1 Phenomenology of Possession: Criteria of the Roman Ritual. A Theological and Psychological Perspective

The phenomenology of possession is not yet a theory explaining its cause. It is an ordered description of what can be observed: changes in behavior, consciousness, manner of speaking, bodily reactions, content of utterances, and the person's relation to religious reality. Only after such a description can one pose the question whether the observed phenomena result from a somatic illness, a mental disorder, a dissociative mechanism, conscious simulation, cultural influence, demonic activity, or from the coexistence of several factors.

The classic signs listed by *Rituale Romanum* – speaking an unknown language, revealing hidden or distant things, strength exceeding the person's age and condition, and a violent aversion to the sacred – do not constitute four automatic "proofs of possession." They are indications whose significance increases when they occur together, are objectively confirmed, and do not find a sufficient natural explanation. The ritual itself warns the exorcist not to believe too readily that he is dealing with possession.

1.0.1 1. Theological significance of possession

In Catholic theology, possession denotes a particular form of demonic influence in which an evil spirit obtains a limited, God-permitted ability to make use of a person's bodily and sensory faculties. It can affect speech, bodily movements, imagination, perception, and the emotional sphere. However, it does not become a substantial element of the person, does not replace their soul, and does not take over the ontological center of their being.

The demon does not "incarnate" into a human in the manner of the Word that assumed human nature. Nor does it create a second personality in the metaphysical sense. It uses certain psychophysical faculties of the human as instruments, but remains a distinct being separate from them.

The will is the most important boundary. In the classical anthropology of Thomas Aquinas, a demon can affect the senses, imagination, memory, and affections, but cannot directly compel the free will to sin. It can restrict the possibility of free external action, create pressure, provoke fear, cloud consciousness, or make use of the speech apparatus, but it does not possess divine authority over the spiritual inner life of the person.

From this follows a basic moral principle: words and gestures appearing during a state of bondage need not be voluntary acts of the person. Blasphemy uttered without conscious and free consent does not constitute their personal sin. A suffering person should not be identified with the voice, behavior, or aggression manifest in the episode.

1.0.2 2. Possession and other forms of demonic influence

In spiritual literature a distinction is often made between temptation, obsession, oppression, infestation, and possession. However, not all of these terms have equally strict liturgical or dogmatic status. They are, above all, pastoral categories.

Temptation concerns the presentation of an apparent good and the inclining of a person toward an evil choice. It does not require extraordinary demonic action and does not remove the responsibility of the will.

Obsession — in the ascetical sense, not the psychiatric one — denotes a persistent pressure on thought or the imagination. It must be very carefully distinguished from obsessive-compulsive disorders, ruminations, religious anxiety, and scruples.

Oppression is the name given to external or psychophysical torment attributed to the action of an evil spirit, without the taking over of control of bodily functions. Infestation usually refers to phenomena associated with places or objects.

Possession in the strict sense denotes the most intense influence on the bodily-sensory sphere. However, it should not be imagined as the absolute possession of a person. A person always belongs to God by virtue of creation. A demon may obtain a range of actual influence, but never the right of ownership over the soul.

1.0.3 3. Development of the Criteria of the *Rituale Romanum*

The classical *Rituale Romanum* promulgated under Paul V in 1614 preceded the exorcism formula with a series of pastoral instructions. The most important of these read: *in primis, ne facile credat aliquem a daemonio obsessum esse* – the exorcist should not readily conclude that someone is possessed. He should be able to distinguish possession from melancholy and other illnesses.

The Ritual indicated three basic groups of signs:

1. Speaking many words in an unknown language or understanding someone speaking that language.
2. Revealing distant or hidden things.
3. Exhibiting strength beyond the person's age or natural condition.

The text added generally "and other things of that sort", noting that the signs are all the more serious the more of them occur simultaneously. The Latin wording of the classical instruction can be found in the extant edition of *Rituale Romanum*.

The renewed ritual, published in 1999 as *De exorcismis et supplicationibus quibusdam* and subsequently corrected, retains these criteria but emphasizes more strongly that they provide only an indication and need not come from the devil. It recommends also taking into account signs of a moral and spiritual order, especially a violent aversion to God, the name of Jesus, Mary, the saints, the Church, the Word of God, rites, sacramentals, and sacred images. The official edition of the liturgical book from 2004 is described in the catalogue *De exorcismis et supplicationibus quibusdam*.

This does not mean that aversion to the sacred is equated with proof of possession. The ritual requires a holistic view and the attainment of prudent moral certainty, not merely the observation of a violent reaction during prayer.

