

To Triage an Entity

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- This paper has deliberately been written in disability accessible fonts -

Can God and medicine work in perichoretic tandem, or is disease still mistaken for possession? In both Catholic and Evangelical denominations, exorcism is just as valid a treatment for symptoms, and often the first method of care when a health issue becomes chronic. The belief behind exorcism and demon expulsion regardless of denomination is that it speaks to the authority of God.<sup>1</sup> God can cure every ill, thus medicine is not needed. Many in contemporary American Christianity prefer exorcism, often abandoning modern healthcare to the patient's detriment. I will argue this is due to the ableist and sexist beliefs bound in the doctrine of the (C)hurch and their beliefs surrounding wellness and wholeness.

## **ABLEISM**

Ableism in the Church is rooted in the idea that the sick must be fixed and that God cannot use the sick or the chronic in their existing bodies- that they are broken and lack wholeness because of disease or disability. In formal definition, ableism is the discrimination or prejudice against people who have physical, mental, or intellectual disabilities. Ableism can take the form of ideas and assumptions, stereotypes, attitudes and practices, physical barriers in the environments, or larger scale oppression. Ableism is rooted in the idea that disabled people can be "fixed", or that they are inferior to typical or able-bodied individuals. Ableism is also historical intertwined with racism, anti-Blackness, eugenics, lookism, capitalism, productivity, notions of intelli-

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<sup>1</sup> Young, Francis. *A History of Exorcism in Catholic Christianity*. Springer International Publishing, 2018.

gence, excellence, and compliance.<sup>2</sup> The Church teaches that because Jesus healed people in the gospels, we too should seek healing to be complete.

Because of this ableist (and genuine desperate human) motivation regarding wellness, several rituals exist in Church practice through the varying denominations. The 21st century is the second golden age of the exorcism, and developed extensively under Catholic Church history, even when it became much more stringent to practice after Vatican II. Exorcism is considered a sacramental and not a sacrament because the success of the act is not guaranteed. Success is believed to rest on the faith of the exorcist, thus only certain clergy can become exorcists and practice exorcism. Just because someone is deemed possessed does not mean they will be exorcised, either. There is a formal process of examination before an exorcism can be approved.<sup>3</sup>

Some practices don't look as dramatic as the scenes depicted in the *Exorcist*, but can be just as insidious in their toxicity. "Laying on of Hands" is an evangelical practice of prayer that commonly occurs with an anointing of oil. Fellow parishioners, lay people, and clergy gather around the sick person laying their hands on them and pray for healing. After the prayer, the pastor will often ask if anyone had a vision or a feeling from the divine that they would like to share. The pastor may also have prayed for any evil to leave the sick person, for miraculous healing to occur, or in more modern congregations for doctors to be guided by God.

When I was ten years old I had intractable epilepsy. My seizures were uncontrolled by medication, and at 8-12 seizures a day I had to drop out of school due to

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<sup>2</sup> A working definition I use in my ableism and accessibility classes drawn from the working definition kept by Dr. Talila A. Lewis.

<sup>3</sup> Francis, 17-20.

memory loss, paralysis, and debilitating fatigue. After long term testing at UCLA's Epilepsy Center, it was determined that my seizures were being caused by a tumor in my occipital lobe that we'd monitored through extensive MRI for months. This made me a candidate for brain surgery with risks like blindness, worsened seizures, and death on the table. I decided any of those things were better than the 6,000 seizures I already had, and one night at Saturday night worship I found myself subjected to laying on of hands.

Pastor Bruce anointed my forehead in the sign of the cross and a bunch of adults I knew towered over me and prayed for about ten minutes asking God to heal me during this brain surgery, for Satan to let go of my body, and for me to get my life back. After the praying was finished Pastor Bruce asked me if I felt anything and I said "No." This whole thing was a little queer even for me, and I was ready to go home. He then asked if anyone had any visions. Shari spoke up and said that she saw the surgeon holding a mass in his hand and it collapsing. Everyone viewed this as a very good sign.

