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Research Article

Clinical evidence in the phenomenon of Demonic Possession

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Abstract

Purpose: Starting from the classic definition of "demonic possession" (as a psychophysical condition in which a person becomes the victim of a supernatural being of demonic origin), the present research, starting from the study published in 2019 on the proposed clinical classification of this particular phenomenon, is aimed at confirming the theoretical assumption of psychopathological origin, refuting the assumptions of the most significant analytical orientations, such as the ethnopsychiatric, the socio-anthropological, the cultural, the religious and the esoteric, to reaffirm the accuracy of the theoretical approach of the multifactorial model proposed in the previous research.

Methods: Clinical interview, based on narrative-anamnestic and documentary evidence and the basis of the Perrotta Human Emotions Model (PHEM) concerning their emotional and perceptual-reactive experience, and administration of the battery of psychometric tests published in international scientific journals by the author of this work: 1) Perrotta Integrative Clinical Interviews (PICI-2), to investigate functional and dysfunctional personality traits; 2) Perrotta Individual Sexual Matrix Questionnaire (PSM-Q), to investigate the individual sexual matrix; 3) Perrotta Affective Dependence Questionnaire (PAD-Q), to investigate the profiles of affective and relational dependence; 4) Perrotta Human Defense Mechanisms Questionnaire (PDM-Q), to investigate the defence mechanisms of the Ego.

Results: The preliminary results of the interviews and the anamnestic form would suggest that the phenomenon of demonic possession has a greater tendency to manifest itself in the female group, in the juvenile group (and tends to decrease but not to disappear with the advancement of age) and in the group geographically originating in the centre-south of Italy (due to greater religious influences, popular beliefs and ancestral fideistic representations). Moreover, the subsequent findings would lead to deduce with almost total certainty, concerning the selected sample, that the phenomenon of demonic possession has an absolute prevalence in the believing population, faithful or in any case trusting in the existence of paranormal phenomena per se, even in the absence of objective and/or scientific evidence. Based on the PICI-2 it emerged that the primary emerging disorder turns out to be alternatively the delusional disorder, the dissociative disorder and the obsessive disorder; followed, as secondary disorders, by the delusional disorder (if it is not considered as primary disorder), the schizoid disorder, the borderline disorder and the psychopathic disorder. Even the analysis of functional traits has reported the marked dysfunctional tendency of the classes that refer to self-control, sensitivity, Ego-ID comparison, emotionality, ego stability, security and relational functionality, reaffirming here too the marked dysfunctional tendency of the clinical population. According to the PSM-Q, more than 1/4 of participants present a lack of acceptance of their sexual orientation and a marked tendency to chronicle feelings of shame into dysfunctional sexual behaviours of avoidance or hypersexuality. Still, nine in ten reports having experienced severe psychological or physical abuse at a young age, or intraparental relational imbalance, or otherwise a sexual upbringing that was not open and lacked free communication. According to the PDM-Q, 37.2% are affected by affective dependence, with a greater emphasis on types I (neurotic), V (borderline), III (histrionic), and VII (psychotic) in that order of descent. Finally, the PDM-Q reveals the widespread psychopathological tendency of the ego function framework for the mechanisms of isolation, denial, regression, reactive formation, denial, projection, removal, withdrawal, instinct, repression, and idealization.

Conclusions: The present research demonstrates beyond any reasonable doubt the psychopathological nature of the phenomenon of demonic possession, which deserves to be treated pharmacologically and with a psychotherapeutic approach (preferably cognitive-behavioural and/or strategic), according to the symptoms manifested and the severity of the morbid condition.

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Contents of the manuscript

Introduction and background

In the literature, the theme of "demonic possession" is widely treated as a phenomenon of religious origin contaminated by social beliefs, personal interpretations and psychic impairments, but no study has ever demonstrated, with a representative sample, the real extent of the alleged psychopathological condition.

