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In God's hands: Faith healing, epilepsy, and the question of human rights

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In God's Hands: Faith Healing, Epilepsy, and the Question of Human Rights

by

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for the degree in

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COLLEGE OF ARTS AND SCIENCES

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Dedication

For my family, who support me through the trials and tribulations,

For my grandparents, who pushed me to my full potential,

And for my friends, who always know just the right thing to say.

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Introduction

This thesis began with Lia Lee, a Hmong child living in the United States, whose experience with epilepsy was hard-fought by herself and her family. Anne Fadiman's work, *The Spirit Catches You and You Fall Down*, traces the experiences of the Lee family in handling Lia's epilepsy, and how their Hmong views of the disease as a shamanistic condition often clashed with the views of the Western medical personnel handling her illness, who viewed her condition as exclusively scientific.¹ Lee's parents, and her siblings, were among the 150,000 Hmong who fled Laos after the fall to communism in 1975.² Lia, however, was the only sibling born in Merced Community Medical Center (MCMC) in California, delivered by a doctor who spoke no Hmong and was unable to communicate with the Lee family, who spoke no English.³ Through the lens of Lia Lee, the author emphasizes the duality of epilepsy in two spheres - the Shamanistic Hmong and the Christianized Western. The cultural divide encompassing both religious and language barriers exacerbated Lia's epilepsy, with medical error on the part of her doctors increasing with every attempt at healing. While the Lee's practice a shamanistic religious tradition, they had prior experience with Western medicine in refugee camps where three of their other children were cured of illness.⁴ This encouraged the Lee's to use Western medical care, carrying their daughter to MCMC's emergency room during the earlier years of Lia's epilepsy.⁵ However, MCMC would not have a Hmong interpreter to bridge the cultural and language

¹ Anne Fadiman, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*, (New York: Farrar, Straus, and Giroux, 2012).

² Fadiman, *The Spirit*, 5.

³ Fadiman, *The Spirit*, 6.

⁴ Fadiman, *The Spirit*, 23.

⁵ Fadiman, *The Spirit*, 25.

barriers for several years. A series of medical missteps, including ignoring the inability of Lia's parents to administer medication due to their inability to read or speak English or experimenting with dosage levels of phenobarbital to help diminish her seizures, caused physicians at MCMC to consistently fall short in treating Lia's epilepsy.⁶ Medical error exacerbated her seizures, leaving the Lee's struggling to make sense of what Western medicine could, if anything, do for their daughter.⁷

Fadiman discusses the Hmong "ambivalence" towards epilepsy, noting they view it as a condition where a "*dab*" or spirit causes an individual's soul to flee their body, causing the seizures.⁸ The Hmong believe seizures are a sign that the afflicted individual is "particularly fit for divine office," having suffered and thus being able to recognize the suffering of others in a way that lends credibility to their faith healing practices.⁹ Within their community, people with epilepsy (PWE) are perceived as the "chosen...host of a healing spirit," linking them to the supernatural and the ability to travel to "realms unseen."¹⁰ If the Lee family had remained in their ancestral home, or pursued traditional Hmong faith healing (FH) methods over Western allopathic medicine, Lia's condition would have been viewed in a positive spiritual light by her community., perhaps making her seizures more manageable.

However, Fadiman notes briefly that Catholic canon bars the "ordination of epileptics" into the priesthood, it being seen by the Vatican as a "disqualifying impairment."¹¹ The drastic difference in views between Hmong and Catholic faiths piqued my curiosity. Hoping to explore ideas of epilepsy as divinely connected, further research uncovered centuries worth of connection between PWE and the spiritual realm within the Christian faith. Similar to the

⁶ Fadiman, *The Spirit*, 47.

⁷ Fadiman, *The Spirit*, 141, 143, 146, 147.

⁸ Fadiman, *The Spirit*, 20.

⁹ Fadiman, *The Spirit*, 21.

¹⁰ Fadiman, *The Spirit*, 21.

¹¹ Fadiman, *The Spirit*, 21.

Hmong, views from early Christianity foreground a belief that PWE are possessed by spirits. Despite this, the connection between Hmong and Christian values ended here, and it became obvious the further my research went that Christian writings bore a negative lean, perceiving the possessing spirits to be demons or other malicious entities. The pervasive nature of Christian teachings surrounding FH and its successes, originating in prominent biblical texts that feature the Christ figure healing through divine intervention, are solidified with the development of Christianity.

Several votives, preserved and digitized by the German Epilepsy Museum Kork (GEM), were uncovered during preliminary research and expanded this project to include religious imagery that highlighted rosary prayer beads, fervent prayer, invocation of divine figures, and exorcism of demons from PWE. Religious imagery and scripture continued in popularity as Catholicism expanded, and then fractured into various evangelical Christian sects over the course of several centuries. The advent of evangelical denominations, which understand religious scripture through a more literal lens than Catholicism, shifted the structure and scope of Christianity. Moreover, missionary work evangelical religious sects allowed for widespread reach of Christian healing and possession ideology across continental lines. As the 20th century developed to include media on an industrial scale, such as film, the continuation of Christian biblical teachings highlighting the success of FH cropped up in popular culture. The use of scripture, FH techniques such as exorcism, and religious imagery familiar to Catholicism is showcased in cult classic films and other media through the 20th and 21st centuries. My research suggests the integration of FH practices and religious imagery into popular culture results in a skew towards the idealization of FH as curative for epilepsy among Christian PWE, with practices ranging from fervent prayer to fatal exorcism. This is likely due to the influence of

evangelical Christianity and highlights the lack of regulation that results in severe cases of FH gone awry.

This thesis argues Christian beliefs surrounding epilepsy, born from religious teachings centered around healing the sick, cemented it as a disease of the spiritual, rendered PWE as a threat to the community, and tied its symptoms to realms unseen. Moreover, it contends that stigmatized views connecting epilepsy to possession with malicious entities are solidified in the contemporary era, where the disability's link to its negative stereotype is emphasized through Catholic imagery in popular culture media. The reinforcement of Christian ideology espousing the ability of religion to heal the sick has created a sphere where PWE struggle to integrate fully into their community, leading PWE or their families to seek out FH methods as a means of avoiding social isolation connected to their symptoms. Finally, it argues this choice leads to serious human rights abuses connected to FH methods, and exorcism in particular, due to its lack of regulation through religious, legal, and justice systems.

Methodology

I have selected the categories of disability, religion, and human rights for analysis due to the availability in literature and source material found during preliminary research. It is necessary to examine each lens, without divorcing one from the others, to fully navigate the pronounced connections between epilepsy and the issues surrounding its spiritual connotations. However, this research delves further than the extant literature, seeking to analyze how the social ostracization, and violence perpetrated against PWE results in the violation of several internationally recognized human rights, as put forward by the United Nations, and how these violations are perceived within the legal system.¹²

¹² "Universal Declaration of Human Rights." United Nations. *United Nations*. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>; "Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment." United Nations Office of the High Commissioner. *United Nations*.

The thesis uses two tracks of discussion to support its argument. The first is outlined in chapter 1, which considers the origins of epilepsy as connected to the supernatural. This chapter traces Christian ideology, focusing heavily on Catholicism, in its beliefs that epilepsy is linked to possession and follows this connection through several centuries up to the contemporary era. Furthermore, it introduces the reader to the concept of FH, with analysis focused on the origins of exorcism as the preferred healing practice. It highlights religious texts that feature the relationship between epilepsy symptoms and perceived demonic action, guides them in connection to prayer votives that emphasize FH practices, and details their development into modern media that popularized Catholic imagery and the effectiveness of exorcism in the zeitgeist. Chapter 2 discusses the supernatural perceptions of PWE in the context of human rights language present in the international sphere. This chapter analyzes questions of human rights violation through a day to day lens, highlighting social issues that lead PWE and their families to consider FH as a viable option. It then shifts to analyze human rights violations in the context of FH gone awry, with torture and fatality suffered during exorcism the primary focus. The chapter uses two case studies to examine the handling of rights violations in local court systems, and to showcase the disjuncture in human rights beliefs that lead to differing justice avenues provided to PWE when faced with disability related violence.

This thesis uses a variety of evidence to assert the argument that a negative perception of PWE, as connected to the supernatural, has followed Christianity through its development and global spread, resulting in human rights abuses against a vulnerable population. There is a stark division in the literature, however, presenting difficulty during research. With concern to the historical development of Christian ideology from antiquity to the contemporary, primary

[https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-against-torture-and-other-cruel-inhuman-or-degrading;](https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-against-torture-and-other-cruel-inhuman-or-degrading)

discussion focuses on works that analyze the phenomenon through a Western body of evidence. This helps guide the reader through Christianity in the Western sphere. However, scholarship concerning this development in non-Western regions is difficult to locate. The primary focus of literature in non-Western contexts, particularly Sub-Saharan Africa (SSA), discusses prevalence rates and social beliefs, rather than historical development. Moreover, the scholarship also bears a considerable gap with respect to prevalence rates and causation in Western regions.

Considering this, I have chosen to unify the two types of evidence to form a more complete narrative of the issues surrounding epilepsy symptoms and their socio-religious stigma. As the thesis comes to a close, the news reports and case studies used to illustrate problems of defective FH will shift back to a primarily Western lens, due to the difficulty in locating legal case studies in non-Western contexts.

Historiography

The World Health Organization (WHO) highlights rates as high as “50 million people worldwide” who suffer some form of epilepsy symptoms, with statistics noticeably skewed towards children and young adults.¹³ The Centers for Disease Control and Prevention (CDC) echoes this high prevalence, noting roughly 3.4 million people, including almost half a million children, in the United States alone who suffer from active epilepsy, although state by state statistics are lacking and a gap in examination remains in this area.¹⁴ High levels of affected individuals places a significant burden on the global population, rendering a large portion of humanity vulnerable with heavy potential for human rights violations against their person.

¹³ “Epilepsy.” *World Health Organization*.; Abigail Paul, et al., “An estimate of the prevalence of epilepsy in Sub-Saharan Africa: A Systematic Analysis,” *Journal of Global Health* 2, no 2 (December 2012), 2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3529318/pdf/jogh-02-020405.pdf>

¹⁴ “Epilepsy Fast Facts,” *Centers for Disease Control and Prevention*, <https://www.cdc.gov/epilepsy/about/fast-facts.htm>; Matthew M. Zack and Rosemarie Kobau, “National and State Estimates of the Numbers of Adults and Children with Active Epilepsy - United States, 2015,” *Morbidity and Mortality Weekly Report* 66, no 31 (August 2017), 822. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5687788/pdf/mm6631a1.pdf>

Ian Bone and Simon Dein discuss the “link between epilepsy and religion” that exists in the literature, acknowledging the deep roots of epilepsy in relation to Christianity. However, Stella Fatovic-Ferencic and Marija-Ana Durrigl note that “Christian belief...reinforced supernatural points of view” that existed in antiquity, suggesting we can attribute the development of more extensive connections to the fact that “monasteries were the main medical centers before 1300.”¹⁵ The significant influence held by the early Catholic Church allowed for the connection of epilepsy to the supernatural and to FH through divine entities, such as Saint Valentine, to flourish and permeate popular consciousness. Gerhard Kluger notes divine figures like Saint Valentine were first worshiped as the patron saint of epilepsy as early as the 9th century, with Christian art depicting the saint including PWE from the 15th century onward.¹⁶ Aristidis Diamantis echoes the links between epilepsy and FH, highlighting patron saints who are viewed by the Catholic Church as having treated diseases that caused the afflicted to “fall down and lose their senses” - a symptom indicative of epilepsy.¹⁷ Moreover, Michael Obladen notes the importance of the veneration of Saint Valentine’s skull as a relic in 1181.¹⁸ The veneration of the skull emphasizes the saint’s importance in the Church, and encourages PWE to make pilgrimages with the hope of experiencing the patron saint’s blessing to heal their illness.¹⁹ The influence of Saint Valentine as the patron saint of epilepsy, and the Catholic preference for invoking divine

¹⁵ Ian Bone, and Simon Dein. “Religion, Spirituality, and Epilepsy.” *Epilepsy & behavior* 122 (2021). 5. https://unf-flvc.primo.exlibrisgroup.com/permalink/01FALSC_UNF/14genmd/cdi_crossref_primary_10_1016_j_yeb_2021_108219; Stella Fatović-Ferenčić and Marija-Ana Dürriigl. “The Sacred Disease and Its Patron Saint,” *Epilepsy & Behavior* 2, no. 4. (August 2001). 370, 371. <https://www.sciencedirect.com/science/article/pii/S1525505001901994>

¹⁶ Gerhard Kluger. “St. Valentine - patron saint of epilepsy: Illustrating the semiology of seizures over the course of six centuries,” *Epilepsy & Behavior* 14, no. 1. (January 2009). 219. <https://www.sciencedirect.com/science/article/pii/S1525505008002977>

¹⁷ Aristidis Diamantis, et al., “Epilepsy during the Middle Ages, the Renaissance, and the Enlightenment,” *Journal of Neurology* 257. (May 2010). 692. https://unf-flvc.primo.exlibrisgroup.com/permalink/01FALSC_UNF/14genmd/cdi_proquest_miscellaneous_733311898

¹⁸ Michael Obladen, “Possessed by Evil Spirits: A History of Seizures in Infancy,” *Journal of Child Neurology* 29, no 7 (May 2013), 991. <https://journals.sagepub.com/doi/pdf/10.1177/0883073813488660>

¹⁹ Obladen, “Possessed by Evil Spirits,” 991.

figures in cases of need, foregrounds the early use of FH. Moreover, it accentuates the pervasiveness of FH with concern to early PWE, signaling a vein of religiosity connected to the disease.