In December, I had the brain surgery that would save my life. A tumor was removed from my occipital lobe, and when my surgeon held it in his hand to transfer it into a specimen container for the pathology lab, it fell apart in his hand. I had eight more seizures, and then they stopped in their entirety. This surgery was viewed by my family and the church as a miracle brought by God. That God showed his healing power through my surgeon, through the tumor collapsing, and through my living on seizure free.

By medical professionals I am still considered an epileptic- just a non-active one. I still have restrictions due to a low seizure threshold, and I have an anxiety disorder due to what I went through. I do not consider myself a miracle.

As a reverend who ardently engages in disability activism, my theology is that wholeness is deeply rooted in the gospel, and that includes disabled bodies. Jesus did not heal everybody, and there was a reason. Jesus' healing was not about fixing people, diseases, disabilities, or bodies. Jesus did not see broken bodies or people. Jesus wanted to challenge the Jewish notion of making outliers of the sick- an ableist notion. Jesus healed specific people to restore them back into their community and show their community members what restoration and wholeness looks like.

When we look at practices still present in our churches like exorcism and laying on of hands, and demon expulsion, we examine the beliefs that inform these practices. In order to create new practical theology and foundations where women can be seen and treated as whole, we need to look at the isms that are tightly rooted in one another and causing harm. In his book *American Possessions*, Sean McCloud describes those who engage in these practices: "demon-fighting Protestants who call their activities 'spiritual warfare'...neo-Pentecostal, charismatic, independent, and denominational evangelicals are part of a thirty-plus-year-old movement whose founders named it the 'Third Wave'...thoroughly saturated with the language of the therapeutic."<sup>4</sup> The Third Wave was born alongside the Satanic Panic and relies minimally on biblical interpretation, but on personal experience. "Physical experience as proof is so crucial that some Third Wave theologians suggest that biblical interpretation must be evaluated and

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<sup>4</sup> McCloud, 3.

judged through experience.”<sup>5</sup> With this exegetical standard, Third Wavers risk more space for human error and bigotry. They ignore the Jesus of the gospel and how and why he healed, and instead create their own rites and rituals. Exorcism did not exist as a Jewish ritual in the Ancient Near East as we recognize it today through film and books. Exorcism was closely aligned with healing disease, which was not just associated with being unwell in body, but being unwell in spirit.

Like Catholics, practitioners in the Third Wave have handbooks and first-hand experience “on the ground”.<sup>6</sup> Satan is the enemy, and entities like other religions, cultures, and politics are also demonic.<sup>7</sup> It’s the portrait of the crucifixion that shows the Third Wave’s roots in ableism. Quoting a Third Wave practitioner, McCloud records, “the crucifix is a ‘photograph of Satan’s finest hour...the crucifix presents to the world a dead, helpless God.’”<sup>8</sup> McCloud illustrates this belief further: “Third Wave evangelicals, in criticizing the crucifix, claim that to portray Jesus as injured and in pain is to promote the devil’s temporary triumph.”<sup>9</sup> To the Third Wave, God could never be disabled on the cross, and there could never be power in disability. Satan is the author of pain, injury, sickness, and disability, and those are weaknesses if you have them that must be eradicated. To bear these things is to bear the demonic. To cement their ableism problem, the Third Wave advocate the belief that “satanists work at hospitals so that they can launch attacks on unsuspecting Christians.”<sup>10</sup>

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<sup>5</sup> *ibid*, 8.

<sup>6</sup> *ibid*, 21.

<sup>7</sup> *ibid*, 23.

<sup>8</sup> *ibid*, 25.

<sup>9</sup> *ibid*, 25-26.

<sup>10</sup> *ibid*, 37.

