

# Experience of health professionals around an exorcism: A case report

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## Abstract

**Objective:** To describe the experiences of health professionals around a case of exorcism.

**Methodology:** There were 16 people in total that participated in the project “Resting Stated-Tractography-fMRI in initial phase of spiritual possession.” 13 of them are health professionals: a surgeon, psychiatrist, psychologist, neurophysiologist, family medicine physician, neurosurgeon, 2 radiology technicians, a gynecologist, medical doctor, diagnostic radiology physician, exorcist and patient (Ex former medical student). The priest, mother and an aunt of the patient were not included. The data collection (personal experiences) happened between 8 days before and 49 days after the exorcism with fMRI. A survey (see attached) was also carried out.

**Results:** 8 out of 13 participants (61.53%) had accidents and sudden events that put their lives in danger as well as the delay in the analysis of project data in a period of 57 days surrounding an exorcism. Eight days before the exorcism, the psychiatrist experienced malfunctioning of his computer, allowing to visualize only the video of the patient’s possession after turning on the computer. Seven days after the exorcism, the surgeon had a high-energy head trauma with no complications, chest trauma and multiple bruises in a forest accident with fall from one meter tall; he also had a MVA (motor vehicle accident) 15 minutes before receiving the images of the patient’s tractographies 37 days after exorcism, resulting in back muscular contractures. 22 days after the exorcism the medical doctor presented sudden break up of a ten years with her boyfriend. Eight days before and during the exorcism, the father of the patient (a family medicine physician) presented chest and back pain with a normal electrocardiogram “EKG”; 37 days after the exorcism he is admitted to the Critical Care Unit “CCU” for massive acute myocardial infarction, with loss of myocardial function of 90%. 41 days after the exorcism, the gynecologist is involved in a offence she did not commit. 49 days after the exorcism the neuropsychologist delivered with delay the Resting State images with no results. On the survey carried out, the 12 participants are much more afraid of organized crime in Mexico than of the devil.

**Conclusions:** The experiences around an exorcism were presented in 8 (61.5%) of 13 participants, of which 5 (38.46 %) did not presented personal experiences. 3 experiences were reported in the pre exorcism, 2 during exorcism and six in the postexorcism. Just two participants (father of the patient possessed ) had experiences before, during and after followed by the patient. Male present higher risk to present intensive experiences around exorcism than females, females present high intensity of fear to devil than male. 100% of participants present higher fear to Mexican Organized Crime much more than devil.

## Introduction

There are no records or publications on experiences of health personnel around an exorcism or the term spiritual possessions or the devil, according to the tenth version of the international control of diseases (ICD-10) [1]. The incidences and prevalences of some illnesses and accidents that occurred around an exorcism [2-6] are described by many authors as Professor Patrick McNamara. This is a review of the experience of health personnel who participated in an exorcism held on April 6, 2017 in Mexico City. We will review the prevalence of craneoencephalic trauma, acute myocardial infarction, MVA, and homicides by organized crime in Mexico, the latter was considered to be in the survey because it is a general concern of the participants.

Cranioencephalic trauma in Mexico is among the first ten causes of mortality. It occurs more frequently in young men than in women between 15 and 24 years of age with a ratio of 2.8: 1. This incidence increases between 60 and 65 years of age [7,8]. The socioeconomic level of the patients with this injuries is on the low side. In all ages, traumatic brain injuries (TBI) represent the number one cause of deaths and hospitalizations due to accidents. Motor vehicle accidents (MVAs) are the main cause of TBI around the world, and this problem is increasing particularly in developing countries [9]. In the National Institute of

Statistics, Geography and Informatics (INEGI), in Mexico, in the year 2002 there were around 460,000 deaths reported, 11 of every 100 were under 15 years old. In 2005 accidents represented the third cause of death in general, but in the child population the problem has been more complex. From the year 2000 to 2006 accidents were in Mexico the main cause of death in ages 1 to 15. In other countries, such as the United States, 6000 to 7,000 deaths are reported annually, with acute head trauma responsible for 50% of these. Cardiovascular diseases and acute myocardial infarction (AMI) are the number one cause in Mexico. Atherosclerosis is considered responsible for at least a quarter of deaths in the country. Mortality and morbidity generate a lethality of up to 25% due to acute myocardial infarction (AMI). The remaining 92% receive hospital care. The annual incidence in Mexico of AMI is estimated at 140,000 cases and it is considered that for each deceased