1.1 I. ANALYSIS OF THE CLASSICAL SIGNS

1.1.1 4. Xenoglossia: speaking or understanding an unknown language

The Latin instruction speaks of *ignota lingua loqui pluribus verbis vel loquentem intelligere*. It therefore does not concern the utterance of a single foreign word or unarticulated sounds, but the use of a greater number of words or the genuine understanding of speech in a language that the person does not know.

Xenoglossia should be distinguished from glossolalia. Glossolalia, commonly called "speaking in tongues," involves producing fluent sequences of syllables resembling speech but usually lacking a stable grammar and meaning appropriate to a natural language. It may occur in the context of charismatic prayer, intense emotions, trance, group suggestion, or as a learned form of religious expression. It is not in itself a sign of possession.

Xenoglossia in the strict sense would require demonstrating that the person:

- uses a real, recognizable language;
- produces correct and semantically appropriate utterances;

- understands spontaneous questions, and does not merely recite memorized formulas;
- responds appropriately to the changing content of the conversation;
- had no natural opportunity to learn the given language.

Particular significance would attach to responsive xenoglossia, that is, the ability to conduct an authentic dialogue. Reciting a fragment of a Latin prayer, repeating a few overheard phrases, imitating an accent, or producing sounds similar to a language does not meet this criterion.

1.1.1.1 Psychological and linguistic explanations

The first problem is cryptomnesia: retained memory of previously heard content that is not recognized by consciousness. A person may not remember that they encountered a given word, song, prayer, or film dialogue. In a state of strong arousal, trance, or dissociation this material may return as apparently new content.

One must also take into account echolalia, the involuntary repetition of heard sounds, learned liturgical formulas, contact with the language through the media, family, school, or the internet, and the possibility of conscious simulation. In the case of dead languages it often turns out that the utterance includes a few common words but lacks correct inflection or syntax.

For this reason the recognition of genuine xenoglossia requires an independent linguist. He or she should analyze the complete recording, not selected fragments, and assess the grammar, vocabulary, pronunciation, comprehension of questions, and the ability to respond to new content. Contemporary science does not possess a widely recognized, well-documented case of xenoglossia that by itself would constitute proof of spiritual action. Critical analyses typically point to very limited vocabulary, grammatical errors, and insufficient exclusion of prior contact with the language.

1.1.1.2 Theological significance

If genuine xenoglossia were reliably confirmed, it would indicate a source of information that goes beyond the person's currently available competencies. However, it would not yet determine what that source is. The linguistic phenomenon itself does not automatically prove demonic action. Theology requires an assessment of the broader context, the content of the utterances, the attitude toward God, the spiritual fruits, and other possible causes.

1.1.2 5. Revealing hidden and distant things

The second criterion is *distantia et occulta patefacere* — to reveal distant and hidden things. It may concern knowledge about an event occurring beyond the reach of normal observation or a fact that the person could not have known by ordinary means.

This criterion requires particular caution, because people easily overestimate the extraordinariness of information. A person may know the fact from an earlier conversation, social media, documents, the interlocutor's behavior, or information conveyed unconsciously by their surroundings. They may also use so-called cold reading: formulating general statements, observing reactions, and gradually refining them. The confirmation bias plays an important role. Accurate statements are remembered, while numerous erroneous ones are omitted. The sentence "there was an infidelity in your family" may be regarded as extraordinary knowledge, although it is so general that it fits many family histories. Truly significant information should be detailed, unambiguous, recorded beforehand, and independently verified.

1.1.2.1 Thomistic limits of a demon's knowledge

According to St. Thomas, a demon does not directly know the secret of the human will. The interior of a person is naturally directly accessible only to the person herself and to God. A demon, however, can observe behaviors, bodily reactions, habits, and circumstances, and thanks to greater intelligence draw very accurate conclusions.

A demon also does not possess the divine knowledge of future free decisions. It may know future effects contained in natural causes or predict a person's behavior based on their character and previous choices. However, it does not see the future in eternity as God does.

It may, however, know certain external facts that the person does not know, because it observed them itself or obtained them from other spirits. Therefore, possible knowledge of a distant event would fall within the natural capabilities of a created spirit and would not constitute a miracle in the strict sense.

1.1.2.2 Verification criterion

Knowledge of hidden things is relevant for discernment only when:

- the information is precise, not general;
- it is recorded before being checked;
- it could not have been obtained by ordinary means;
- it was not suggested by a question, gesture, or the interlocutor's reaction;
- it concerns an objectively verifiable fact;
- the number of hits is assessed together with the number of mistakes.