Spiritual warfare's demons have multiple influences, explains McCloud:

A person's sinful past activities, the generational curses that he has inherited, and the traumatic experiences that he has had create 'openings' and 'invitations' that allow demons to enter his body and influence his thoughts. The unique Third Wave rituals of demonic deliverance- spirit binding, prayers of repentance, object destruction, and other activities- then, are methods for banishing demons *and* breaking historically inculcated forced of habit.<sup>11</sup>

Blaming the ill for their illness or disability is a classic trope of ableism that continues to feed it. Whether it looks like asking a woman if her chronic pain is from anxiety, or the Third Wave belief that one is responsible for their own possession, both are ableism, and both help feed harmful theologies like penal substitution and prosperity gospel. Ableism never works alone. Having a body is a universal experience, but having a female one can predispose you to different doctrinal, spiritual, and healthcare experiences.

## **SEXISM**

Sexism is as pervasive as the notion of evil and is present both in the Church and in the healthcare system in America. While femme [sic] leadership is sporadic across denominations, women are still subjected to appropriated roles. Women account for 85% of chronic illness patients in America<sup>12</sup> and thus are more likely to seek care for those conditions by statistics alone. This search for wellness leads them to healthcare too.

Undergirding almost all female patient's experience of chronic illness is the pervasive notion of hysteria, whether conscious or internalized by their provider. It

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<sup>11</sup> *ibid*, 67.

<sup>12</sup> CDC.

becomes especially present when dealing with symptoms of chronic and/or idiopathic pain. Hysteria is a term derived from the Greek word for uterus, *hysteria*.<sup>13</sup> In ancient Greek medical practice, any complaint of a malady from a woman was assumed to derive from her uterus roaming throughout her body, and treatments were focused on restoring it to its proper place in the pelvis.<sup>14</sup> Hysteria became a catch-all term for any illness or unpleasant symptoms a woman experienced or was perceived as having. With the arrival of the medieval period, a roaming uterus was no longer the trending theory as the culprit for hysteria- demons were. Women were treated with prayer, incantations, and exorcism, while some of their “hysterical” counterparts were tortured and executed as witches. Demon possession gave way to “nervous disorders”, which were diagnosed fairly equitably between men and women.<sup>15</sup> Women called the “fairer” and “weaker” sex, were believed to have a poorer constitution that contributed to hysteria, whereas hysteria in men was believed to emanate from the spleen.

In the 19th century the new specialty of gynecology was introduced, and treatments localized to the female reproductive organs were used to combat any untoward symptoms, reinvigorating the uterine theory, this time including the other reproductive organs. Many women had their perfectly healthy uterus, ovaries, and fallopian tubes removed. The trend only came to an end “mainly because doctors became uncomfortable sterilizing women- or, as one physician put it, being ‘the destroyer of everything that makes a woman’s life worth living.’”<sup>16</sup> As the 19th century

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<sup>13</sup> Dusenbery, 63.

<sup>14</sup> *ibid.*

<sup>15</sup> *ibid.*, 64.

<sup>16</sup> *ibid.*, 65.



continued to unfold, women were less likely to be sterilized, but were increasingly accused of making themselves sick by not accepting their gender roles- doctors were saying ladies were getting sick because they were choosing to conduct themselves in an unfeminine manner.<sup>17</sup>

This theory became further defined as doctors claimed hysteria was caused by being female. Symptoms could not simply be an underlying illness because women were “unreliable historians” who were not knowledgeable about their own bodily experiences. Thanks to Sigmund Freud and his contemporaries,<sup>18</sup> “Women’s illnesses are assumed to be psychosomatic until proven otherwise.”<sup>19</sup> Put succinctly:

Hysteria was something of a catch-all diagnosis in its day. Symptoms ranged from the frustratingly vague to the impressively grotesque, and the uterus was almost always blamed for a hysteric woman’s suffering. It was all supposedly explained by something called ‘reflex theory,’ which meant, essentially, that physical symptoms resulted from mental overexertion, excessive emotions, and the like.<sup>20</sup>

Today, hysteria often masquerades by the moniker of “stress” until medically unexplained symptoms can be explained. Author Maya Dusenbery gives some examples: “Many...experience long delays and see multiple health care providers before getting correctly diagnosed: four years, on average, for patients with autoimmune diseases. Seven for patients with rare diseases. As many as ten for those with endometrio-

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<sup>17</sup> *ibid.*

<sup>18</sup> *ibid.*, 75.