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(35,000) 3 more survive. The mortality rates for AMI, standardized by age, are higher than in the USA and Canada [10]. The exacerbated forms of hypertension, cerebrovascular accidents and diabetes mellitus share the same statistics [11]. Car accidents in the Mexico in 2015 accounted for 382,066 cases, with 4636 deaths. There were 12,637 accidents in Mexico City, 2147 suffered injuries, 200 deaths, and 9990 caused only minor damage, [12]. The most frequent etiology for death is MVA with a 31.46%. Age ranges between 16 and 45 years old. Extremities are the most affected body part with 70.49%, followed by the skull and the face with 46.3% and dorsum with 20.70% [12]. Homicides by the organized crime, in 2015 were 20. In six out of ten homicides, the responsible is the organized crime. 17 homicides per 100,000 Mexicans are of caused by the organized crime. The Mexican state of Guerrero has the highest statistics with 67 homicides per 100 thousand Mexicans, [13]. Numbers continued to increase through 2017. Diabetes mellitus type II (DMTII) has recently been considered a national emergency. In Mexico during 2011, 70 out of 100 thousand people died from complications of diabetes mellitus. Diabetes deaths are mainly due to type II diabetes. In 2011 they represented 62% in women and 61% in men. The incidence of diabetes increases with age, the population of 60 to 64 years has the highest in 2011 (1,788 per 100 thousand persons of the same age group). At a national level, during 2011, 9 out of 100 uninsured people who had a diabetes test, was positive.

## Case report

A 29-year-old female with past medical history and social history as follows. History of dysphagia and odynophagia with poor oral intake since she was 18. He has been in possession of two aggressive agents, called Olito and Estencaster. Full medical work up has been negative for a physiologic cause, including EEGs, brain CT, MRI and laboratory studies. No anatomical or functional disorders of the central nervous system were found. She belongs to a dysfunctional family, only daughter of a diabetic, hypertensive and alcoholic family medicine physician who has an aggressive behavior towards her. As of note, her father belongs to a secret order. The patient started medical school twice, and the cause for quitting in both occasions were devil possessions. Now she is a photography student. She had 5 exorcisms of 8 hours each. She came to our medical team consisting of a psychiatrist, neurosurgeon, psychologist, gynecologist, endoscopist surgeon and an exorcist priest with the aforementioned background. As mentioned before, anatomical and functional defects of the central nervous system are ruled out hence she had a fMRI during the state of possession and exorcism on April 6, 2017. The patient has not recover completely, she continues to have pictures of possession and continues having exorcisms by a different priest.

## Methodology

16 persons participated in total in one exorcism: Surgeon, pshychiatrist, pychologist, neurophychologist, family medicine physician (patient's father), neurosurgeon, 2 radiology technicians, gynechologist, a medical doctor, diagnostic radiology physician, exorcist, patient (former medical student), priest, mother and an aunt of the patient. 13 of 16 participants were health professionals involved in the exorcism, see Table 1. Inclusion criteria selection: Participants are involved in a health area, personal experience 8 days before and 49 days after the exorcism. having participated directly or indirectly in the project. Both genders are included regardless of age, religion and professional position. Exclusion criteria selection: There were 3 participants excluded as mother, priest, and patient's aunt not related with health area. Participants remain anonymous. 13 health

professionals participated with the following demographics items: sex, age, professional position, religion, function in the project, religion, whether or not they believe in the devil, personal experience 8 days before and 49 days after the exorcism. Survey was included whether they believe in the devil, the intensity of fear of the devil vs organized crime in Mexico with the following scale (Mild fear +, moderate fear ++, and intense fear +++).

The motivation to study these phenomena was the initial event that the head of the project suffered. This surgeon's acute head and chest trauma triggered the task to follow up on each accident, illnesses, without knowing of the intention of the project.

## Results

8 personal experiences in healt professional, 8 days before and 49 days after an exorcism on a female of 29 of age. Accidents, illnesses and unusual phenomena occurred in 8 of 13 participants, which represents 61.53%. We describe personal experience each one in three areas: Pre exorcisms, exorcism, and post exorcism experiences.

### Pre exorcism experiences (8 days before)

**Phychiatrist (68 years old):** Eight days before the exorcism, the desktop computer located in his public hospital office was suddenly broken for three weeks, except for the ignition that automatically showed the video of patient possession, this video was recorded 3 months earlier. The other general functions of the computer were completely deteriorated.

**Family medicine physician (patient's father and 60 years of age):** Eight days before the exorcism, he presented acute myocardial infarction with mild precordial pain on multiple occasions with normal electrocardiogram, reason why he payed poor attention to it.

**Exorcist personal experience:** The priest was sexually harassed in the church by two women in two separate occasions over the same week. He also reported a dream where another female was sexually harassing him.