One should not organize risky "tests" consisting of provoking the person, violating confidentiality, providing false information, or instrumentally using the sacraments. Ecclesial discernment is not a parapsychological experiment, but responsible conduct toward a suffering person.

1.1.3 6. Strength exceeding a person's age and condition

The third classical sign is *vires supra aetatis seu conditionis naturam ostendere* – the revealing of strength exceeding the natural capabilities resulting from a person's age or condition.

The formulation is relational. The ritual does not speak of an abstract "superhuman strength," but of strength disproportionate to a specific person. One assesses the behavior of a healthy adult man differently than that of a child, an elderly person, a sick person, someone emaciated, or someone immobilized.

This sign is particularly spectacular, but also particularly prone to misjudgment. In a situation of fear or acute agitation, the sympathetic nervous system increases muscle tension, pain tolerance, and the capacity for short-term exertion. A person can use strength they do not normally mobilize, especially if they do not control their movements with regard to safety.

The following also matter:

- adrenaline and intense emotional arousal;
- manic or psychotic episodes;
- the action of psychoactive substances;
- delirium and acute neurological states;
- some epileptic seizures and postictal states;
- dissociative disorders;
- reduced pain perception;
- mechanical advantage resulting from body position;
- uncoordinated actions of people attempting to restrain someone.

A situation in which several people cannot safely restrain an agitated person does not prove that the person possesses the sum of their strength. It often indicates chaos of movement, lack of coordination, the caution of those assisting, and the sufferer's lack of response to pain.

1.1.3.1 Theological perspective

If the strength truly exceeded the organism's maximal biological capacities, an external cause should be considered. In Thomas's account, a spirit can move the body as a spiritual cause acting on matter. However, it does not create new energy out of nothing and does not completely abolish the structure of the body.

Not every increase in strength therefore constitutes a preternatural sign. Theological discernment begins only where credible observations indicate a lasting and unambiguous disproportionality that cannot be explained by agitation, the mechanics of movement, neurological condition, or the action of substances.

1.1.3.2 Safety of the person

Regardless of causal interpretation, violent agitation is a state of medical risk. It can lead to injuries, overheating, circulatory failure, aspiration, or damage resulting from improper restraint. A person who poses a direct threat to themselves or others requires appropriate medical intervention. Exorcism does not replace the safeguarding of life and health.

1.1.4 7. Violent aversion to the sacred

Aversion to the sacred has been particularly emphasized in the newer ritual. It includes a violent reaction against God, the name of Jesus, Mary, the saints, the Church, the Holy Scripture, the sacraments, sacramentals, the cross, and holy images.

Theologically this sign appears understandable. A demon whose will has been permanently directed against God opposes what makes present God's reign and the saving victory of Christ. A particular reaction against the sacred may therefore have a dimension of personal resistance, and not only physical discomfort.

Not every aversion to religion is, however, demonic. A person may reject religious symbols as a result of:

- traumatic experiences related to clergy or the community;
- scruples and obsessive fear of sin;
- psychosis with religious content;
- a depressive sense of condemnation;
- PTSD and responses to specific stimuli;
- worldview conflict;
- experience of religious coercion;
- sensory hypersensitivity;
- suggestion resulting from the conviction that one should react;
- fear of the exorcism itself.

A person suffering from religious obsessions may react violently to the cross, because it triggers intrusive thoughts of condemnation. A person who has experienced spiritual abuse may feel panic in the presence of a cleric. A psychotic person may interpret religious symbols as part of a persecutory delusional system. None of these situations by itself proves the presence of a demon.

1.1.4.1 Reaction to the sacred versus reaction to expectation

It is particularly difficult to distinguish a reaction to the sacred object itself from a reaction to the manner of its presentation. If a person sees the cross, hears a change in the priest's tone of voice, and knows that a prayer is beginning, their reaction may be caused by expectation, anxiety, or suggestion.

Even a reaction to an invisible object does not automatically settle the matter. A person can read subtle signals in the environment: movements, the tension of participants, the smell of a substance, a rustle, a change in the behavior of the cleric. Therefore one must not base certainty on a single "test."

An aversion that is significant for discernment should be enduring, specific, and qualitatively connected to the content of faith, and not merely to the presence of a particular person, place, or a strong emotional stimulus. Even then it remains a clue requiring interpretation.