<sup>19</sup> *ibid.*

<sup>20</sup> Norman, Abby. *Ask Me About My Uterus: A Quest to Make Doctors Believe in Women's Pain* (Kindle Locations 426-429). PublicAffairs. Kindle Edition.

sis.”<sup>21</sup> While medically unexplained symptoms can make proper diagnosis difficult for any patient, it predominantly affects women with hysteria still pervasive in the hidden micro-aggressions of sexism in medical care. Whether overt or covert, “women are considered to be unreliable... Female sufferers of chronic conditions frequently find that the level of pain they must experience before they are taken seriously is significantly higher than that of men with the same condition.”<sup>22</sup> It is important to note, however, that male practitioners are not solely at fault for this type of sexism— “Male physicians were not the only ones carrying this narrative. The patriarchal structure of medicine informed how female physicians practiced, too—as much, if not more than, it did their male colleagues. At the expense, yet again, of female patients.”<sup>23</sup> It is the ghost of hysteria that often leaves women misdiagnosed, dismissed, and untreated.

## **HOLISTIC CARE**

If sexism is present both in the Church and in healthcare where does that leave women? It can leave them with a third option like Rachel Stavis, a non-denominational exorcist who likes to work in tandem with today’s offerings of therapy, medicine, and holistic medicine as a spiritual care addendum. While healthcare is often a last resort to the devoutly spiritual, many come to seek an exorcism from Stavis after seeking many healthcare options or receiving little spiritual support from their tradition.<sup>24</sup>

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<sup>21</sup> *ibid.*

<sup>22</sup> Bula, 153.

<sup>23</sup> Norman, Kindle Location 481.

<sup>24</sup> Stavis, R. H., and Sarah Durand. *Sister of Darkness: the Chronicles of a Modern Exorcist*. Dey St., 2018.

Stavis communicates with Spirit and uses the help of her spirit guides and archangels to perform her exorcisms. In her book *Sister of Darkness*, she illustrates an organized diamond structure for the spiritual world and the entities that inhabit it. What makes someone vulnerable to possession by an entity according to Stavis? Simply human experience. “Some are drawn to sadness or depression, some to fear or anxiety, some to anger, and other to many different low-resonating emotional energies. Other than the fact that it’s just nice to feel good (except if you’re a deeply twisted individual), keeping your frequency high helps keep entities at bay.”<sup>25</sup> Stavis projects that almost everyone has been possessed by an entity at some point in their life, and experiencing trauma can make you more vulnerable.<sup>26</sup>

Stavis presents a better model for spiritual care for several reasons. She exorcises men and women equitably, and her clients must seek out her services and consent. She never performs an exorcism before a client is ready and willing. Even a child client must consent on their own behalf. Additionally, a client is never blamed for their possession or their state coming into her practice. Stavis also encourages clients to deal with their symptoms in a holistic way and go beyond just the relief they may experience from the exorcism, but deal with the originating factors that may have led to their possession. This often includes therapy, natural medicine, healthcare, herbal remedies, or other spiritual care depending on the client’s individual case.<sup>27</sup>

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<sup>25</sup> Stavis, 46.

<sup>26</sup> *ibid.*

<sup>27</sup> Stavis, R. H., and Sarah Durand. *Sister of Darkness: the Chronicles of a Modern Exorcist*. Dey St., 2018.

Stavis represents a middle ground where inclusion and spiritual care can meet to provide seekers what they need, without sacrificing wellness or wholeness. A client may still be disabled when Stavis is done with her, but her wholeness and sense of wellbeing is improved which is the goal. While exorcism may not be part of every woman's care regimen, the feminist approach always includes choice and consent. The choice for healthcare *and* spiritual care should always be offered, with the recognition that the woman is *already* whole in the eyes of divinity and the community.

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