In 2019 [1], the writer tried to trace in specialized research all possible hypotheses that would explain the phenomena under consideration. Sifting, therefore, seven different approaches (ethnopsychiatric, cultural, socio-anthropological, esoteric, religious, psychoanalytic, clinical), in the previous research tried to demonstrate the theoretical inconsistency of the paranormal fabric and the evidence of the psychopathological condition according to the new "*integrated approach*" always identified by the writer, which identifies a precise scale of severity of the symptoms manifested by the patient:

1. ***Form I*:** possession as a manifestation of "substance intoxication disorder." Mystical experiences related to visions and auditory events of apparitions can be included in this category.

2. ***Form II*:** Possession as a manifestation of the "fictitious disorder". The patient, aware of playing a role, uses the possessive manifestation to draw attention to himself, according to the same pattern reproduced by patients with Munchausen Syndrome. The patient, in particular, may present different degrees of alteration of the real perception, where the self-produced fictitious symptom may even come to believe while remaining anchored to the fact that his need is always in attracting attention. Equivalent to the 2nd category of Ellenberger (latent possession).

3. ***Form III, type A*:** possession as a manifestation of "somatoform conversion disorder or conversion hysteria." The patient projects his or her deepest fears and anxieties through the possessive phenomenon, thereby reducing his or her responsibility for the original problem. In this form, moreover, the patient experiences a conversion of the deepest instances in a more radical, complex and chronic way, undergoing a modification of all or part of his personality. Egocentrism becomes the fixed pivot and his relationship with reality is compromised and deteriorated, resulting in the development of fantasy-type thoughts. May manifest obsessive-compulsive attitudes and/or manipulative, however, the hysteric does not pretend voluntarily because he does not realize the perceptual error; lives those circumstances as true and absolute. Moreover, if he is not noticed by others, his condition may be worsened, as the ultimate goal will always be to attract attention, albeit in a markedly more theatrical manner. We often see comorbidity with personality disorders: in this case, the form of possession takes on the characteristics of point 4). Ellenberger's 3rd category (spontaneous active possession) and cultural, sociological, and psychopathological positions fit perfectly into this framework.

4. ***Form III, type B*:** possession as a clinical manifestation of pathology of organic nature, such as "temporal lobe epileptic disorder", "parietal lobe syndrome" or even neoplastic brain diseases. These conditions can induce hallucinations capable of lucidly experiencing a possessive experience or even give the patient the feeling of being the victim of paranormal presences, through voices, sounds and frightening experiences. Mystical experiences fall under this "umbrella".

5. ***Form IV*:** possession as a manifestation of a "personality disorder" or "psychotic disorder". Examples may include possession related to "persecutory delusion" "psychosis" (not determined by drugs), "dissociation" and "schizophrenia". The patient has a well-defined personality disorder and possession is a symptom that recalls the disorder from which he or she is suffering. This is the framework of Ellenberger's 1st category (the severe psychic illness), ethno-anthropological positions, psychopathological positions, Séglas' classification and L. Gayral and J. Gayral's classification.

This theoretical approach appears, in the opinion of the writer, complete and detailed, and therefore in this research work will be used as a scale of evaluation concerning the symptoms manifested by patients, part of the selected population.

Research objectives and methods

Starting from the classic definition of "demonic possession" (as a psychophysical condition in which a person becomes the victim of a supernatural being of demonic origin), the present research, starting from the study published in 2019 on the proposed clinical classification of this particular phenomenon, is aimed at confirming the theoretical assumption of psychopathological origin, refuting the assumptions of the most significant analytical orientations, such as the ethnopsychiatric, the socio-anthropological, the cultural, the religious and the esoteric, to reaffirm the accuracy of the theoretical approach of the integrated multifactorial model.

The methods used are two: 1) Clinical interview, based on narrative-anamnestic and documentary evidence and the basis of the Perrotta Human Emotions Model (PHEM) concerning their emotional and perceptual-reactive experience; 2) Administration of the battery of psychometric tests published in international scientific journals by the author of this work: a) Perrotta Integrative Clinical Interviews (PICI-2), to investigate functional and dysfunctional personality traits; b) Perrotta Individual Sexual Matrix Questionnaire (PSM-Q), to investigate individual sexual matrix; c) Perrotta Affective Dependence Questionnaire (PAD-Q), to investigate affective and relational dependence profiles; d) Perrotta Human Defense Mechanisms Questionnaire (PDM-Q), to investigate ego defence mechanisms.