### During exorcism experiences

**Family medicine physician (Patient's father):** During the exorcism he presented again precordial pain associated with anxiety with intensity of 5 on a scale of 0 to 10. No medical treatment received.

**Patient (former medical student, 29 years of age):** Laying flat inside of the MRI machine had aversion to sacred words and objects. Clinical description of possession right after exorcism showing syncope, generalized rigidity, mumbling, hypothermia, bradycardia, drooling. Words unable to be heard due to noise of MRI.

### Post exorcism experiences

**Surgeon personal experience (54 years old):** Six days after the exorcism, the surgeon climbed up a mountain when a small and brown snake approximately 15 cm of length got into his pants without causing any injury. Seven days after exorcism he fell from 1 meter tall on top of rocks. He suffered from head trauma and wounds on the forehead, arm, hands, fingers, shoulder, thorax on the left side, he did not present a loss of consciousness and received only conservative treatment in a trauma hospital. He had no evidence of skull and brain damage. He presented headache one week after the trauma, and an episode of uncontrollable vertigo, and post-traumatic stress disorder for month and a half (PTSD). 33 days after the exorcism and 15 minutes before

**Table 1.** Pre and pos exorcism experiences in 11 health professionals around exorcism G= Gendre, A= Age, R= Religion, D= Demond, MOC= Mexican Organized Crime

N	G	A	Profession	Religion	Position in the project	Believe in devil	Pre exorcism experience	Post exorcism experience	Fear of the devil vs. organized crime
1	M	54	Surgeon Endoscopyst	Catholic	Project head Patient endoscopy	Yes	No	Head and thorax trauma, posttraumatic stress. ventricular extrasystoles.	Demond + MOC +++
2	M	68	Psychiatrist	Catholic	Clinical evaluator	Yes	Wrong PC. It displayed just possession video.	None	Demond MOC +++
3	M	52	Psychologist	Catholic	Clinical evaluator	No	No	None	Demond MOC +++
4	F		Neuro psychologist	Catholic	Perform resting state fMRI			Delayed report delivery 49 days after the exorcism without interpretation	D MCO
5	M	60	Family medicine physician (Father of the patient possessed)	Catholic Ex secret order member	Support exorcism	Yes	Acute myocardial infarction	Acute Miocardial infarctus from 8 days before until 35 days later.	Demond + MOC +++
6	M	25	Radiology technician	Catholic	Performed fMRI	Yes	No	No	Demond + MOC +++
7	F	42	Radiology technician	Catholic	Performed fMRI	Yes	No	No	Demond ++ MOC +++
8	F	52	Gynecologist	Catholic	Clinical evaluator	Yes	No	Family conflict	Demond ++ MOC +++
9	F	29	Medical doctor	Catholic	Vital signs		No	Sudden rupture after 10 relationship years with boyfriend.	Demond ++ MOC +++
10	M	57	Diagnostic Radiology Physician	Cristian	Morphological interpretation fMRI and tractographies.	Probably yes	No	No	Demond ++ MOC +++
11	M		Exorcist	Catholic	Perform exorcism	Yes	3 Sexual harassment	No	Demond + OC +++
12	M	45	Neurosurgeon	Catholic	Brain morphological interpretation fMRI analysis.	Yes	No	No	Demond ++ MOC +++
13	F	29	Patient (Ex former medical student)	Catholic. Ex secret order member	Possessed	Yes	No	Possesion	Demond ++ MOC ++

arriving at the private hospital to obtain results of the fMRI, he also had a MVA causing muscle contracture on the back that spontaneously subsided within 48 hours.

**Family medicine physician (patient’s father):** 35 days after the exorcism he presented intense substernal chest pain for 2 days. He was admitted to the CCU for acute myocardial infarct demonstrated by coronary angiography with ischemia of the myocardium of approximately 90%. Currently he is with medication and absolut rest.

**Gynecologist personal experience (52 years of age):** She has been accused by a family member for a incident she did not commit.

**Medical doctor experience (28 years of age):** 42 days after exorcism, she suddenly broke up afwith her boyfriend after ten years of relationship.

**Neuropsychologist personal experience (unknown age):** In charge to deliver the results of the fMRI. DTI tractography (33 days after the exorcism) and the delayed result of the Resting State at 49. She was the only one participant who did not want to answer the survey.