However, there are issues that arise when more extreme FH substitutes for medical treatment are put to use. Typified through Catholic views on epilepsy, and the role religious ritual plays in its treatment, extreme forms of FH such as exorcism became popular in the early years of the Church. To center its argument, this thesis defines *exorcism* as a “ritual to expel a demon [or vengeful entity] from a person,” following common threads that appear in the historiography.²⁰ Although records of exorcism performed by the Catholic Church are unavailable or remain difficult to find, the historiography highlighting the various myths of epilepsy in the Church is extensive. Obladen discusses early Catholic imagery of Saint Valentine “exorcising evil spirits” from convulsing infants with small demons leaving their bodies.²¹ The imagery selected by Obladen accentuates the prominent connections between epilepsy symptoms and the Catholic belief that exorcism was a successful cure for the disability. Guisepppe Giordan and Adam Possami echo this, noting the fluid and unclear nature of the boundaries between “psychic disease and demonic action,” rendering epilepsy a disease that necessitated exorcism to remove the malicious force behind the symptoms that became a threat to the wider community.²²

Considering the fluidity of medical and religious domain within the Church, the difficulty of defining the symptoms of epilepsy within religious contexts and canon law is exposed. This vein of fluidity is also recognized by Francesco Brigo, who discusses the belief that the “devil can exert his influence...only if the individual is predisposed,” emphasizing the malleable zone

²⁰ Guisepppe Giordan and Adam Possami, “Mastering the Devil: A sociological analysis of the practice of a Catholic exorcist,” *Current Sociology* 66, no 1, (February 2017), 84.

<https://doi.org/10.1177/0011392116686817>

²¹ Obladen, “Possessed by Evil Spirits,” 995.

²² Giordan and Possami, “Mastering the Devil,” 76.

that epilepsy inhabits within the Church and implying an innate sinfulness in PWE.²³ These views pushed PWE into a tenuous space, where they are unaccepted in canon law and religious circles. Isolation of those afflicted with overt symptoms served to further the otherness established over PWE, making them more likely to seek out FH opportunities to avoid their symptoms and restriction from the local community. Michael Gooditch suggests that the researcher must free themselves from the “temptation of present mindedness,” as medieval sources “cannot clearly confirm...that we are dealing with contemporary disorders.”²⁴ However, Gooditch also highlights those perceived to be possessed as “marginalized” and unable to be subjected to the “regular treatment which traditional medicine could apply.”²⁵ While Gooditch makes a strong case for not back-dating diagnosis, the symptoms highlighted in many historical acts of ritualistic exorcism fall in line with that of epilepsy, and the literature examined suggests the connection is plausible. Following this logic, due to the consistent resemblance between epilepsy symptoms and demonic possession, PWE undoubtedly fell into this marginalized category and, unable to be cured through traditional medical practices, were subjected to FH practices, such as exorcism, by religious communities as a last resort.²⁶

The belief of exorcism as curative persists in the contemporary era as the biblical emphasis on healing the sick translates into mass-media popular culture. Sallie Baxendale discusses Annilese Michel, the young woman who serves as the basis for the film *The Exorcism of Emily Rose* and who underwent “60 sessions of an ancient exorcism ritual” at the behest of her

²³ Francesco Brigo, et al., “Epilepsy in Hildegard of Bingen’s writings: A comprehensive overview,” *Epilepsy & Behavior* 80, (March 2018), 138.

<https://www.sciencedirect.com/science/article/pii/S1525505017306947>

²⁴ Michael Gooditch, ed., *Other Middle Ages: Witnesses at the Margins of Medieval Society*, (Philadelphia: University of Pennsylvania Press, 1998), 152.

²⁵ Gooditch, ed., *Other Middle Ages*, 158.

²⁶ Gooditch, ed., *Other Middle Ages*, 152.

Catholic parents who believed her epilepsy to be demonic possession.²⁷ The views of Michel's parents, discussed by Baxendale, highlight the continuation of antiquated beliefs into the 20th century. Her story is dramatized to garner public fascination, however it highlights her epilepsy and the misunderstandings surrounding it. Baxendale asserts the film is "troubling" due to its reinforcement of the "links between demonic possession and epilepsy," stressing the influence of these beliefs in contemporary society.²⁸ However, although religious imagery related to Catholicism persists in modern media, as this sect is the most recognizable religious entity connected to exorcist practices and is typical to horror films and popular imagery, Giordan and Possami note the Catholic Church is not the only religious denomination to perform exorcisms. The scholars emphasize evangelical sects have also performed them over the last several decades, with the Anglican Church formally sanctioning modern versions of the ritual twenty years earlier than Catholicism after its practice declined in the Catholic Church.²⁹

For consistency, this thesis uses *exorcism* as the primary term for both the stylized version typically linked with Catholicism, as well as the ritualized laying on of hands prominent in evangelical Christian faiths. The focus on Catholicism in popular imagery is attributable to the difference in labeling in various denominations, as Catholicism labels the ritual as exorcism while other Christian denominations label the ritual as the "laying on of hands."³⁰ The laying on of hands is a ritual act that typically encompasses "placing one or both hands palms down" on an

²⁷ Sallie Baxendale. "Epilepsy on the silver screen in the 21st century," *Epilepsy & Behavior* 57, part B. (April 2016). 271. <https://www.sciencedirect.com/science/article/pii/S152550501500699X>

²⁸ Baxendale. "Epilepsy on the silver screen," 271.

²⁹ Giordan and Possami, "Mastering the Devil," 86.

³⁰ William Kay, "Approaches To Healing in British Pentecostalism," *Journal of pentecostal theology* 7, no 14 (1999), 120. https://unf-flvc.primo.exlibrisgroup.com/discovery/fulldisplay?docid=cdi_crossref_primary_10_1177_09667_3699900701407&context=PC&vid=01FALSC_UNF:UNF&lang=en&search_scope=MyInst_and_CI&adaptor=Primo%20Central&tab=Everything&query=any.contains.Approaches%20to%20healing%20in%20british%20pentecostalism&pcAvailability=true

individual's body while saying a prayer or blessing.³¹ However, while this practice confers support to the individual, the early church reserved the practice for "penitents and heretics," influencing the continued use of the practice for those viewed as deviant from the social norm.³² Moreover, the laying on of hands is described as an act that "signifies the imparting of spiritual blessings, authority, and/or power."³³ As Christianity has fractured into a variety of sects, the interpretations of this practice vary as widely, leaving room for the vocal minorities who view more violent means such as tying an individual down or assaulting their person as viable options for healing over the use of prayer or other less extreme FH choices, to make their voice heard.

Although this thesis uses historical scholarship to track the development of Christian ideology surrounding PWE as possessed and its translations into popular culture, it is difficult to find studies discussing prevalence rates or causation in the Western hemisphere. In lieu of Western-based statistics, I have opted to use the scholarship discussing these issues, which primarily encompasses Africa. Research suggests this is due to high prevalence rates in areas such as SSA, where epilepsy is endemic. Causes of the disability in studies related to Western countries, and the United States in particular, are suggested to be numerous and uncertain - with genetic influence, head trauma, brain abnormalities, infections, perinatal or postnatal injury, tumors, and vascular diseases cited by scholars and medical personnel.³⁴ Although literature surrounding the illness in African nations notes these causes as well, it also emphasizes the likelihood of high epilepsy rates in SSA being connected to nervous system infections. Jorge Borneo and Jose E. Cavazos suggest neurocysticercosis (NCC), a parasitic infection caused by

³¹ "Imposition of Hands," *Encyclopaedia Britannica*, Britannica, <https://www.britannica.com/topic/Eucharist>

³² "Imposition of Hands," *Encyclopaedia Britannica*, Britannica.

³³ "What is the 'Laying on of Hands' (Hebrews 6:2)," *Church of the Great God*, Church of the Great God, <https://www.cgg.org/index.cfm/library/bqa/id/52/what-is-laying-on-hands-hebrews-62.htm>

³⁴ "Epilepsy," *Mayo Clinic*, <https://www.sciencedirect.com/science/article/pii/S0001706X0300038X>

Taenia solium (pork tapeworm), which is responsible for high numbers of active epilepsy.³⁵

However, pork consumption varies widely across the continent due to high Muslim populations.

It is more likely, as Abigail Paul notes, that the prevalence of epilepsy is attributable to infections such as *Plasmodium falciparum* malaria, which carries a 37.5% chance of developing epilepsy.³⁶

Moreover, the CDC emphasizes much of the scholarship and statistics concerning the disability rely on those who have “epilepsy or [a] seizure disorder” that has been doctor-diagnosed and who either currently take medication to control symptoms and/or who have had one or more seizures in the past year.³⁷ While this method is effective in gathering generalized data concerning the illness, Paul describes epilepsy diagnosis as “challenging,” due to a reliance on “disease history recounted by individuals” rather than definitive tests.³⁸ This is especially pertinent in non-Western nations, where Western medical infrastructure may be lacking or altogether unavailable. The lack of definitive tests for confirmation leaves ample room for misinterpretation of symptoms by the PWE, their local community, religious leaders, or medical personnel.

While literature noting the connections of Christianity and views of PWE as possessed is prominent with concern to Western nations, it is difficult to find literature that acknowledges these connections in African contexts. However, Louise Jilek-Aall suggests African nations subject to the influence and aggression of colonial powers transformed into a space where “ancient European misconceptions” met “traditional indigenous beliefs” with whom they find

³⁵ Jorge G. Burneo and Jose E. Cavazos, “Neurocysticercosis and Epilepsy: Neurocysticercosis and Epilepsy,” *Epilepsy currents* 14, no 2 (2014), 23.
https://unf-flvc.primo.exlibrisgroup.com/permalink/01FALSC_UNF/14genmd/cdi_openaire_primary_oai_dnet_od_267_9c8e9ba86fbff26c210e8931a512cc96

³⁶ Paul, et al., “An estimate of the prevalence of epilepsy,” 3.

³⁷ “Epilepsy Fast Facts,” *Centers for Disease Control and Prevention*.

³⁸ Paul, et al., “An estimate of the prevalence of epilepsy,” 9.

similarities.³⁹ Sibarashe Pondani confirms this theory, acknowledging work done by Pentecostal religious groups in Africa, who “have commercialized the gospel for power and profit,” explaining the connections between SSA and the development of the relationship that links PWE to possession in the region.⁴⁰ However, Adam Ashforth suggests witchcraft is used in place of the term possession in many African regions to understand or interpret “painful, debilitating and incurable” illness that poses a threat to the community.⁴¹ While the terms differ, this cultural concept extends to the United States, as PWE are placed in an uncertain position with religious and communal spheres in both regions. Moreover, Julie Livingston notes the role of the community in deciding the “meaning of debility,” shaping causes and definitions while emphasizing the question of “who, if anyone, is to blame” for the perceived burden.⁴² With few available to blame for their condition apart from themselves, the prospect of blaming a malicious entity to avoid social ostracization becomes attractive to PWE or their families, leading FH to the forefront of curative prospects.