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The phases of the research were divided as follows:

1) Selection of the population sample, according to the parameters indicated in the following paragraph.

2) Clinical interview, to each population group.

3) Administration of the Perrotta Integrative Clinical Interviews (PICI-2), Perrotta Individual Sexual Matrix Questionnaire (PSM-Q), Perrotta Affective Dependence Questionnaire (PAD-Q) e Perrotta Human Defense Mechanisms Questionnaire (PDM-Q).

4) Data processing following administration.

5) Comparison of data obtained.

Setting and participants

The requirements decided for the selection of the sample population are:

1) Age between 18 years and 67 years, healthy and robust constitution and in the absence of pathological symptoms: this choice is oriented to exclude underage subjects because not identified during the research of the sample population and subjects of mature or elderly age to avoid possible implications with neurodegenerative medical conditions and/or neurovascular.

2) Italian nationality, with Italian ancestors in the last two generations: this choice is oriented in this sense to avoid cultural contaminations determined by popular beliefs different from the Christian-Catholic cult (such as, for example, South American religious cults that believe in the veracity of physical manifestations during states of alleged demonic possession).

3) Precocious and manifest physical and psychic symptoms attributable to the state of demonic possession (such as the mastery of languages not previously known or studied, knowledge of facts and remote episodes never disclosed or prediction of the future, extraordinary physical strength, aversion to the sacred and the images/objects of religious worship, the genuine manifestation of paranormal phenomena such as telekinesis and significant alterations both physical and vocal able to interact with outer space modifying it with appropriate and calibrated instrumental surveys).

4) Declaration of state of possession on the basis of the subjective experience, in relation to the testimonies of family members, local ecclesiastical representatives intervened in the course of personal assistance and health personnel who found the dynamics reporting in the medical record psychiatric diagnosis related to the symptoms suffered by the patient (mainly disorders of the psychotic area).

5) Absence of acute state of demonic possession or another state of psychophysical alteration capable of justifying the symptomatic manifestation with other discomfort or disorder, both physical and psychic. In particular, to avoid false memories, memory lapses, or lack of cooperation from the patient, it was preferred to interview and administer the psychometric tests during the absence of an acute state of symptomatology.

The selected setting, taking into account the protracted pandemic period (already in progress since the beginning of the present research), is the online platform via Skype and Video call Whatsapp, both for the clinical interview and for the administration.

The present research work was carried out from March 2020 to October 2021. All participants were guaranteed anonymity and the ethical requirements of the Declaration of Helsinki are met.

Since the research is not financed by anyone, it is free of conflicts of interest.

The selected population clinical sample, which meets the requirements, is 323 participants, divided into five groups Tables 1-3.

Results, limits and possible conflicts of interest

After the selection of the chosen population sample (first stage), we proceeded with the clinical interviews (second stage), from which the first significant data emerged:

Table 1: Population sample (numerousness).

Age	Male	Female	Total
18-27	38	53	91
28-37	46	66	112
38-47	27	42	69
48-57	13	19	32
58-67	5	14	19
Total	129 (40%)	194 (60%)	323 (100%)

Table 2: Population sample (% single category).

Age	Male	Female	Total
18-27	38 (41.7 %)	53 (58.3%)	91 (100%)
28-37	46 (41%)	66 (59%)	112 (100%)
38-47	27 (39.1%)	42 (60.9%)	69 (100%)
48-57	13 (40.6%)	19 (59.4%)	32 (100%)
58-67	5 (26.3%)	14 (73.7%)	19 (100%)

Table 3: Population sample (% total sex).