**Patient (Ex former Medical student, 29 of age):** In the following 5 days she presented 2 possessions at home.

**Global experience**

It was integrated by 13 members (100%), 8 (61.5%) with experiences and 5 (38.46 %)11 (84 %) didn’t . On a scale of fear of mild (+), moderate (++) and severe (+++).Of those who answered the survey “except neurophychologist”, 92.30% had intensive afraid (+++) to Mexican Organized Crime much more than the devil (Except the patient) as follows; no fear (16.6%), fear + (33.3%), fear ++ (50%), fear +++ (0%). Pre exorcism experiences was presented in 3 males (23.07%), during exorcism in two (15.38%) just the father and the daughter, in the post exorcism 6 (46.16%), 4 females and 2 males. All participants are Catholics except the 25-year-old radiologist technician who is Christian.

Group with no experiences was integrated by 3 males and 1 female. Neurosurgeon (Did not met the patient), radiology physician, psychologist (did not met the patient), 2 radiology technicians ( 25 and female 42 of age). 50% of this group of them did not met the patient.

## Conclusions

The experiences around an exorcism were presented in 8 (61.5%) of 13 participants, of which 5 (38.46 %) did not present personal experiences. 3 experiences were reported in the pre exorcism, 2 during exorcism and six in the postexorcism. Just two participants (father of the patient possessed ) had experiences before, during and after followed by the patient. There were 8 male and 5 female in this group. Female presented higher fear to the devil. 61.5% of the 13 health personal involved in the exorcism presented 2 accidents, acute illness, an unusual phenomenon, a sudden break up of relationship and a case of sexual harassment over a 57-days period, but high risk to loss live were present. It is to be considered that the pathological personal history in some cases, such as AMI, plays a preponderant role in the health-disease process as well as the risk factors or triggers, however the number of 8 cases out of a total of N = 13 drew our attention.

We consider that metabolic diseases such as DM Type II, cardiovascular diseases such as hypertension in Mexico, around an exorcism represent high impact into the health directly leading to complications and accidents that put at risk the vitality and function of the staff, of health. We consider that chronic diseases such as Type II DM and cardiovascular diseases are a high risk factor for chronic or recurrent events that generate stress. The state of possession that can trigger deadly complications such as AMI. On the other hand, traffic accidents and cranial injuries are not possible to avoid around an event like these in a big city with 8,918,653 citizens in Mexico City (2015, INEGI) [14]. Regarding the computer, we did not find an explanation of why it only transmitted the video in the state of possession of the patient. Neuropsychologist never explained us because it was delayed 49 days to deliver the photos of the resting state and tractography without results. Neither she answered any of our survey questions.

The most severely affected participants were, the patient possessed, the father of the patient and the surgeon. The patient because she cannot get a normal kind of life, with frequent loss of consciousness as manifestation of recurring possessions up to now. Her professional life is not successful, her social and family life is not possible. The patient's father with an acute myocardial infarction presents a sedentary life and many medications to control hyperglycemia and hypertension. Surgeon (Head of the project) was in the same brain scanner where the patient was after he had the head trauma. 9 months after the exorcism the surgeon presented uncontrolled ventricular extrasistols that required unit care support. He was admitted to the same CCU as the patient's father. The chief Medical Officer "CMO" (dentist) of a public hospital where he works currently, doesn't believe in his antecedents and she has biased the medical community against him, she doesn't believe in the medical consequences he suffered (cardiovascular issues like coding after developing PVCs). The gynecologist has currently a bad relationship with her brother. The medical doctor has another boyfriend now. The surgeon is husband of the gynecologist and father of medical doctor. All personal experience can be explained by science, except the PC video phenomena where the PC was broken and just displayed the video recorded of spiritual possession of the patient when it was turned on and had no explanation. Five health professionals did not have a particular personal experience: Neurosurgeon (45 of age, did not meet the patient), radiology physician (57 of age), psychologist (52 of age, did not meet the patient), and radiology technician ( 25 and 42 of age). All

participants are Catholics except the 25-year-old radiologist technician who is Christian. Neither did the non-health related participants, the patient's mother, patient's aunt, and psychologist during this period of 57 days, they did not have personal experiences, despite these last two participated in the exorcisms. Patient's father was in a secret order during two years and he quit the order and burned his books and uniforms before the patient was born. The patient was baptized in that father's secret order when she was kid. The survey allows us to remark in the present article that personality disorders (such as cases of spiritual possession) have no importance in the face of the great harassment that Mexican society has no comparison with the heavy damage caused by organized crime in Mexico (The enforced disappearance, crimes, kidnappings, femicide, death of students, in Mexico is a big problem by the number of victims, more than 30,000 just in eleven years. Today disappear a person each 30 minutes) [15]. However, 61.53% of personal experiences that were presented around an exorcism call our attention although it is a very small group to issue conclusions.

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