As FH practices dominate alternative methods of healing, the literature must then discuss questions of human rights and legal justice. However, while the scholarship emphasizes the support for FH in both Western and non-Western regions and discusses the concept of exorcism with concern to the legal sphere, there is a gap in literature that discusses both constructs as a unified issue. Despite FH encompassing passive forms of ritual, such as prayer or invocation of

³⁹ Louise Jilek-Aall, “Psychosocial study of epilepsy in Africa,” *Social Science and Medicine* 45 no 5, (1997), 783. <https://www.sciencedirect.com/science/article/pii/S0277953696004145>

⁴⁰ Sibarashe Pondani, “Prophets of Doom’: the phenomenon of healing and power dynamics in Neo-Pentecostal African Churches,” Thesis, (Stellenbosch University: 2019), ii. <https://scholar.sun.ac.za/handle/10019.1/106082>

⁴¹ Adam Ashforth, “An Epidemic of Witchcraft? The Implications of AIDS for the Post-Apartheid State.” *African studies (Johannesburg)* 61, no 1 (2002), 136. https://unf-flvc.primo.exlibrisgroup.com/permalink/01FALSC_UNF/14genmd/cdi_informaworld_taylorfrancis_310_1080_00020180220140109

⁴² Julie Livingston, *Debility and the Moral Imagination in Botswana*, (Bloomington: Indiana University Press, 2005), 28. <https://muse-jhu-edu.eu1.proxy.openathens.net/chapter/196945>

divine figures, more extreme forms of FH, such as exorcism, occur on a global scale. These instances showcase the torture, false imprisonment, and fatality that PWE are subjected to. While violations of the human right to safety are made clear, Elaine Scarry notes the intricacies in “the problem of pain” and its binding with “power.”⁴³ Abuses of power become prevalent when the population subjected to FH practices exists in a liminal space of vulnerability, such as in the case of PWE. Moreover, Helen Hall argues the inability to revoke consent, even in the event of bodily harm, makes “violence within the context of exorcism more dangerous than violence in other contexts” as those performing the act refuse to acknowledge the pain of the afflicted.⁴⁴ This emphasizes Scarry’s assertion that experienced pain, such as the bodily harm caused to PWE during exorcism, both “cannot be denied...and cannot be confirmed,” further complicating the ability of PWE to receive justice for suffering human rights violations.⁴⁵

Mark Philip Bradley suggests international human rights language highlights the acceptability of “certain universal rights” and their roots in “what it means to be human.”⁴⁶ However, David Reidy and Mortimer N.S. Sellers note the “nature, structure, justification, and origin” of human rights beliefs varies widely across the globe.⁴⁷ This disjuncture in human rights ideology makes it difficult for PWE to seek, or experience, justice through the legal system and furthers their dehumanization. It also creates a zone that raises questions surrounding the complicity of state actors in perpetuating human rights abuses. This is evident with particular

⁴³ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World*, (New York: Oxford University Press, 1985), 13.

⁴⁴ Helen Hall, “Exorcism, Religious Freedom, and Consent: The Devil in the Detail,” *The Journal of Criminal Law* 80, no 4, (2016), 252.
https://journals.sagepub.com/doi/pdf/10.1177/0022018316657950?casa_token=nPUiETqYdrUAAAAA:PyFSW0r1DfynC22RuB4WoE-ZbgHb82b17QLqwwqyWZKC5yxP2mPDrNdaNvrqLJ-sn_CDwYySa9Wc9Q

⁴⁵ Scarry, *The Body in Pain*, 13.

⁴⁶ Mark Philip Bradley, “Introduction: Human Rights and Revolutions” in *Human Rights and Revolutions*, ed. by Wasserstrom, et al. (Lanham, MD: Rowman & Littlefield Publishers, Inc., 2007), x.

⁴⁷ David Reidy and Mortimer N. S. Sellers, “Introduction” in *Universal Human Rights: Moral Order in a Divided World*, ed. by Reidy and Sellers, (Lanham, MD: Rowman & Littlefield Publishers, Inc., 2005), 2.

respect to cases of exorcism violence involving children. Javier Garcia Oliva suggests governments are in a particularly “poor position” to provide a “nuanced legal response to the spectrum of issues around children and exorcism.”⁴⁸ Moreover, he attributes this flaw to a lack of development of “children’s rights...in the sphere of faith,” which, when viewing the consistency in lack of success among legal cases concerning exorcism, can also be suggested for adult trials as well.⁴⁹

As PWE often suffer the ritual in direct connection to their disability, they are forced into a realm of social outcast, where violence, stigma, and discrimination against them has become the social norm with little recourse available in the legal system for their protection. This lack of resources, and the severe discrepancies with concern to human rights beliefs, restricts PWE to a space where human rights violations such as torture and false imprisonment have become socially and legally acceptable, even normalized. Despite the universal emphasis on human rights, Steve J. Stern and Scott Straus argue that rights are more “concrete when they are local.”⁵⁰ This is exemplified through the examination of discrimination and violence aimed towards PWE, who are then rendered invisible on the global level, with respect to human rights theory and application of the Universal Declaration of Human Rights (UDHR). However, with difficulty in witnessing the transnational scale of abuses against PWE prominent in government and legal sectors, due to the private nature of the transgressions and the disease itself, the human rights of PWE are more likely to register cause for action on the local, personal level where they can be

⁴⁸ Javier Garcia Oliva, “Exorcism and Children: Balancing Protection and Autonomy in the Legal Framework,” *International Journal of Law in Context* 18, no 1, (2022), 65. <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/BE26F1BC2394D4F76BF02BF88A769D73/S1744552322000052a.pdf/exorcism-and-children-balancing-protection-and-autonomy-in-the-legal-framework.pdf>

⁴⁹ Garcia Oliva, “Exorcism and Children,” 65.

⁵⁰ Steve J. Stern and Scott Straus, “Embracing Paradox: Human Rights in the Global Age” in *The Human Rights Paradox: Universality and Its Discontents*, ed. by Stern and Straus, (Madison, WI: The University of Wisconsin Press, 2014), 4.

witnessed firsthand. This allows for non-governmental organizations (NGOs) and individuals to encourage the application of global human rights theory, supporting PWE in dissipating the centuries old stigma attached to the disability.

Chapter 1

A Force to be Reckoned With: The Growth and Necessity of Religious Healing

There exists an abundance of documentation confirming the historical development surrounding social perceptions of epilepsy and their connection to possession by malicious entities or witchcraft. This chapter traces the evolution of this link, beginning in Greco-Roman antiquity, and following the available evidence to culminate in the early 21st century. Evidence suggests religions prior to Christianity's arrival held the belief that people with epilepsy (PWE) were connected to the supernatural realm. However, the "final triumph" of Christianity took control of this ideology, emphasizing teachings centered on the healing nature of religion and solidifying epilepsy's negative relationship to the spiritual.⁵¹ As the Catholic Church expands to integrate itself into daily life, religious texts support faith healing (FH) practices as a viable solution for the sick prior to the development of contemporary allopathic medicine. This leads to significant growth of Catholic influence in the early medical sphere, and brings forth a host of practices including fervid prayer, invocation of divine figures, and exorcism as pseudo-medicine. Although formal records of exorcism from any religion are prohibitively limited and remain difficult to find, the lack of statistical evidence is supplemented through material evidence that highlights the mythos surrounding epilepsy and the success of FH. The popularity of these FH methods is showcased through the creation of artwork and votives used for prayer healing in Catholicism as early as the 15th century. Each emphasizes prayer and exorcism as the two most common ways individuals sought healing in the earlier years of the Church.

⁵¹ Carlos Espí Forcén and Fernando Espí Forcén, "Demonic Possessions and Mental Illness: Discussion of Selected Cases in Late Medieval Hagiographical Literature," *Early Science and Medicine* 19, no 3 (2014), 261. <http://www.jstor.org/stable/24269375>

The imagery associated with Catholicism's preferred healing methods follows a continuation in the religion's popularity through the 20th and 21st centuries. The religion most closely associated with historical images of FH, Catholic symbolism that appeared in votives, such as demons and rosary beads, also appears in popular culture with the growth of film and other mass-media industries. Popular cult classics highlighting religious imagery and the success of FH against supernatural evils created a horror subgenre centered entirely around the practice of exorcism. The popularization of this subgenre, and the use of epilepsy symptoms to further its success, incites the othering of those viewed as deviant from the social norm and serves as a guide for the continuation of views conflating PWE to possession.

One of the "world's oldest recognized conditions," the earliest origins of possession linked to epilepsy are exhibited in Greece and Rome during antiquity. Carlos and Fernando Espi Forcen note several Greek tragedies support the belief that PWE were possessed by "Olympian gods...through avenging spirits."⁵² Although this paper focuses on conceptions of epilepsy as possessed by evil spirits, the concept of vengefulness, particularly vengeful spirits or gods, in relation to epilepsy is a well traced phenomenon and highlights early thoughts on possession. Leo Kanner echoes this argument, emphasizing the term 'epilepsy' indicates a "passive position" in which the afflicted is overcome or seized by a "god or demon" in the available folkloric storytelling and record.⁵³ It stands to reason that the connection between PWE and possession that continues with the growth of Christianity originates with the concept of vengeance that appears particular to Greco-Roman antiquity. As the influence of monotheistic religions grew in the region, FH practices developed to encompass material treatments invoking divine figures to

⁵² "Epilepsy," *World Health Organization*.; Espí Forcén and Espí Forcén, "Demonic Possessions and Mental Illness," 260.

⁵³ Leo Kanner, "The Names of the Falling Sickness: An Introduction to the Study of the Folklore and Cultural History of Epilepsy," *Human Biology* 2, no 1, (1930), 111. <https://www.jstor.org/stable/41447022>

heal epilepsy symptoms. The primary component of faith healing is the “power of God,” maintaining an emphasis on divine intercession, as promised in religious scriptures.⁵⁴ Greco-Romans exhibited a preference for this through “material treatments” such as amulets, believing an individual could protect themselves from seizures through daily carry.⁵⁵ However, this extends beyond Christianity as well, as a third century A.D. phylactery, a leather box containing Hebrew verses for prayer, exhibits the use of amulets as protective measure, with the inscription inside reading “the God of Abraham, the God of Issac, the God of Jacob, our God, deliver Aurelia from every evil spirit and from every epileptic fit and seizure.”⁵⁶ The phylactery highlights the expansive influence of religious beliefs connecting PWE and seizures to possession by evil spirits. The inscription, invoking God to save the subject from epilepsy symptoms, emphasizes the early use of religious intervention and spiritual healing preference where other methods were unavailable. This link caused early stigma surrounding the disability to flourish, with afflicted individuals “thought capable of transmitting” its symptoms to the wider community.⁵⁷ The concept of transmission threatened the local community and influenced historical use of religious healing, with PWE and their families exhibiting a desperation to be relieved of their symptoms, leading them to seek out FH as a means of avoiding social condemnation.

Efforts to dispel the symptoms of epilepsy continued to bear a FH lean, with prayer and exorcism being the most visibly accessible as centuries of Church influence guided daily life.

Early Christian texts pair the observable symptoms of epilepsy to possession, identifying them as

⁵⁴ Meredith B. McGuire and Debra Kantor. *Ritual Healing in Suburban America*. (New Brunswick: Rutgers University Press, 1988), 39. ; Jeff Levin, *God, Faith, and Health: Exploring the Spirituality-Healing Connection*, (New York: John Wiley & Sons, Inc., 2001), 201.

⁵⁵ Espí Forcén and Espí Forcén, “Demonic Possessions and Mental Illness,” 260.

⁵⁶ Roy Kotansky, “Two Amulets in the Getty Museum: A Gold Amulet for Aurelia’s Epilepsy: An Inscribed Magical-Stone for Fever, ‘Chills,’ and Headache.” *The J. Paul Getty Museum Journal* 8 (1980), 181. <http://www.jstor.org/stable/4166426>

⁵⁷ Frederic Thomas Elworthy, *The Evil Eye*, (Secaucus, N.J.: University Books/Citadel Press), 413.

evidence of an individual succumbing to evil spirits. This concept, and the idea that Christianity is the foremost healer in the community, is enforced through biblical texts such as the Gospel of Mark. Providing guidance for early church communities, the New Testament Gospel bears witness to the Christ figure's healing power and ejection of an "impure" spirit from a man who exhibits actions such as falling down in front of Jesus, "crying out", and "cutting himself," all of which are indicative of an epileptic attack.⁵⁸ The Gospels of Matthew, Luke, and John echo the power of Jesus, and thus the power of the Church, foregrounding cases of healing success in "men possessed by demons" and Jesus' work in freeing a "demoniac" from his possession.⁵⁹ The Gospel of Mark, however, depicts the possessed man as isolated and bound in chains. This indicates a belief the afflicted must be a danger to himself or to others and is sequestered from society to prevent threat to the communal whole. Moreover, the Gospel emphasizes the malicious intent of demonic possession and suggests the only relief option that bears success is appeal to "divine forces" for healing and expulsion of the entity.⁶⁰

Influenced by the Gospels, other Christian texts such as the works of Saint Francis of Assisi, depict exorcism in graphic detail, with possession symptoms including "wallowed foaming," contorted limbs with unrestrained movement, and his body rising and falling again in "dreadful fashion."⁶¹ These symptoms are recognizable as a more extreme case of epilepsy, consistent with the grand mal, or tonic-clonic, seizure. The understanding of epilepsy symptoms discussed by early Christian texts as demonic possession melds the two, resulting in falling, contorted limbs, "agitations, seizures, and a foaming mouth" becoming some of the most

⁵⁸ "Jesus Heals a Man with a Demon," Mark 4:45, *The Holy Bible: English Standard Version*, (Wheaton, IL: Crossway, 2001), 840.; Espí Forcén. "Demonic Possessions and Mental Illness," 260.