1.1.4.2 The sacred cannot become a tool of provocation

Sacred objects should not be used as laboratory detectors of a demon. The sacraments and sacramentals serve to sanctify the person, not to force a spectacular reaction. Deliberate deception, provocation, intimidation, or violation of a person's dignity can strengthen dissociative mechanisms and lead to psychological harm.

1.2 II. PSYCHOLOGICAL AND PSYCHIATRIC PERSPECTIVE

1.2.1 8. "Possession" as a description of experience and as a theological diagnosis

In everyday language the word "possession" can mean both an ascribed presence of a demon and the subjective experience of a loss of control. Psychiatry does not pronounce on the existence or non-existence of spirits. It describes symptoms, their course, functional consequences, and their relations to mental and bodily processes.

Medical classifications recognize trance and possession states as possible forms of dissociative disorders when they are involuntary, unwanted, cause suffering or impairment of functioning, and are not an accepted cultural practice. ICD-10 already described trance and possession disorders as a temporary loss of the sense of personal identity and full awareness of the environment. The current diagnostic system of the World Health Organization remains available in ICD-11, while its clinical diagnostic requirements emphasize the need to differentiate mental and neurological states, substance-related conditions, and cultural norms.

This does not mean that medicine has "proven" that every religiously interpreted possession is dissociation. It only means that there are natural states that can very closely reproduce the phenomenology traditionally associated with possession.

1.2.2 9. Dissociation and the experience of an alien identity

Dissociation involves a disruption of the usual integration of consciousness, memory, identity, emotions, perception, and motor control. A person may experience their thoughts, voice, or movements as alien, imposed, or originating from another being.

In a possession trance there appears the impression that the ordinary identity has been replaced by a spirit, deity, the deceased, or another person. There may be changes of voice, facial expression, manner of movement, partial amnesia, and first-person utterances attributed to the ascribed entity.

Culture provides the language in which a person interprets the experience. In a Christian environment the state may take the form of the presence of a demon; in another culture – an ancestor spirit or a local deity. This does not mean that culture consciously "invents" symptoms. Rather, unconscious psychological suffering takes a form drawn from the available symbolic system.

A review of clinically described cases of trance and possession disorders indicated, among other things, frequent hallucinatory, somatic, and dissociative symptoms and the importance of trauma and cultural context. The authors emphasized the need for a comprehensive biological, psychological, social, and cultural assessment (review in *Canadian Journal of Psychiatry*).

1.2.3 10. Psychoses

In psychosis a person may hear voices, feel controlled by an external force, experience thought insertion, and develop religious delusions. The voice may present itself as a demon, God, an angel, or a persecutor. Religious content does not determine a religious origin of the disorder.

Signs that may indicate psychosis include: long-term disorganization of thinking, marked deterioration of daily functioning, delusions encompassing many areas of life, lack of insight, sleep disturbances, social withdrawal, and symptoms occurring independently of prayer.

Particular caution is required when the alleged "voice of a demon" commands self-harm, suicide, refusal to eat, discontinuation of medication, or violence. In such cases, safety and urgent psychiatric help take precedence. The pastoral dimension may accompany treatment but cannot replace it.

1.2.4 11. Obsessive-compulsive disorders and scruples

In the religious form of OCD a person may experience blasphemous, sexual, or aggressive thoughts that are contrary to his beliefs and provoke an intense sense of guilt. Because the thoughts are unwanted, the person may believe that they were "put in" by a demon.

Paradoxically, their content often strikes precisely at what a person considers most sacred. This is not evidence that a demon has discerned a weakness, but a well-known obsessive mechanism: an intrusive thought concentrates on the value whose violation the person most fears.

Attempts to remove every thought by prayer repeated according to a strict formula can become a compulsion. Similarly, repeatedly exorcising intrusive thoughts can reinforce the conviction that they are dangerous, thereby increasing their frequency. It is necessary to distinguish prayer as an act of faith from an anxiety ritual serving the immediate neutralization of an obsession.

1.2.5 12. Neurological disorders and somatic conditions

Some neurological conditions can cause loss of consciousness, automatisms, atypical vocalizations, convulsions, memory disturbances, violent movements and changes in behavior. In the diagnostic process one should consider, among others, epilepsy, especially focal seizures, sleep disorders, delirious states, brain injuries, metabolic diseases and intoxications.

Functional non-epileptic seizures can resemble convulsions, but their mechanism is not a typical epileptic discharge. This does not mean conscious feigning. Symptoms can be entirely involuntary and related to dissociation, stress or trauma.