Age	Male	Female
18-27	38 (29.4%)	53 (27.3%)
28-37	46 (35.6%)	66 (34%)
38-47	27 (21%)	42 (21.6%)
48-57	13 (10.1%)	19 (9.8%)
58-67	5 (3.9%)	14 (7.3%)
Total	129 (100%)	194 (100%)

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1. Considering the total population sample (323/323), one immediately notices the good disparity between the populousness of the overall female sample (194) compared to the male sample (129), the former being 20% higher than the latter sample. Also noticeable is the higher populousness of 18 to 37-year-olds (62.9%) compared to the cumulative 38-67-year-old range (37.1%). Finally, the interviews show that the geographic origin of origin (family) is in 289/323 (90%) cases from central-southern Italy. These preliminary results would suggest that the phenomenon of demonic possession has a greater tendency to occur in the female group, in the youth and young adult group (and tends to decrease but not to disappear with age) and in the group geographically originating in the centre-south of Italy due to obvious greater religious influences, popular beliefs and ancestral fideistic representations.

2. Also during the first clinical interview, some data emerged in almost all cases, as if they explained the phenomenon more descriptively:

a) 100% of the population sample, in a cross-sectional way, without distinction of sexual gender or age, believe in a certain and dogmatic way the existence of paranormal phenomena, spiritual apparitions and demonic presences;

b) 100% of the population sample, across the board, without distinction of sexual gender or age, reports having experienced extrasensory and/or paranormal experiences [2-4], since a very young age;

c) 100% of the population sample, across the board, without distinction of sexual gender or age, reports believing in Christianity as a primary religious current, of which 317/323 (98.1%) of cases declare themselves to be "non-practising Catholics" without, however, knowing all the rules and dogmas of the Church to which they adhere and without having read in-depth the sacred text of reference; the remaining 5/323 (1.6%) declare themselves to have a different faith, but always related to the Christian current, while 1/323 (0.3%) declare themselves to be Muslim. Again, 100% of the population sample reports having at least one ascendant family member who is a frequent attendee of religious cults and ceremonies, a position in turn inherited from a parent.

d) 100% of the population sample, transversally, without distinction of sexual gender or age, report to have felt the first symptoms consistent with a picture of presumed demonic possession within the first 18 years, but to have matured the loss of control and the subjection to the spiritual entity only in later and adult age. In 320/323 of the cases (99.1%), the first hysterical, dissociative and/or delusional episode concerning the phenomenological condition (mistaken for demonic possession) occurred after the age of 12, while in the remaining 3/323 (0.9%) of the cases it occurred in preschool and childhood.

e) 100% of the population sample, across the board, without distinction of sexual gender or age, appears significantly hyperactive and therefore the administration of the battery of questionnaires appears relevant and functional for the analysis.

f) 92.6% (299/323) presented recurrent gastrointestinal symptoms (with a clear prevalence of constipation, related to fermentative dysbiosis) treated pharmacologically or with homoeopathic or pharmacy products, without complete remission of symptoms [5,6].

3. Using, during the interview, the strategic language [7,8] and the Perrotta Human Emotions Model (PHEM) [9], it emerged that the totality of the selected population sample presents a full distress orientation, facilitating feelings such as guilt, shame, anger, fear and disappointment, in the presence of past (childhood) and current (interpersonal and work) family traumas [10-14]. In fact, without the administration of questionnaires, it is evident that the impairment of perception in the plane of reality [15-17] involves per se the manifestation of paranormal episodes described by patients, in the presence of a probable personality disorder to be identified with the help of psychodiagnostic tools.

The third stage of the research focused on the administration of the battery of questionnaires and these revealed the following results:

1. ***Administration of the Perrotta Integrative Clinical Interviews (PICI-2)* [18-23]:** Concerning the analysis of the dysfunctional traits (PICI-2TA), the primary disorder that emerged with at least 5 traits is delusional disorder (178/323 or 55.1%), dissociative disorder (88/323 or 27.2%) and obsessive disorder (39/323 or 12%); This is followed, as secondary disorders, by delusional disorder (if not considered as a primary disorder, 190/323 or 58.8%), schizoid disorder (63/323 or 19.5%), borderline disorder (48/323 or 14.9%) and psychopathic disorder (16/323 or 5%). A separate category that deserves specific mention is schizophrenic disorder, which was first diagnosed in 2/323 (0.6%) of the population sample (1 woman and 1 man, both in the 18-27 age group) after administration of the PICI-2, confirmed by the subsequently proposed psychiatric examination. In 307/323 (95.7%), the following disorders emerged as comorbidities: ADHD (in the population under 37 years of age), body dysmorphism, ICT disorder, sleep disorders, nutrition disorders, anxiety and mood disorders, paraphiliac disorders, and behavioural addictions (especially technology and internet addiction). The concrete suicidal risk emerged in 7/323 cases (2.2%), while the presumed risk or demand for attention emerged in 203/323 (62.8%). Equally interesting is the cause/concause "epilepsy": 56/323 (17.3%) report being under antiepileptic therapy, while 196/323 (60.7%) report having had in their lives at least one episode referable to epilepsy and/or syncopal state of vasovagal

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origin. Another significant finding emerges from the correlation between the condition suffered and the massive use of body tattoos: 58/323 or 18% have tattoos on more than 15% of the body. On the other hand, in the analysis of functional traits (PICI-2FT), it emerged that the classes most compromised because they tended to be dysfunctional (with values of 0 or 4) were those referring to self-control, sensitivity, action, Ego-ID comparison, emotionality, ego stability, security and relational functionality, reiterating here too the marked dysfunctional tendency of the clinical population [24-58]. The preference for administering the PICI-2 over other widely validated and used psychometric tests, such as the MMPI-2, was for reasons of expediency: in fact, previous research has demonstrated the effectiveness and efficiency, sometimes better indicated, of the PICI-2 over the MMPI-2, in terms of performance and completeness of diagnosis [20,23].

2. ***Administration of the Perrotta Individual Sexual Matrix Questionnaire (PSM-Q)* [59,60]:** The PSM questionnaires demonstrated that 86/323 (26.6%), equally in both the male and female samples, have a lack of acceptance of their sexual orientation and a marked tendency to chronicle feelings of shame into dysfunctional sexual avoidance or hypersexual conduct. Furthermore, 287/323 (88.9%) state that they have experienced serious psychological or physical abuse at a young age, or an intraparental relational imbalance, or in any case a sexual upbringing that was not open and lacking in free communication. Concerning dysfunctional psychophysical sexual conditions, 291/323 (90.1%) declared themselves to be sexually dissatisfied because they were suffering from a sexual pathology; circumstances that emerged later and were confirmed by questionnaire C and questionnaire D, as well as by the test on dysfunctional sexual behaviour (in the latter case, with scores above 30/50). On the other hand, questionnaires A and B on sexual relational style revealed in 232/323 (71.8%) a polygamous tendency that was, in any case, dysfunctional, sublimated into monogamy but tending towards omission and betrayal (the latter with scores above 28/50 and 38/75).

3. ***Administration of the Perrotta Affective Dependence Questionnaire (PAD-Q)* [61,62]:** Administration of the questionnaire confirmed the finding that emerged indirectly during the administration of the PICI-2, specifying the weights involved: 9/129 (7%) for the male sample and 111/194 (57.2%) for the female sample had a pathological score higher than 95/175 (54.3%), for an overall total score of 120/323 (37.2%), with a greater accentuation of types I (neurotic), V (borderline), III (histrionic) and VII (psychotic) in this order of decreasing, demonstrating on the one hand that the condition of affective dependence is less marked and indicative of PICI values but is at the same time relevant in over 1/3 of the total sample.

4. ***Administration of the Perrotta Human Defense Mechanisms Questionnaire (PDM-Q)* [63,64]:** The administration of the questionnaire reported the following data: in 285/323 (88.2%) values of 4 and 5 were found on the mechanisms of isolation, denial, regression, reactive formation, denial, projection, removal, withdrawal, instinct, repression and idealization, confirming the widespread psychopathological tendency of the framework of ego function.