⁵⁹ John T. Carroll, "Sickness and Healing in the New Testament Gospels," *Interpretation*, 133, 134. <https://www.faithhealthtransformation.org/wp-content/uploads/2015/12/Sickness-Healing.pdf>

⁶⁰ Espí Forcén and Espí Forcén, "Demonic Possessions and Mental Illness," 260.

⁶¹ Espí Forcén and Espí Forcén, "Demonic Possessions and Mental Illness," 265.

“common symptoms of demonic possession” during the middle ages of Church influence.⁶² In the case of the Franciscan brother described by Saint Francis, health is only restored when the saint offers him a piece of bread, an “obvious Eucharistic symbol,” that is interpretable as the canonical bread of life or body of Christ popularized by Catholicism.⁶³ The impact of early Christian texts and the growth of the Church spread these views throughout Christendom, stressing the necessity of FH with concern to diseases that presented a threat to the community, such as epilepsy.

The belief in FH described in these religious works, which became prominent texts used in Christianity, is exhibited through Church votives preserved by the German Epilepsy Museum (GEM). Votives, Catholic artwork used to invoke divine intercession and to acknowledge deliverance from evil, are popularized with the success of Catholicism across Western Europe. The religious imagery preserved by GEM spotlights the success of FH against epilepsy symptoms through depictions of healing by exorcism and aid of religious figures, including Jesus Christ, Saint Valentine, and the Virgin Mary. Using the well-known Gospel of Mark, the foregrounding of religious healing is exemplified through Raphael’s work, “The Transfiguration of Christ” (Fig. 1).⁶⁴ The lower half of “The Transfiguration” illustrates the healing of the man possessed by the “evil spirit”, who the artist morphs into a young boy.⁶⁵ The child is shown in the midst of “having a seizure,” causing his “limbs [to go] stiff... and twisted, his mouth...slightly open, his lips...blue,” showcasing the connection of epilepsy symptoms to possession as a means of instilling fear into the onlooker.⁶⁶ The Christ figure is represented in a dominant position,

⁶² Espí Forcén and Espí Forcén, “Demonic Possessions and Mental Illness,” 266.

⁶³ Espí Forcén and Espí Forcén, “Demonic Possessions and Mental Illness,” 266.

⁶⁴ See Appendix, Fig. 1: “The Transfiguration - by Raphael.” *The transfiguration - by Raphael*, 2011. <https://www.raphaelpaintings.org/the-transfiguration.jsp#prettyPhoto>, “The Transfiguration.” *German Epilepsy Museum Kork*, January 1, 2003. <http://www.epilepsiemuseum.de/alt/raffaelen.html>.

⁶⁵ “The Transfiguration,” *German Epilepsy Museum Kork*.

⁶⁶ “The Transfiguration,” *German Epilepsy Museum Kork*.

rising above all other figures and expelling the “evil spirit.”⁶⁷ The scene portrays the boy as the only individual with his head turned toward Jesus, emphasizing his faith in religious healing.

The intercession of Jesus on behalf of PWE is not limited to this work, and is also exhibited in a tablet from the mid 1700s (Fig. 2).⁶⁸ Jesus Christ is portrayed with an arm outstretched, lending his abilities to the afflicted. The man is represented in a seated position, with a metal chain around his left wrist, implicating him as a danger to himself and a threat to the community. The man’s chains hold a similarity to the man, known as Legion, who appears in the Gospel of Mark, conflating the two stories and suggesting the bound individual from the votive exhibits similar symptoms. However, he reaches his unchained hand towards the Christ figure, signifying the onlooker of the man’s request for FH and his effort to reintegrate himself into society. As he is healed, small black demons with wings, horns, and tails are expelled from the man’s mouth, placing a spotlight on the link between epilepsy and demonic possession.

Artwork preserved by GEM also shows a particular focus on young women and children in the midst of an epilepsy attack, suggesting contemporary statistics that skew towards these demographics are consistent with historical evidence. Indicating another early use of FH practices, a 15th century page from Perche’s “Book of the deeds of the Magister Saint Luis” represents several stages of FH with reference to a young woman’s epilepsy (Fig. 3).⁶⁹ The artwork depicts the woman in three stages of seizures, while individuals clasp their hands in prayer in the background of the image. The right hand portion of the page showcases the young girl’s newfound ability to stand upright, interpreted as garnered through prayer, despite her epilepsy causing previous immobility. Immobility solved through FH is again witnessed in two

⁶⁷ “The Transfiguration,” *German Epilepsy Museum Kork*.

⁶⁸ See Appendix, Fig. 2: “Jesus Healing a Man in Chains Who Has Epilepsy.” *German Epilepsy Museum Kork*, January 1, 2003. <http://www.epilepsiemuseum.de/alt/krummenauen.html>

⁶⁹ See Appendix, Fig. 3: Henry Perche, “The Healing of a woman with the falling sickness in sequence of pictures,” in *Book of the Deeds of the Magister Saint Luis*, from *German Epilepsy Museum Kork*, January 1, 2003. <http://www.epilepsiemuseum.de/alt/percheen.html>

votives from Altötting, a popular Bavarian pilgrimage site (Figs. 4 & 5).⁷⁰ Each religious image depicts a set of parents with their child, one a baby and the other a young girl, lying on the ground experiencing an epilepsy attack. The votives enforce the influence of FH in their successful recovery, with both mothers represented with their hands clasped in prayer and one mother holding what appears to be a rosary, prayer beads typically used in Catholicism. As the children appear limp, implying their attack has passed, this guides the viewer to the belief that FH, through fervent prayer, is a factor in the successful recovery of the children.

The thread focusing on young women and children continues into the 18th century, with a votive from around 1700 depicting two small black demons with horns and tails floating up from a young woman's mouth as she clutches a rosary, signifying her faith in religion's ability to heal her illness and her freedom from possession (Fig. 6).⁷¹ The left hand side of the votive portrays the Virgin Mary holding a baby Jesus Christ, suggesting the intercession of the Madonna and Jesus in healing the young woman's epilepsy through exorcism of demonic entities that possessed her. Following the same vein, an 1843 votive depicts Saint Valentine, the primary patron saint of epilepsy, being called upon in conjunction with the Virgin Mary by a family whose child lies on the ground in the midst of a seizure.⁷² The child's four family members are represented kneeling in prayer, with the father clutching a set of rosary beads, emphasizing the need for religious intervention and the belief of the family in its success with concern to epilepsy.

⁷⁰ See Appendix, Figs. 4 & 5: "Girl with the falling sickness, Exvoto around 1510, Altötting (Bavaria)," *German Epilepsy Museum Kork*. <http://www.epilepsiemuseum.de/alt/maedchenen.html>, "The family of a child with epilepsy (portrayed having a seizure) beg Saint Valentin and the Virgin Mary to help them," *German Epilepsy Museum Kork*. <http://www.epilepsiemuseum.de/alt/valentinen.html>

⁷¹ See Appendix, Fig. 6: "The successful healing of a woman with epilepsy (the demon's escape from the sick person's mouth)," *German Epilepsy Museum Kork*. <http://www.epilepsiemuseum.de/alt/majolikaen.html>

⁷² See Appendix, Fig. 7: "The family of a child with epilepsy (portrayed having a seizure) beg Saint Valentin and the Virgin Mary to help them," *German Epilepsy Museum Kork*. <http://www.epilepsiemuseum.de/alt/valentinen.html>

The choice of the votive creators to focus on children and young women, is notable considering Moussa Toudou-Daouda and Abdul Kadir Ibrahim-Mamadou's contention that epilepsy is the "most common childhood neurologic condition" in the contemporary era.⁷³ Considering the evidence that suggests a historical skew, Anne E. Bailey discusses the concept of acknowledging childhood imperfection among medieval hagiographers, highlighting the need to accentuate "a saint's miracle working credentials" through details of the child's imperfections, such as epilepsy.⁷⁴ Moreover, Bailey notes "Augustinian tradition" believed everyone to be "tainted by original sin" and thus, imperfect by nature.⁷⁵ These views helped guide and cement those carried over from antiquity that encouraged the perception of epilepsy, among other illnesses, as "divine punishment [by vengeful gods] for sinful activity."⁷⁶ The children represented in these votives are miraculously cured through religious action of prayer or exorcism. They then represent a "poignant symbol of God's grace" that allowed religion to embed itself into daily life as a protector of the community, preventing threat from disease and disability.⁷⁷ The religious votives preserved by GEM accentuate the connection between PWE, possession, and deviation from social norm as a threat to the community, highlighting a significant growth in FH practices for epilepsy over the course of Catholicism's development.

Although evidence shows demons and possession are likened with PWE symptoms during antiquity and the early years of Catholicism, the continued teaching of Gospels emphasizing FH and religious imagery are featured in 20th and 21st century media. A relic of

⁷³ Moussa Toudou-Daouda and Abdul Kadir Ibrahim-Mamadou, "Teachers' Knowledge About Epilepsy and Their Attitudes Toward Students with Epilepsy - A Cross-Sectional Survey in the City of Tahoua (Niger)," *Neuropsychiatric Disease and Treatment* 16, (October 2020), 2327. <https://pubmed.ncbi.nlm.nih.gov/33116531/>

⁷⁴ Anne E. Bailey, "Miracle Children: Medieval Hagiography and Childhood Imperfection," *The Journal of Interdisciplinary History* 47, no 3, (2016), 275. <https://direct.mit.edu/jinh/article/47/3/267/49239/Miracle-Children-Medieval-Hagiography-and>

⁷⁵ Bailey, "Miracle Children," 275.

⁷⁶ Bailey, "Miracle Children," 275.

⁷⁷ Bailey, "Miracle Children," 284.

humanity's past is solidified into popular culture through media portrayal of epilepsy symptoms in the horror subgenre that focuses on exorcism. Upon first glance, without being suspect to its ingrained history, the use of epilepsy symptoms in horror media appears an innocuous part of the genre's widely appreciated kitsch. However, hosting epilepsy as a fear tactic and conflating it with demons perpetuates the historical perceptions of the disease as possession, and validates the need for continued FH by propping up religious imagery and successes. The continuation of the link between PWE and possession is highlighted by Toba Schwaber Kerson, et al., who exposes films like *The Andromeda Strain* (1971) that showcase the fear of making an epilepsy diagnosis openly known and emphasize the "prejudice, and all that crap [f]rom the Middle Ages" still surrounding the disease.⁷⁸ The film's nod to Catholic history represents the acknowledgement that dominating aspects of the time period, including religion, played an intense role in the scrutiny of epilepsy in earlier centuries that continues contemporaneously.

The perception of PWE as possessed is reinforced through popular cult classics, such as *The Exorcist* (1973), which use the symptoms of demonic possession as a nod to those of severe epilepsy. The film's possessed child, again following the historical vein of Church connection between children with epilepsy (CWE) and possession, indicates possession through symptoms connected to the disability. These include blue-gray coloring of the face, convulsions, guttural noises, and uncontrollable eye movements, all of which are slipped in among symptoms as unbelievable as crawling on the ceiling and turning her head 360 degrees.⁷⁹ Combining common PWE symptoms with that of the supernatural and unbelievable allows for the viewer to subconsciously link the fear experienced during these films to wide swaths of the global

⁷⁸ Toba Schwaber Kerson, Jennie F Kerson, and Lawrence A Kerson. "She Can Have a Seizure Maybe; Then We Can Watch: The Portrayal of Epilepsy in Film." *Social work in health care* 30, no 3 (2000), 102. https://unf-flvc.primo.exlibrisgroup.com/permalink/01FALSC_UNF/14genmd/cdi_proquest_miscellaneous_71226575

⁷⁹ "The Power of Christ Compels You." *Movieclips*, Youtube.com. <https://www.youtube.com/watch?v=lpvg94OzHK0>

population who suffer from the disease. The inseparable nature of these connections is emphasized in Lia Lee's case, where her doctor likens the most horrific seizure she experienced in his presence to "something out of *The Exorcist*."⁸⁰ Moreover, Steve Kissing's graphic novel, *Running From the Devil*, describes his disability as dividing his life into "before Devil" and "after Devil," relating his symptoms to demonic possession by uniting it with *The Exorcist*.⁸¹ Kissing acknowledges his own childhood assumption that "only one being" had the power to commit the acts associated with his epilepsy against him - the Devil.⁸² This belief is emblematic of the views dominant during the early years of Catholic influence, bringing Church votives and religious texts into the 20th century. Kissing confesses his childhood self believed the only thing that could save him was to make a "friend in Jesus" to atone for his wrongdoings that caused the possession, which included such mild mannered offenses as candy bar and change jar theft.⁸³ The assumption that the Christ figure was his only reliable savior, and that his illness was punishment for wrongdoing by a vengeful entity, underscores the significance, and detriment, of maintaining narratives of possession solved by miraculous religious healing that exist around PWE.