Similarly, a change in voice need not have a supernatural character. It can result from altered tension of the laryngeal muscles, conscious or unconscious modulation, hyperventilation, shouting and functional disorders.

1.2.6 13. Trauma and body memory

Trauma can lead to fragmentation of memory, depersonalization, derealization, panic attacks, freeze responses, sudden defensive reactions, and periodic loss of a sense of control. A stimulus that recalls a traumatic situation can trigger a reaction disproportionate to the current threat.

If the trauma was associated with religion, a clergyperson, punishment, sexual violence, or fear of damnation, prayer, liturgical vestments, the smell of incense, or the gesture of laying on of hands can become a trigger for a reaction. A violent response to the sacred may then be a reaction to an association, and not to the sanctity of the object.

Failure to take trauma into account can lead to secondary injury. If a suffering person is told too quickly that their symptoms are the voice of a demon, this can increase anxiety, a sense of estrangement from oneself, and loss of control. Conversely, completely dismissing their religious way of understanding the experience can break the therapeutic relationship. What is needed is an attitude that does not prematurely confirm a demonic interpretation, but takes the person's experience seriously.

1.2.7 14. Conscious simulation and iatrogenic symptoms

Conscious simulation should be taken into account, but must not be assumed without evidence. The motive may be a need for attention, avoidance of responsibility, pressure from the environment, material gain, or the desire to obtain a religious meaning for one's own suffering.

There is also the possibility of iatrogenic symptoms, that is, symptoms unconsciously reinforced by the way conversations and rituals are conducted. Repeated suggestive questions – "who is speaking in you?", "how many of you are there?", "when did you enter?" – can organize a chaotic experience around a possession narrative. The person begins to answer in line with the expected scenario, not necessarily consciously pretending.

Persons who are highly suggestible, who have experienced trauma, dissociation, or a strong need for an authoritative explanation of suffering are particularly susceptible. Therefore, the interview should begin with open-ended questions rather than supplying a ready-made interpretation.

1.3 III. THEOLOGY AND PSYCHOLOGY IN THE PROCESS OF DISCERNMENT

1.3.1 15. Different competencies, a common subject of concern

Theology and psychiatry answer different questions. The physician examines the mechanisms of symptoms, risk, brain functioning, mental processes, and the possibility of treatment. The theologian assesses conformity with the teaching of the faith, the spiritual context, the moral significance of phenomena, and the possibility of the action of personal evil.

The diagnosis of a mental illness is not a metaphysical proof of the absence of spiritual activity. Likewise, the lack of a psychiatric diagnosis is not proof of possession. "I currently do not find a recognizable disease" does not mean: "the cause is demonic". Medicine can only determine the limits of its current findings.

Co-occurrence is also possible. A person engaging in occult practices may simultaneously suffer from depression, PTSD, psychosis, epilepsy, or a dissociative disorder. In such a case one must not consider treatment unnecessary. The presence of illness does not negate the meaning of spiritual care, but spiritual care does not remove the obligation to treat.

The Catechism of the Catholic Church explicitly states that illness, especially mental illness, is something other than possession, and its treatment belongs to the medical sciences. Before an exorcism it must be established that it concerns the presence of the Evil One and not an illness (CCC 1673).

1.3.2 16. Signs as Clues, Not Diagnostic Criteria

The four signs discussed do not operate like medical diagnostic criteria. The ritual does not specify a number of points beyond which possession is diagnosed. It also does not provide a standardized threshold of strength, a number of foreign words, nor the intensity of a reaction to the cross.

Their value is cumulative and contextual. A single reaction carries little weight. Several independently confirmed phenomena, occurring in a coherent pattern, after the exclusion of adequate natural explanations, can lead to the moral certainty required by the ritual.

Moral certainty is not absolute metaphysical certainty. It is a rationally justified practical judgment that excludes prudent and serious doubt, though it does not exclude every logically possible hypothesis. It cannot rest solely on the exorcist's intuition, the emotions of those present, nor on the reputation of the person as "possessed".

1.3.3 17. Proposed structure of discernment

Discernment should be multi-stage.

First one should establish what the person is actually experiencing. It is necessary to reconstruct the onset of symptoms, their frequency, triggering factors, level of consciousness, memory after the episode, medical history, substances taken, injuries, religious experiences and the influence of the environment.

Next, a medical and psychological assessment is required. Its scope depends on the symptoms: it may include psychiatric, neurological and internal medicine examinations, assessment of sleep, psychoactive substances and trauma history. The examination should not be treated as a mere formality serving only to "rule out psychiatry," but as a real care for the person.