Conclusions

The last two steps served to reorder the results, and then draw conclusions. In particular:

1. ***Results obtained by Clinical interview*:** The preliminary results of the interviews and the anamnestic form would suggest that the phenomenon of demonic possession has a greater tendency to occur in the female group, in the juvenile group (and tends to decrease but not to disappear with the advancement of age) and in the group geographically originating in the centre-south of Italy (for obvious greater religious influences, popular beliefs and ancestral fideistic representations). Moreover, the following results would lead to deduce with almost total certainty, concerning the selected sample, that the phenomenon of demonic possession has an absolute prevalence in the believing population, faithful or in any case trusting in the existence of paranormal phenomena per se, even in the absence of objective and/or scientific evidence. 92.6% (299/323) present recurrent gastrointestinal symptoms (with a clear prevalence of constipation, related to fermentative dysbiosis) treated pharmacologically or with homoeopathic or pharmacy products, without complete remission of the symptoms.

2. ***Results were obtained by Perrotta Integrative Clinical Interviews (PICI-2)*:** The primary emerging disorder turns out to be alternatively the delusional disorder, the dissociative disorder and the obsessive disorder; followed, as secondary disorders, by the delusional disorder (if it is not considered as primary disorder), the schizoid disorder, the borderline disorder and the psychopathic disorder. A separate category that deserves specific mention is schizophrenic disorder, which was first diagnosed in two cases after administration of the PICI-2. Even the analysis of functional traits have reported the marked dysfunctional tendency of the classes that refer to self-control, sensitivity, acting out, Ego-ID comparison, emotionality, ego stability, security and relational functionality, reaffirming here too the marked dysfunctional tendency of the clinical population.

3. ***Results were obtained by Perrotta Individual Sexual Matrix Questionnaire (PSM-Q)*:** The PSM questionnaires showed that more than a quarter of the participants present a lack of acceptance of their sexual orientation and a marked tendency to chronicle the feeling of shame in dysfunctional sexual behaviours of avoidance or

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hypersexuality. Furthermore, nine out of ten states that they have experienced serious psychological or physical abuse at a young age, or an intraparental relational imbalance, or in any case a sexual upbringing that was not open and lacking in free communication.

4. ***Results were obtained by Perrotta Affective Dependence Questionnaire (PAD-Q):*** The administration of the questionnaire confirmed the data emerged indirectly during the administration of the PICI-2, specifying the weights involved: 9/129 (7%) for the male sample and 111/194 (57.2%) for the female sample had a pathological score above 95/175 (54.3%), for an overall total score of 120/323 (37.2%), with a greater accentuation of types I (neurotic), V (borderline), III (histrionic) and VII (psychotic) in this order of descent, demonstrating on the one hand that the condition of affective dependence is less marked and indicative of the PICI values but is at the same time relevant in over 1/3 of the total sample.

5. ***Results were obtained by Perrotta Human Defense Mechanisms Questionnaire (PDM-Q):*** The administration of the questionnaire reported the widespread psychopathological tendency of the ego function framework for the mechanisms of isolation, denial, regression, reactive formation, denial, projection, removal, withdrawal, instinct, repression and idealization.

Based on these results, resuming the classification proposed in the previous research, it is possible to draw a precise comparative scale with the selected sample of the population Table 4.

In conclusion, this research demonstrates beyond reasonable doubt the psychopathological nature of the phenomenon of demonic possession, which deserves to be treated pharmacologically and with a psychotherapeutic approach (preferably cognitive-behavioural and/or strategic) [65], according to the symptomatology manifested and the severity of the morbid condition.

Table 4: Perrotta Demonic Possession Scale (PDPS).

Pathological form	No.			%		
Form I	6/129	18/194	24/323	4,6%	9,3%	7,4%
Form II	14/129	27/194	41/323	10,8%	13,9%	12,7%
Form III/A	21/129	35/194	56/323	16,3%	18%	17,3%
Form III/B	30/129	26/194	56/323	23,3%	13,4%	17,4%
Form IV	58/129	88/194	146/323	45%	45,4%	45,2%
Total	129/129	194/194	323/323	100%	100%	100%

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