The resurgence of exorcism media came to a head in the early 21st century, with the creation of a new subgenre that perpetuates the "reality" of possession and exorcism."⁸⁴ *The Exorcist* was rereleased in theaters as *The Exorcist: The Version You've Never Seen* (2000), capitalizing on the success of the horror genre and again using epilepsy symptoms to signal possession. This version, however, includes a new scene in which the "blossoming faith" of the family is seen at the end of the movie, acknowledging the strength and accomplishments of

⁸⁰ Fadiman, *The Spirit*, 143.

⁸¹ Steve Kissing, *Running From the Devil: A Memoir of a Boy Possessed*, (Hartfordshire, UK: Markosia Enterprises, Ltd., 2018), 13.

⁸² Kissing, *Running From the Devil*, 9.

⁸³ Kissing. *Running From the Devil*, 15.

⁸⁴ Christopher J. Olson and CarrieLynn D. Reinhard, *Possessed Women, Haunted States: Cultural Tensions in Exorcism Cinema*, (Lanham, MD: Lexington Books, 2017), 125.

religion in healing the sick.⁸⁵ Christopher J. Olson and Carrielynn D. Reinhard suggest this film gave rise to genres of horror that included found footage or based on true story taglines, further blurring the “lines between fantasy and reality.”⁸⁶ The blurring of fantasy and reality extends the difficulty of PWE in integrating into their community, reinforcing the recognition of their disability as connected to evil.

This phenomenon is exhibited in the horror/thriller film, *The Exorcism of Emily Rose* (2005), which depicts a loose rendition of the exorcism that caused the death of Anneliese Michel, a young woman who found significant difficulty in treating her severe epilepsy. Four years of Western medical treatment and Michel’s illness remained unresponsive, her condition and mental state worsening.⁸⁷ Having found allopathic medicine unhelpful, the young woman and her parents believed “demons or the devil” were at fault for her disability, and turned to their Roman Catholic faith for a cure.⁸⁸ In a callback to historical methods, their local parish assigned a bishop to perform the “364-year old formal rites of exorcism” in the hope of curing Michel.⁸⁹ The use of such an old ritual form highlights the continued influence of the Church well into the 20th century, and suggests the ritual of exorcism has changed very little since antiquity. Moreover, the lack of change in exorcism makes it easier to cement the religious imagery connected to it into popular culture, as it differs very little from film to film. Eleven months of exorcism rituals lead to her death caused by “malnutrition and dehydration” from semi-starvation performed during the rites.⁹⁰ Martin, a former exorcist, suggests that there were “far more exorcisms taking place” in the latter half of the 20th century than sanctioned by the Vatican or

⁸⁵ Olson and Reinhard, *Possessed Women, Haunted States*, 127.

⁸⁶ Olson and Reinhard, *Possessed Women, Haunted States*, 128.

⁸⁷ Michael Getler, “Cries of a Woman Possessed,” *The Washington Post*, April 1978.

<https://www.washingtonpost.com/archive/politics/1978/04/21/cries-of-a-woman-possessed/94bf2fd3-8e64-482d-869d-1f929851ca8f/>

⁸⁸ Getler, “Cries of a Woman Possessed,” *The Washington Post*.

⁸⁹ Getler, “Cries of a Woman Possessed,” *The Washington Post*.

⁹⁰ Getler, “Cries of a Woman Possessed,” *The Washington Post*.

local diocese.⁹¹ The prominence of unsanctioned and unapproved exorcisms being performed by Catholic priests in the latter half of the century further suggests the influence of the classic film *The Exorcist* and highlights the rampant nature of the ritual in contemporary society. It is plausible to consider that Michel may have undergone an unsanctioned exorcism by her local diocese, resulting in her fatality.

Although the story is dramatized to garner public fascination, *Emily Rose* ignores the character's epilepsy diagnosis and her desperation in finding a cure, instead opting to emphasize the religious relationship to possession. The film's titular character cites the Gospel of Mark during the exorcism finale, through the possessing entity's assertion "I was within Legion," identifying the man healed by Jesus in the New Testament and linking the character to the biblical individual.⁹² This final scene uses aggressive symptoms associated with epilepsy such as contorted limbs, gritted teeth, convulsions, guttural noises, and losing consciousness, to intensify the viewer's horror.⁹³ Moreover, the film's director and co-writer, Scott Derrickson, "researched real cases of possession and exorcism" to further blur the lines of fantasy and portray the exorcism in what he considers to be a more realistic fashion, inspiring audiences to "experience both psychological terror and a spiritual reawakening."⁹⁴

The use of Michel's death to reinforce a religious epiphany that solidifies FH as a successful treatment for epilepsy is ethically controversial and the popularity of the film has encouraged the continued use of her death as a shock factor surrounding exorcism in the horror genre. Podcasts available on media giants, such as Youtube and Spotify, often make use of the young woman's death to discuss exorcism in a bid to be included in the zeitgeist that popularized

⁹¹ Michael W Cuneo, *American Exorcism: Expelling Demons in the Land of Plenty*, (New York: Doubleday, 2001), 24.

⁹² "The Exorcism of Emily Rose (2005) - 6 Names of Demons," *Facundo Verdun*, Youtube.com, <https://www.youtube.com/watch?v=MvTVqWhssoM>

⁹³ "The Exorcism of Emily Rose (2005) - 6 Names of Demons," *Facundo Verdun*.

⁹⁴ Olson and Reinhard, *Possessed Women, Haunted States*, 129.

the grotesque and horrific into daily language. Though some acknowledge her disability in a brief synopsis, they allow the individual to become a voyeur into the torture she experienced under exorcism, with ample use of gritty sound recordings and ‘choose your own story’ guidelines encouraging the listener to “share the terror,” although it is unclear *whose* terror is to be shared exactly.⁹⁵ These films and other readily available media, whether consciously or subconsciously, conflate possession to epilepsy while simultaneously ignoring the significance of a diagnosis and the extreme violence suffered during FH methods like exorcism. The connection of these symptoms to exorcism solidifies the historical perception that the ritual is a successful cure for the disability, endangering the lives of PWE should they be subjected to the violence it often entails and desensitizing the wider public through the media industry.

Portrayal of PWE symptoms in relation to possession and violent exorcism creates a subconscious point for viewers to form an avenue that connects epilepsy symptoms to demonic activity. When this is paired with religious iconography and biblical scripture teachings witnessed in daily life, it emphasizes the link making it more difficult for PWE to separate their personhood from the spiritual arena. While evidence discussing the development and continuation of the connections between PWE and possession with concern to Western contexts is plentiful, there are few scholars who address the contemporary use of FH and formal statistics concerning the phenomenon are lacking. However, there exists significant evidence in studies focused on non-Western contexts, particularly SSA. This thesis utilizes these to extend its argument into a contemporary context, highlighting the continuation of these views. However, it is imperative to acknowledge that the excess of literature that focuses on SSA presents an ethical

⁹⁵ “Episode 3 Part 1: The Exorcism of Emily Rose & the Real Exorcism of Anneliese Michel, *The Last 24 Hours Podcast*, Apple Podcasts, 2022.
<https://podcasts.apple.com/dk/podcast/episode-3-part-1-the-exorcism-of-emily-rose/id1518677136?i=1000544538728>

issue. The views portrayed in these analyses highlight a belief in witchcraft with concern to PWE, and scholars have a tendency to ignore the significance of witchcraft in African contexts.

It must be noted that the literature highlights witchcraft, but typically references spirits, and as such the term is taken to mean *possession*, as they are used in similar fashion. Moreover, witchcraft and possession must not be viewed in the context of what is perceived to be *real* or *unreal* by religious outsiders, but rather as a way to understand illness and disability in the absence of definitive answers. It is notable that, as the research shifts to assess PWE in contemporary Africa, there is also a shift in the religious denomination popularizing views of possession. While FH and religious connections between epilepsy and demonic entities originate with Catholicism, it is apparent that evangelical Christianity adopts these perceptions in place of Catholicism as the Vatican discouraged the continuation of exorcism rituals. This ideology is then exported to African nations through missionary efforts and evangelism as these sects of Christianity rise in popularity.

In post-colonial Africa, where an amalgamation of religion has taken place due to missionary efforts of evangelical Christianity, PWE inhabit a tenuous space in the community, as connections between their illness and the spiritual realm are prominent. This is evidenced in studies where traditional healers cite “witchcraft” as the most frequent cause of epilepsy.⁹⁶ Although possession and witchcraft are often interchangeable terms, some areas cite both witchcraft and spirit possession as causes.⁹⁷ It is further suggested by Lily Kpobi, et al. that

⁹⁶ Alfred K. Njamnshi, et al. “A community survey of knowledge, perceptions, and practice with respect to epilepsy among traditional healers in the Batibo Health District, Cameroon,” *Epilepsy & Behavior* 17 no 1, (2010), 97. <https://www.sciencedirect.com/science/article/abs/pii/S1525505009006003>; Luchuo Engelbert Bain, et al., “Public awareness, knowledge and practice relating to epilepsy amongst adult residents in rural Cameroon -- case study of the Fundong Health District,” *The Pan African Medical Journal* 14 no 32, (2014), 3. <https://pubmed.ncbi.nlm.nih.gov/23503525/>

⁹⁷ Gretchen L. Birbeck, et al., “Zambian teachers: What do they know about epilepsy and how can we work with them to decrease stigma?,” *Epilepsy & Behavior* 9 no 2, (2006), 277. <https://www.sciencedirect.com/science/article/pii/S1525505006002113>

“spiritual agents” or witches seeking to “capitalize on physiological conditions” may be at fault for the suffering of PWE.⁹⁸ This is not limited to African nations, and other regions that experience evangelical missionary or Catholic colonial influence exhibit these beliefs, as well. Oral interviews emphasize the feelings of PWE in relation to these connections, with Steven C. Schachter and Lisa Francesca Andermann noting a woman from Mexico who discusses her sister’s suggestion “that [they] have a demon inside of [them],” while another individual from South Korea describes the illness as an “evil disease from God.”⁹⁹ Limited statistics offer insight into views of possession and epilepsy in the United States. However, evidence in a comprehensive review analyzing 3,000 studies shows a significant lack of adherence to Antiepileptic drugs (AEDs) among patients in the United States due to the “belief that epilepsy has a spiritual or psychological cause,” rather than a physical one.¹⁰⁰ Similarities between these regions showcase the pervasive influence of biblical teachings centered on healing through faith practices, brought forth and solidified through the global influence of various denominations of Christianity. As historical evidence highlights the growth and success of FH, conceptualization of epilepsy as originating in the spiritual emphasizes its viability as a solution.

Questioning the views of alternative medical therapies and traditional healing methods, McGuire suggests the choice to utilize this form of healing is often posited as the “poor person’s alternative to expensive medical care.”¹⁰¹ However, in many regions, FH may be selected over

⁹⁸ Lily Kpobi, Leslie Swartz, and Mpoeh Johannah Keikelame, “Ghanaian traditional and faith healers’ explanatory models for epilepsy,” *Epilepsy & Behavior* 84, (2018), 91.

<https://www.sciencedirect.com/science/article/pii/S1525505018302051>

⁹⁹ Steven C. Schachter and Lisa Francesca Andermann, *Brainstorms Epilepsy in Our World: Stories of Living with seizures from Around the World*, (New York: Oxford University Press, Inc., 2008), 117, 118, 136.

¹⁰⁰ Muhammad Junaid Farrukh, et al., “Use of complementary and alternative medicine and adherence to antiepileptic drug therapy among epilepsy patients: a systematic review,” *Patient Preference and Adherence* 12, (2018), 2113.

<https://www.tandfonline.com/doi/epdf/10.2147/PPA.S179031?needAccess=true&role=button>

¹⁰¹ McGuire and Kantor, *Ritual Healing in Suburban America*, 7.

allopathic techniques for a variety of reasons. Individuals are sometimes faced with few options in the way of medical aid and a preference for faith healers may be attributable to workforce shortages among care providers, lack of access to allopathic medical care, lack of financial resources, limited health literacy, a distrust of Western medical providers, lack of transportation, cultural proclivity, or limited health insurance coverage.¹⁰² These factors are highlighted by Sharon K. Hull, who emphasizes the use of FH among respondents in the United States who “had a break in health insurance coverage,” were unemployed, “reported cost as a problem in obtaining care,” or who “reported difficulties with travel” in regards to their primary care physicians.¹⁰³ The same study highlighted a lack of faith in allopathic medical care, with respondents agreeing “a person should only use doctors as a last resort,” with respondents emphasizing that waiting or FH can cure almost any illness.¹⁰⁴ With difficulty in obtaining access to AEDs, percentages of PWE as high as 35% remaining unresponsive to Western treatments, and historical socio-religious stigma remaining prominent, the choice of PWE to forgo treatment altogether or to consent to undergo FH out of desperation, fear, or belief in its efficacy in the contemporary is unsurprising.¹⁰⁵ Considering the widespread and varied nature of access to, or belief in, Western medical options and the pervasiveness of Christian biblical teachings, FH becomes the default preference for a large portion of the global population.