The third stage is verification of the facts. An alleged language should be evaluated by a linguist; unusual strength should be analyzed in the specific circumstances; hidden knowledge must be checked against sources of information; reactions to the sacred should be considered together with the religious and traumatic history.

The fourth stage is a spiritual assessment: sacramental life, history of occult practices, attitude toward God, freedom of prayer, spiritual fruits, the character of temptations and the moral coherence of conduct. Prior practice of occultism in itself increases the need for pastoral discernment, but does not prove possession.

Only the whole body of material allows the competent ecclesiastical authority to decide on the form of assistance. In the Roman Catholic Church the major exorcism may be performed by a priest who has the special and explicit permission of the local ordinary. Permission should be entrusted to a priest distinguished by piety, knowledge, prudence and uprightness of life (can. 1172 CIC).

1.3.4 18. The significance of reactions during prayer

A reaction occurring during prayer cannot be interpreted unilaterally. It may have spiritual significance, but it may also result from tension, suggestion, fear, expectation, or the triggering of traumatic memories.

Not every improvement during prayer proves possession. Prayer can calm, regulate breathing, give a sense of security, restore hope, and integrate experience. Similarly, deterioration during prayer does not prove the presence of a demon, because the person may fear the ritual or be experiencing a religious conflict.

Circular reasoning is dangerous:

- if the person reacts, "the demon reveals itself";
- if they do not react, "the demon hides";
- if they deny, "the demon lies";

- if they confirm, “the demon has admitted it”.

Such a system makes every observation a confirmation of the assumed thesis and prevents genuine discernment. The ritual instruction concerning the deceitfulness of demons cannot be used to invalidate all data inconsistent with a diagnosis of possession.

1.3.5 19. The dignity of the person as the paramount practical criterion

The person suspected of possession is not an object of investigation nor an arena for the exorcist’s struggle with a demon. They remain a human being created in the image of God, whose body and psyche require protection.

It is not permitted to interrupt necessary medical treatment, to discontinue medications without a physician’s decision, to use violence, to restrict breathing, to starve, to deprive of sleep, or to expose the person to a public spectacle. Recording and disseminating the course of the prayer without appropriate grounds and informed consent is also unacceptable.

The Congregation for the Doctrine of the Faith recalled that exorcism formulas must not be freely used by unauthorized persons nor included in public gatherings during which participants attempt to interrogate demons directly. The norms are intended to protect both the order of the Church and people from suggestion, sensationalism, and abuse (letter to the ordinaries (1985)). Exorcism prayers should also remain separate from public healing services (instruction on prayers for healing).

1.3.6 20. Theological-psychological synthesis

The classic signs of the *Roman Ritual* should be preserved, but interpreted in accordance with the caution of the ritual itself.

Xenoglossia does not mean unarticulated sounds, but genuine competence in an unknown language, best confirmed by the ability to engage in spontaneous dialogue. Hidden knowledge must be detailed, objective, and inaccessible by ordinary means. Extraordinary strength should truly exceed the person’s biological condition, and not merely the ordinary level of their behavior. Aversion to the sacred must be assessed in spiritual, psychological, cultural, and traumatic contexts.

None of these signs constitutes standalone proof. Their significance is increased by co-occurrence, objective documentation, independent verification, coherence of the whole picture, and the absence of an adequate natural cause. Even then the judgment has a moral and pastoral character, not a mathematical one.

The psychological perspective is not an adversary of theology. It protects against ascribing to the demon symptoms of dissociation, psychosis, OCD, trauma, epilepsy, effects of substances, or suggestion. The theological perspective, however, reminds that a human being cannot be reduced to psychological mechanisms, and that Christian Revelation allows for the real action of personal evil.

Mature discernment consists neither in denying the possibility of possession nor in finding it everywhere. Its basis is the truth about the limited power of the demon and the inviolable dignity of the human person. The demon — if it acts — can influence the bodily and sensory expression of the person, but it does not become the master of their being. It has no access to that being in the way proper to God; it cannot deprive it of its ontological freedom nor annihilate the image of God.

Therefore the center of exorcism is not spectacular manifestations, unknown languages, strength, or shouting at the cross. The center is the victory of Christ and the restoration to the person of peace, freedom, and the ability to turn toward God. Signs are meant to serve the discernment of this goal. They

must not become a spectacle, a source of fear, or a substitute for responsible medical, psychological, and pastoral help.