome in psychiatric symptomatology was not improved. Negative outcome, such as psychotic decompensation, is associated with the exclusion of medical treatment and coercive forms of exorcism.

In their comparison of academic and lay theories of schizophrenia, Furnham & Bower (1992) found that 'lay people have not been converted to the medical model and prefer psychosocial explanations'. The authors suggest that patients often are superficially conforming to expectations of their doctors, in a way that their 'use of medical language is simply convenient and stems from experience of expert usage rather than any implicit agreement with the medical model' (p. 207). In their study, they were able to distinguish between several models, albeit without mentioning *esoteric causal models* still prevalent in our society.

There is a natural reluctance in patients *and* doctors to discuss deep religious convictions (Spence, 1992). This pertains especially to views on causality that could be rejected by the psychiatrist as superstitious. An illustration of this tendency is to be found in a study by Angermeyer & Klusmann (1988) who examined the causes of functional psychoses as seen by patients and their relatives. Among other causal

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