¹⁰² “Healthcare access in rural communities,” *Rural Health Information Hub*, 2022.

<https://www.ruralhealthinfo.org/topics/healthcare-access>; Sara Heath, “Geographic Care Access Barriers Exist in Urban Areas, Impact Minorities,” *Patient Engagement Hit*, Techtarget, Inc., 2022. <https://patientengagementhit.com/news/geographic-care-access-barriers-exist-in-urban-areas-impact-minorities>

¹⁰³ Sharon K. Hull, et al., “A Prevalence Study of Faith-Based Healing in the Rural Southeastern United States,” *Southern medical journal* 99 no 6, (2006), 647. https://unf-flvc.primo.exlibrisgroup.com/permalink/01FALSC_UNF/14genmd/cdi_gale_infotracmisc_A148139439

¹⁰⁴ Hull, et al., “A Prevalence Study of Faith-Based Healing,” 647.

¹⁰⁵ Orrin Devinsky, Steven C. Schachter, and Steven Pacia, *Complementary and Alternative Therapies for Epilepsy*, (New York: Demos, 2005), 8. https://unf-flvc.primo.exlibrisgroup.com/permalink/01FALSC_UNF/84eb4c/alma99383032138006598

While the popularity of FH is foregrounded, the attraction to these methods must be analyzed in reference to the disjuncture between alternative healing and Western medical systems. McGuire suggests alternative healing practices, including faith based healing, are more attractive because healthcare, historically, is a “function of the family” rather than a comprehensive professional field.¹⁰⁶ This is especially pertinent with respect to epilepsy, as it carries a heavy stigma attached and PWE are hesitant to openly admit a diagnosis to familial outsiders out of fear of social ostracization from the larger community. Moreover, McGuire contends more traditional methods included under the branch of alternative healing also promise “meaning-providing elements” that aim to address the stark differences between *illness* and *disease*. She notes allopathic physicians limit their practice to the “cure of *disease*,” or the biological disorder, while paying little attention to illness, or how the afflicted experience their sickness in a social and cultural context.¹⁰⁷ This creates a barrier for those seeking medical aid, as the social and cultural context surrounding diseases often take precedence over other physical factors, as in cases of epilepsy which bears a religious stigma and can result in loss of both social and religious aid networks.

Moreover, while the available statistics emphasize those willing to choose FH options, and exorcism in particular, represent a minority of the global population, they suggest the influence of Christianity and Christian teachings is more widespread with concern to disease than originally expected and highlight the necessity of further research in regard to this area. It is also difficult to determine the full accuracy of available studies concerning FH as a choice of PWE and their families, as Muhammad Junaid Farrukh suggests a portion of patients analyzed in a U.S. study “did not disclose the use of... [FH] to their doctors,” highlighting the disconnection

¹⁰⁶ McGuire and Kantor, *Ritual Healing in Suburban America*, 7.

¹⁰⁷ McGuire and Kantor, *Ritual Healing in Suburban America*, 6.

between religious and allopathic medicine and a distrust of Western medical doctors that prevents PWE from openly disclosing their use of FH practices.¹⁰⁸ Farr A. Curlin confirms this suggestion, noting a physician interviewed cited a lack of faith in medical doctors, while Curlin also emphasizes physician attempts to persuade the patient of the “inadequacy of...[their] religious reasoning.”¹⁰⁹ Considering the open distrust of medical doctors exhibited by patients and the hostility of medical doctors with concern to FH, the visible minority practicing FH options may be skewed.

These factors, compounded by a religious emphasis on biblical healing scriptures and structures that highlight PWE symptoms in relation to possession, enforce the belief that PWE are inferior members of the community who must be freed from their symptoms by FH practices. The influence of biblical teachings is highlighted in a 2004 cross-cultural study of American and Kashmir PWE which shows American respondents noting a “favorable impression of prayer/spiritual treatments,” emphasizing they would consider them in future endeavors.¹¹⁰ Moreover, Alisa Khan highlights a higher tendency among American respondents to “have friends and family pray for the affected individual” over their Kashmir counterparts, showcasing a religiosity and support for FH practices in American life that is tied to the influence of Christianity.¹¹¹ Similar numbers are confirmed in a 2006 prevalence study, which highlighted the rural southeastern United States as having the “highest reported utilization rates for prayer as a healing modality,” with respondents from South Carolina, Texas, and West Virginia having the

¹⁰⁸ Farrukh, “Use of complementary and alternative medicine,” 2113.

¹⁰⁹ Farr A. Curlin, MD, et al. “Physician Perspectives on Religiously Related Conflict in the Medical Encounter,” *JAMA Internal Medicine* (2005), 89, 91.

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/486343>

¹¹⁰ Alisa Kahn, et al., “Treatments and perceptions of epilepsy in Kashmir and the United States: a cross-cultural analysis,” *Epilepsy & Behavior* 5, no 4 (2004), 582, 583.

<https://www.sciencedirect.com/science/article/pii/S1525505004001386>

¹¹¹ Khan, et al., “Treatments and perceptions,” 584.

highest FH usage rates.¹¹² These areas tend to have higher rates of evangelical populations, with the PEW Research Center noting roughly 34% of adults in the U.S. south identify as evangelical Christian, as opposed to only 15% with respect to Catholicism, emphasizing a shift from historical FH influenced by Catholicism into a newer brand touted by evangelical sects.¹¹³

The inclination towards spiritual healing methods is accentuated further by Liow, who highlights patients in Wichita, Kansas that rank “prayer/spirituality” at just above 40% when citing their most commonly used form of alternative treatment.¹¹⁴ This statistic appears slightly lower in urban regions, such as in the Denver Health and Hospitals adult epilepsy clinic, where patients noted a 31% preference for prayer methods in treatment for epilepsy, although those who did utilize faith healing reported a 49% success rate, emphasizing the belief in spiritual healing among Americans.¹¹⁵ This contention is solidified in non-Western contexts as well, with a Winkler observing 44.3% “were convinced that epilepsy could be treated by THM [or FH].”¹¹⁶ The tendency to select FH over allopathic medicine indicates a significant lack of access to Western medical treatments, in the United States and elsewhere.

The persistence of exorcism and prayer as curative emphasizes the deep roots of religious connection embedded into modern pseudo-medical practice, both Western and non-Western. Evidence linking epilepsy to possession, witchcraft, or a vengeful entity is visible throughout the literature in explicit detail. Originating in early scriptural teachings of

¹¹² Hull, et al., “A Prevalence Study of Faith-Based Healing,” 645, 646.

¹¹³ “Adults in the South - Religious Composition of Adults in the South,” *The Pew Research Center*, 2023. <https://www.pewresearch.org/religion/religious-landscape-study/region/south/>

¹¹⁴ Kore Liow, et al., “Pattern and frequency of use of complementary and alternative medicine among patients with epilepsy in the midwestern United States,” *Epilepsy & Behavior* 10, no 4 (2007), 577. <https://www.sciencedirect.com/science/article/pii/S1525505007000443>

¹¹⁵ B.V. McConnell, et al., “Use of complementary and alternative medicine in an urban county hospital epilepsy clinic,” *Epilepsy & Behavior* 34, (2018), 74. <https://www.sciencedirect.com/science/article/pii/S1525505014000924>

¹¹⁶ Andrea Silvia Winkler, et al., “Attitudes Towards African Traditional Medicine and Christian Spiritual Healing Regarding Treatment of Epilepsy in a Rural Community of Northern Tanzania,” *African Journal of Traditional, Complementary, and Alternative Medicines* 7 no 2, (2010), 166. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3021156/pdf/AJTcam0702-0162.pdf>

Catholicism, symptoms related to PWE such as convulsions, uncontrolled eye movements, contorted limbs, and gritted teeth, became identifiers of demonic possession in early Christianity. Moreover, the influence of the Christian ideology related to miraculously healing the sick, perpetuated through the teaching of prominent religious texts, created a space for any illness deemed a threat to the community to necessitate divine intervention. Preserved religious imagery offers insight into the early Church's efforts to provide FH avenues to those afflicted with epilepsy, often using images of divine intervention and freedom from demonic possession to solidify their success.

Acknowledging Catholicism as the denomination most intimately tied to possession, popular media industries picked up identifiable religious imagery for use in the horror genre. As the genre grew, epilepsy symptoms were enveloped among more outlandish symptoms to indicate the presence of a demonic entity, reinforcing the historical perception of PWE as possessed. The continued use of exorcism to shock audiences, through more readily accessible media such as podcasts, highlights the pervasive fascination with exorcism and the widespread attraction to witnessing epilepsy symptoms in the context of exorcism rituals. Furthermore, the growth of denominations outside of Catholicism, such as evangelical Christianity, helped contribute to the widespread nature of beliefs conflating PWE and possession. Viewing the bible as the “ultimate authority” and taking a more literal translation of its scriptures than other denominations, evangelical Christianity identified closely with teachings of possession and exorcism.¹¹⁷ Moreover, holding a belief “that lives need to be transformed” through belief in Jesus and an emphasis on “demonstration of the gospel in missionary and social reform efforts,”

¹¹⁷ “What is an Evangelical?” *The National Association of Evangelicals*, The National Association of Evangelicals, 2023. <https://www.nae.org/what-is-an-evangelical/#:~:text=Evangelicals%20take%20the%20Bible%20seriously,t o%20sinners%20by%20Jesus%20Christ>.

evangelical denominations helped to spread the teachings of Christian scripture further.¹¹⁸ The historical conceptualization of PWE as possessed, and the missionary efforts that helped spread evangelical ideology around the globe, guided the rise of amalgamation between traditional indigenous beliefs of witchcraft and Christian views of possession. The combination of these factors place PWE into a tenuous space, as Western medical infrastructure is lacking significantly in various global regions and faith healers provide hope of avoiding social isolation. This culminates in the choice to undergo FH techniques, particularly prayer, but opens the door for more egregious, antiquated methods that hold the potential for extreme violence, such as exorcism.

¹¹⁸ “What is an Evangelical?” *The National Association of Evangelicals*, 2023.

Chapter 2

“The Will of God”: Questions of Human Rights and Legal Responsibility

Epilepsy as a disease is non-discriminatory, affecting all ages, genders, races, and nationalities. Considering the historical evidence highlighting the pervasive nature of stigma and violence perpetrated against PWE, through prominent Christian teachings and social views, a problem arises with respect to government responsibility in curbing its detrimental effects. Since prayer and exorcism are ranked high in preference with respect to the diverse methods of alternative healing, questions are raised concerning faith healing (FH) techniques and their place within the legal system. This chapter answers the question of what becomes of subtle human rights violations wrought through an abuse of religious power in areas where Christian influence and teachings are dominant. It analyzes the negative stigma born from historical perceptions of people with epilepsy (PWE) as connected to possession, and the transference of these views into social isolation of PWE within their communities. Furthermore, it discusses this social isolation, and the resulting links to FH such as exorcism, in the context of international human rights language. The chapter primarily utilizes literature based in non-Western contexts to develop statistical analysis of the social isolations and rights violations occurring against PWE. This is done due to the considerable lack of analysis in these areas with concern to Western nations. As the chapter shifts to analyze case studies, it then moves to place non-Western statistics into conversation with Western contexts due to the availability of news media and legal case information with respect to Western regions. Through the lens of two case studies, the chapter examines unregulated FH against PWE that resulted in torture and/or fatality. Moreover, it seeks to understand the place of these cases in human rights spheres, as well as the disjunctures and

failures of the legal system to bring justice for vulnerable individuals faced with exorcism violence.

The Christian development of beliefs surrounding PWE as connected to witchcraft and possession, developed through biblical scripture and integration of the Catholic Church into daily life and reinforced through religious imagery in popular culture, brings afflicted individuals into a liminal space where these views cause ingrained social stigma among community members. This stigma develops into violations of assumed human rights encompassing essential aspects of achieving personhood, including education, employment, community involvement, and marriage. The ostracization of PWE in both Western and non-Western communities, as well as the healing practices associated with the disability, are linked to the deviation of PWE from social norm and the stress their symptoms place on the communal whole. The lack of effort among community members, religious leaders, and government entities to socially accept PWE results in a denial of access to kinship and support networks necessary for survival. This compounds the belief that they are inferior members of the community and renders them a social burden, as they are unable to fully participate in its success.

The concept that social isolation solidified through Christian teachings sequesters PWE from their communal support networks is exemplified by Patrick Adjei, who notes a large number of individuals “alluded that patients with epilepsy suffered social isolation because they were perceived by the community to be inferior persons.”¹¹⁹ However, this is exacerbated in early childhood by the inability of children with epilepsy (CWE) to attend school in a classroom setting, due to prevalence and visibility of epilepsy symptoms. Hassan and Beyene noted a 69.4% absenteeism rate among students with epilepsy surveyed in Addis Ababa, Ethiopia, with

¹¹⁹ Patrick Adjei, et al., “Beliefs on epilepsy in Northern Ghana,” *Epilepsy & Behavior* 29 no 2, (2013), 317. <https://www.sciencedirect.com/science/article/pii/S1525505013004058>

medical appointments, seizures occurring prior to school, and seizures occurring at school being the most cited reasons.¹²⁰ A cross-sectional survey in Niger showcased the view of 53% of respondents, who emphasized that a child who has undergone an epileptic fit should be sent home at the end of the crisis, while another completed in Brazil notes 46% of parents “believe their child should go home immediately” following a seizure.¹²¹ While these views may be attributed to maintenance of the child’s comfort and privacy, Bruno Vinicius Kouhiro Aguiar’s study also highlights a large portion of respondents, ranking in at 70%, who admit they would “permit a child to miss a school day even if he or she had no seizure or other health problems that day.”¹²² The relative frequency of seizures discussed by the WHO, which recognizes occurrences of up to several times a day, sending a child home after a fit can lead to the inability of the child to keep up with schoolwork and classroom lessons, resulting in grade failures and dropouts.

Although childhood rates are higher in non-Western contexts, children in Western nations are also presented with difficulties in attending school in a classroom setting, with 36% of students aged 6 to 17 years being “more likely to have missed 11 or more days of school” in a year-long time span.¹²³ Athanase Millogo and Antoine S. Siranyan’s study emphasizes this problem with 80.6% of teacher respondents citing school dropouts and 83.9% citing grade failure

¹²⁰ Oumer Hassen and Ayalew Beyene, “The effect of seizure on school attendance among children with epilepsy: a follow-up study at the pediatrics neurology clinic, Tikur Anbessa specialized hospital, Addis Ababa, Ethiopia,” *BMC Pediatrics* 20, no 270, (2020), 3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7268295/pdf/12887_2020_Article_2149.pdf

¹²¹ Toudou-Daouda and Ibrahim-Mamadou, “Teachers’ Knowledge About Epilepsy,” 2331.; Bruno Vinicius Kouhiro Aguiar, et al., “Seizure impact on school attendance in children with epilepsy,” *Seizure* 16, no 8, (2007), 699. <https://www.sciencedirect.com/science/article/pii/S1059131107001252?via%3Dihub>

¹²² Aguiar, et al., “Seizure impact on school attendance,” 699.

¹²³ “School Health Policies and Practices Brief: Epilepsy and Seizure Disorder,” National Center for Chronic Disease Prevention and Health Promotion: Division of Population Health, *The Centers for Disease Control and Prevention*, 1. <https://www.cdc.gov/epilepsy/pdfs/schoolhealthprofilesbrief.pdf>

or being held back as the most common consequences for students with epilepsy.¹²⁴ Considering the low threshold for absenteeism to result in grade failure, particularly in countries that do not have a federally established public education system or where other areas of life are prioritized over schooling out of necessity, the potential for CWE to lack even a nominal education is extremely high.

Absenteeism related to the visibility of epilepsy symptoms accounts for a large portion of statistical analysis. However, research also suggests community practices and attitudes emphasize the views of PWE as the ‘other’ in the community. While attitudes about epilepsy among teachers are generally positive, there are “significant deficits” in teacher knowledge concerning the disability.¹²⁵ Moreover, African focused scholarship notes community practices that deny PWE access to education, further limiting personal growth and independence. The practice is exemplified by Birbeck, who notes a 13.5% difference in teacher acceptance of classroom attendance in favor of PWE who have had no seizure versus those who have had a visible seizure.¹²⁶ A similar sentiment is echoed in urban Burkina Faso, with 15.4% of teacher respondents objecting to students with epilepsy continuing in their classroom out of fear they will disturb others.¹²⁷

This is troubling considering the prevalence of childhood epilepsy across the globe, and the potential for these issues to result in a large portion of children being denied access to education. The difficulty for children with epilepsy to maintain equal status in the classroom, results in a potential violation of Article 26 of the UNDHR, which outlines the “right to education,” and Article 23 of the UN Convention on the Rights of the Child, which outlines the

¹²⁴ Athanase Millogo and Antoine S. Siranyan, “Knowledge of epilepsy and attitudes towards the condition among schoolteachers in Bobo-Dioulasso (Burkina Faso),” *Epileptic Disorders: international epilepsy journal with videotape* 6 no 1, (March 2004), 23. <https://pubmed.ncbi.nlm.nih.gov/15075064/>

¹²⁵ Aguiar, et al., “Seizure impact on school attendance,” 700.

¹²⁶ Birbeck, et al., “Zambian teachers,” 277.

¹²⁷ Millogo and Siranyan, “Knowledge of epilepsy,” 23.

requirement of the State in ensuring “effective access to...education.”¹²⁸ Although not directly related to views of CWE as possessed, when considered in tandem with high rates of belief in PWE as connected to evil, it becomes difficult to divide the bias that CWE are a disturbance in the classroom, rather than entitled to an education. The lack of access to proper schooling limits the afflicted in both communal productivity and personal growth, making it difficult to realize full personhood in combination with handling their disability on a socio-religious level.

The social limitations on growth, solidified through a lack of education, leave CWE and PWE resigned to home or communal assistance tasks by their kin networks as a means of finding their place in the community. This remains important in avoiding social stigma, as PWE contend the maintenance of their quality of life requires financial self-reliance and being able to “independently carry out activities of daily living.”¹²⁹ However, PWE may find it difficult in completing communal tasks due to their disability and risk of injury through seizure. The struggle in completing their share of tasks is perceived by the community as a reason to deny them further access to the assistance networks necessary for survival. This is troublesome when taken into account with narratives perpetuated by faith healers and religious leaders that reinforce the “perceived inability of PWE to undertake some activities of daily living,” which will constitute a “loss of productivity and income for the family.”¹³⁰

Discussing sensory order, Kathryn Linn Guerts argues the cultural milieu of existing sensory views in communities forms the foundational expectation of “what it is to be a person in

¹²⁸ Toudou-Daouda and Ibrahim-Mamadou, “Teachers’ Knowledge About Epilepsy,” 2327.; “Article 26 - Universal Declaration of Human Rights,” United Nations, *United Nations*.; “Article 23 - Convention on the Rights of the Child,” United Nations, *United Nations*.

<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

¹²⁹ David Atsu Deegbe, et al, “Meanings of quality of life among people living with epilepsy in Ghana; a qualitative exploratory study,” *Epilepsy & Behavior* 129, (2022), 108527 (5).

<https://www.sciencedirect.com/science/article/pii/S1525505021007885>

¹³⁰ Kpobi, et al., “Ghanaian traditional,” 91.

a given time or place.”¹³¹ For Lia Lee, whose family holds shamanistic beliefs that consider her disability a “blessing,” she is considered an “anointed one.”¹³² While spirit possession is viewed as an honorable condition that would lead Lia on the path to potential Shamanism in Hmong tradition, Christianity bears a considerably more negative outlook due to its connection to biblical scriptures that emphasize possession as a condition in need of divine healing.¹³³ In reference to PWE, this helps to understand how social stigma wrought through an inability to assist the community relegates them to a sphere of forced dependence. Geurts suggests a “culture’s sensory order is one of the first and most basic elements of making ourselves human.”¹³⁴ Lee’s sensory order lacked balance in the traditional meaning, but was balanced through the Hmong belief that she was connected to realms of divinity. Had Lee become a shaman, this belief would have brought her “an enormous amount of social status in the community,” with her illness signifying her as a “person of high moral character.”¹³⁵ In Christianity, however, PWE are perceived as being out of balance from the approved sensory order, rendering them outside the social norm. Deviation from the expected social norm, caused by visible symptoms historically identified as possession in religious teachings such as convulsions, results in “enacted stigma or perceived stigma” that renders them less than human in the eyes of the community.¹³⁶ The relegation of PWE to a childlike sphere of dependency contributes to the pains of accepting their disability, thus resulting in further exclusion or dehumanization.

¹³¹ Kathryn Linn Geurts, “Is There a Sixth Sense?” In *Culture and the Senses: Bodily Ways of Knowing in an African Community*, (Berkeley: University of California Press, 2002), 5.

<http://www.jstor.org/stable/10.1525/j.ctt1pnrfv.6>

¹³² Fadiman, *The Spirit Catches You*, 22.

¹³³ Fadiman, *The Spirit Catches You*, 22.

¹³⁴ Geurts, *Culture and the Senses*, 5.

¹³⁵ Fadiman, *The Spirit Catches You*, 21.

¹³⁶ Adjei, et al. “Beliefs on epilepsy in Northern Ghana,” 316.

The difficulty in achieving full personhood is also visible in the Sub-Saharan African (SSA) belief that disorders featuring convulsions are believed to be “contagious,” resulting from “taboos and spiritual causes,” or garnered from “dirty blood.”¹³⁷ The belief that “dirty blood” or contagion may manifest epilepsy via lifestyle choices or hereditary factors affects the ability of PWE to integrate into the wider community foregrounding the fear of tainting the familial line, further sequestering them from kinship networks and transforming them into a threat to the wider group.¹³⁸ These ideas originate in antiquity, resembling the views of Greco-Romans prior to Christian takeover and highlighting the connections between the broader history of Christian influence on the social aspects of disease. Moreover, the blame for their illness falling on their own person due to poor choice or on their families due to poor genetics, signifies the view of PWE as the inherent ‘other’ to be avoided.

This issue appears to primarily affect women with epilepsy (WWE), isolating them through denial of marriage and family prospects which prevents them from achieving culturally defined variations of womanhood in many regions. Deetha Santosh echoes this assertion, noting the consequences of epilepsy stigma are “nowhere more evident than in the case of women with epilepsy of marriageable age in a developing country.”¹³⁹ Healers in Kpobi’s work confirm this sentiment, emphasizing the communal idea that WWE are less likely to be viewed as ideal partners for marriage or child bearing and rearing due to their disability.¹⁴⁰ This view is attributed to beliefs that they might be “unable to properly care for children, cook on a fire, or fetch water,”

¹³⁷ Jilek-Aall, “Psychosocial study,” 784.; Adjei, et al. “Beliefs on epilepsy in Northern Ghana,” 317; Kpobi, et al. “Ghanaian traditional,” 91.

¹³⁸ Kpobi, et al. “Ghanaian traditional,” 90.

¹³⁹ Deetha Santosh, et al., “Women with Onset of Epilepsy Prior to Marriage: Disclose or Conceal?” *Epilepsia (Copenhagen)* 48 no 5, (2007), 1007.

<https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1528-1167.2007.01040.x>

¹⁴⁰ Kpobi, et al. “Ghanaian traditional,” 90, 91.

which would be their portion of communal assistance tasks.¹⁴¹ Furthermore, Sisi Li notes that an “early age of onset epilepsy was associated with reduced rates of marriage and fertility” among WWE in China.¹⁴² This is echoed by Gagandeep Singh concerning India, where it is common to avoid disclosure of epilepsy out of “fear that disclosure will lead to rejection of the proposed marriage.”¹⁴³ These views place women in a precarious position, as the ability to connect kinship networks through marriage and children, and to care for a household, is highly regarded and tied to their ability to achieve full personhood in both Western and non-Western nations.

Moreover, this is especially pertinent with concern to Christianity, which places a heavy emphasis on family rearing in connection to womanhood. The effect of this stigma, perpetuated through religious influence, is showcased by Mpoe Johannah Keikelame and Leslie Swartz, who highlight relationships issues, shame, and anger as the most prominently displayed concerns among WWE.¹⁴⁴ A Nigeria focused study by Morenikeji A. Komolafe, corroborates these difficulties, where one third of WWE participants noted an “impaired relationship...with spouses” and physical abuse perpetrated against them by household members because of their disability.¹⁴⁵ The lack of prospects for WWE places them in an insecure social position, finding difficulty in providing for their families or building the networks imperative to survival. Perhaps this is why Komolafe suggests participation in a transactional sexual economy is not uncommon,

¹⁴¹ Jack Goodall, et al. “Stigma and functional disability in relation to marriage and employment in young people with epilepsy in rural Tanzania,” *Seizure* 54, (January 2018), 30.
<https://www.sciencedirect.com/science/article/pii/S1059131117301152>

¹⁴² Sisi Li, et al., “Epilepsy in China: Factors influencing marriage and fertility,” *Seizure* 71, (2019), 181.
<https://www.sciencedirect.com/science/article/pii/S1059131119303644>

¹⁴³ Gagandeep Singh, et al. “Marriage in people with epilepsy: A compelling theme for psycho-behavioral research,” *Seizure* 62, (2018), 128.
<https://www.sciencedirect.com/science/article/pii/S105913111830342X>

¹⁴⁴ Mpoe Johannah Keikelame and Leslie Swartz, “I wonder if I did not mess up...”: Shame and resistance among women with epilepsy in Cape Town, South Africa,” *Seizure* 61, (October 2018), 53, 54.
<https://www.sciencedirect.com/science/article/pii/S1059131117308014>

¹⁴⁵ Morenikeji A. Komolafe, et al., “The social and economic impacts of epilepsy on women in Nigeria,” *Epilepsy & Behavior* 24 no 1, (May 2012), 99.
<https://www.sciencedirect.com/science/article/pii/S1525505011006706>

with the primary reasons being “unemployment and absence of steady income” among WWE in developing nations where other prospects are unavailable.¹⁴⁶

When considering the severe social stigma and isolation surrounding PWE that originates through Christian influence and prevents them from achieving the social formalities necessary for adulthood, the choice of contemporary PWE and their families to attempt FH becomes clear. FH, in the context of PWE, avoids the prospect of making a diagnosis obvious within the community through the use of allopathic methods, if they are available. Moreover, where allopathic medical infrastructure is inaccessible, FH provides a clear option for individuals to attempt to alleviate the social issues surrounding their symptoms. The Lee’s, and the wider Hmong community, maintain “faith in their traditional Hmong beliefs” concerning medicine and FH, using Western doctors as “additional help...to hedge their bets” against illness when necessary.¹⁴⁷ This appears to be a theme common to both non-Christian and Christian circles, where Western doctors are used as a filler in combination with FH practices that suit the individual for a varying reasons. However, the variations among how FH is defined across Christian denominations, as well as the lack of regulating bodies to control it, present a significant problem. This is especially consequential due to the continued link between PWE and entities perceived as evil or violent by Christian religious groups. The abuses connected to PWE and FH violate a number of international rights conventions upheld by the United Nations (UN). Although the intention of the UN conventions is in policing discrimination perpetuated by state actors, questions of responsibility to a vulnerable population arise.

Abuse of power and authority is exemplified with respect to cases of exorcism gone awry. Exorcism, a ritual included in almost every major religion although its practice varies

¹⁴⁶ Komolafe, et al., “The social and economic impacts of epilepsy,” 99.

¹⁴⁷ Fadiman, *The Spirit Catches You*, 23.

widely, is touted as a way to remove a demon or other evil entity from an afflicted individual. This is applicable with respect to PWE whose disability is heavily intertwined with religious communities and is subject to sermons of healing that emphasize scriptures such as the Gospel of Mark which highlight FH as successful. While some individuals may consent to rituals such as exorcism in the hope of healing their epilepsy, as promised through religious teachings and scriptures, there are many who are subjected to the violence through the will of others, including family. Moreover, familiarity with the disability does not prevent the belief that PWE are possessed by evil spirits, otherworldly entities, or cursed by witchcraft. The continued belief in possession, originating in religious focus on healing the sick and reinforced through religious imagery in popular culture, is often combined with a significant lack of access to Western medical care. The experience of sickness in context with the diverse socio-religious stigma attached to epilepsy may encourage PWE to forgo disclosure of their disability as a means of avoiding social isolation. This creates a violation of Article 25 of the Universal Declaration of Human Rights (UDHR), which states all individuals have a right to “a standard of living adequate for [their] health and well-being,” which includes access to medical care, necessary social services, and “security in the event of...disability.”¹⁴⁸ As PWE are not guaranteed this right to medical care across the globe, lack of access and the presence of stigma that prevents disclosure may increase the consistency of PWE or their families in seeking FH methods and increases the likelihood of denial of care in the event of extremes like torture.

Examples of this are exhibited in news media present over the last two decades. In acts of desperation or religious belief, families are witnessed enlisting religious figures after their relatives suffer “from several attacks of epilepsy,” are witnessed falling “unconscious following

¹⁴⁸ “Article 25 - Universal Declaration of Human Rights.” United Nations. *United Nations*. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

an epileptic seizure,” “fell ill with epilepsy,” or exhibited convulsions.¹⁴⁹ PWE disclosed in these articles are subjected to violence and torture via exorcism that includes, but is not limited to, burn marks from camphor, being “tied up at home” and severely beaten “with a stick,” and “thrashed with a hot iron chain,” all to the point of fatality.¹⁵⁰ Although there remains a lack of statistics concerning the deaths or violence related to FH, there exists an abundance of news articles that highlight the torture suffered by affected PWE or those experiencing seizures. This emphasizes the global problem in allowing stigma concerning epilepsy to continue. It is also noteworthy that individuals subjected to contemporary exorcism rituals are frequently unconscious prior, raising further questions about consent.

The lack of informed consent surrounding the ritual highlights potential violations of Article 9 of the Universal Declaration of Human Rights (UDHR), which states an individual shall not be “subjected to arbitrary...detention.”¹⁵¹ With respect to exorcism, Hall questions whether it is even “possible for a person to consent to an assault” that may result in bodily harm, injury, or death if this is done with religious motivations.¹⁵² This is a particularly important question considering the belief that PWE are possessed, and religious influence has rendered their voice the voice of an evil entity, making it almost impossible for them to express

¹⁴⁹ Kashif Farid. “Epilepsy patient killed during ‘exorcism.’” *The Express Tribune*. The Express Tribune. November 21, 2010. <https://tribune.com.pk/story/79517/epilepsy-patient-killed-during-exorcism>; “Kerala: 18 year old girl dies during exorcism.” *Deccan Chronicle*. Deccan Chronicle. October 12, 2014. <https://www.deccanchronicle.com/141012/nation-crime/article/18-year-old-girl-dies-during-exorcism>; Pavan Kumar Bandari. “Andhra Pradesh: Young Man Dies of Severe Beating during Exorcism in Kurnool District.” *The Hans India*. Hyderabad Media House Limited/The Hans India, June 7, 2021. <https://www.thehansindia.com/andhra-pradesh/andhra-pradesh-young-man-dies-of-severe-beating-during-exorcism-in-kurnool-district-689676>.; “Woman tortured to death during exorcism ritual in Gujarat, 5 held,” *The Times of India*. Bennett, Coleman, & co, Ltd. October 14, 2021. <https://timesofindia.indiatimes.com/city/ahmedabad/woman-tortured-to-death-during-exorcism-ritual-in-gujarat-5-held/articleshow/87024068.cms>

¹⁵⁰ “Kerala: 18 year old girl,” *Deccan Chronicle*, 2014.; “Andhra Pradesh: Young Man Dies,” *The Hans India*, 2021.; “Woman tortured to death,” *The Times of India*, 2021.

¹⁵¹ “Article 9 - Universal Declaration of Human Rights,” United Nations, *United Nations*. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

¹⁵² Hall, “Exorcism, Religious Freedom, and Consent,” 244.

themselves in any capacity. This raises further questions of consent, as defendants in cases of exorcism violence often cite resistance and struggle as attributable to “demonic forces, rather than the true will of the victim.”¹⁵³ Considering this, concerns surrounding the violations of consent and of Article 9 of the UDHR become much more prominent and showcase the continuation of abuses against PWE. Moreover, the torture that is often attached to exorcism and other FH results in a violation of Articles 1, 3, and 5 of the UDHR which foreground the right to dignity, safety of person, and to not be subjected to torture or inhumane treatment.¹⁵⁴ Through these actions and perceptions, PWE have been stripped of a significant portion of their rights in a social and cultural tradition that remains inconspicuous to the naked eye and continues even in areas with high rates of disease prevalence.

There is also little evidence that points to these rituals being performed under the sanction of a larger entity, which implies a significant lack of regulation. In light of possession becoming common in household language during the late twentieth century due to cult classics like *The Exorcist*, the consequence of presenting certain disease symptoms in connection with ritualistic exorcism through popular culture are emphasized. Moreover, in regions of the United States and SSA exorcism use falls primarily under Pentecostal sects, which lack any regulatory body to police their actions. This becomes a significant issue, as evangelical Christianity defines exorcism under the vague term *laying on of hands*, which allows for variations on a church by church basis. The prominence of unsanctioned exorcism, whether performed by Catholic priests or evangelical religious leaders, signifies the pervasiveness of the ritual and highlights the potential for violence to occur under these circumstances. Moreover, there is no evidence of actors such as the Vatican, evangelical church bodies, other nation-states, mentioned as being in

¹⁵³ Hall, “Exorcism, Religious Freedom, and Consent,” 252.

¹⁵⁴ “Article 1 - Universal Declaration of Human Rights,” *United Nations*.; “Article 3 - Universal Declaration of Human Rights,” *United Nations*.; “Article 5 - Universal Declaration of Human Rights,” *United Nations*.

violation of the UN Convention on Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment. In fact, individuals and groups like the International Association of Exorcists have even gained the Vatican's blessing from Pope Francis as recently as 2014, continuing to perform exorcisms among those believed to be possessed, including PWE, thus violating their right to protection from state violence and safety of body under international law.¹⁵⁵

The bombardment in recent decades of exorcism related material in news media and popular culture makes light of the pain and torture suffered by those involved. News articles and popular media often describe the torture and violence PWE are subjected to in explicit detail, subjecting the individual and their families to a massive invasion of personal privacy. Although the article is in reference to state power, lack of any significant state interference in the case of these privacy violations places states in a position of consenting to a violation of Article 12 of the UDHR, which indicates an individual's right to not be subjected to "arbitrary interference with privacy."¹⁵⁶ News outlets, podcasts and videos often provide horrific descriptions of the deceased individual's bodies post torture or sound bytes of them mid-exorcism to satisfy a macabre fascination with violence.¹⁵⁷ This imagery places the reader into the "role of voyeur," desensitizing them to the pain of others and making it less likely for the suffering to receive aid from state or legal entities.¹⁵⁸

¹⁵⁵ Clemente Lisi. "Devil in the Details: Italian Exorcist Describes Lifelong Battle against Demons and the Occult." *GetReligion*, GetReligion.org. April 23, 2020. <https://www.getreligion.org/getreligion/2020/4/22/devil-in-detail-italian-exorcist-describes-his-lifelong-battle-against-demons-and-the-occult>.

¹⁵⁶ "Article 12 - Universal Declaration of Human Rights," *United Nations*.

¹⁵⁷ "The Terrifying Exorcism of Anneliese Michel - Lights Out Podcast #16," *Lights Out Podcast*, Youtube.com, <https://www.youtube.com/watch?v=MBgXclb0wJE>

¹⁵⁸ Caroline Wellbery, "Visual Representations of Physical Trauma: A Medical Pedagogy." *The Journal of medical humanities* 42 no 2, (2021), 227. https://unf-flvc.primo.exlibrisgroup.com/permalink/01FALSC_UNF/14genmd/cdi_proquest_miscellaneous_2401805327

While state actors and other entities, such as the Vatican, bear a responsibility to “respect the autonomy of citizens on the one hand and to shield the vulnerable from exploitation and abuse on the other,” the former often takes precedence over the latter.² Although states are not directly perpetrating the human rights abuses inflicted on PWE, their lack of any significant effort to dispel stigma places them in a zone of perpetual inaction. Legal exemptions in connection with faith practices provide a problematic structure for the prosecution of violence, abuse, and neglect of those who face this specific healing practice. This inaction denies PWE support from the state and results in their relegation to a more vulnerable space in the community. While more conspicuous violations of human rights may be tried in international arenas such as the International Criminal Court, it is typical for violations perpetrated against PWE to be relegated to state courts or local courts. The use of regional courts means the prosecution of actors in violations of human rights via exorcism is uneven and murky. The lack of formal and effective reprisal against exorcism violence, in combination with a general overall lack of statistics, has created a space where those subjected are unable to prove their situation or find recompense for their abuse.

There is a discernible vein that showcases many affected by exorcism legal cases appear to be PWE, and it is clear the legal framework struggles to make sense of these cases, resulting in a lack of justice. Moreover, news articles highlight a heavy skew towards children being subjected to this form of violence. In July 2022, the Major Crime Unit of the Saskatchewan Royal Canadian Mounted Police called the exorcism suffered by a young boy at bible camp, “concerning to some people, but...not illegal in Canada.”¹⁵⁹ No medical care was provided for

¹⁵⁹ “Exorcism at Sask. children’s Bible camp could be criminal, say experts,” *CBC News*, The Canadian Broadcasting Corporation, 2022.
<https://go.gale.com/ps/i.do?p=OVIC&u=jack91990&id=GALE%7CA715936178&v=2.1&it=r&sid=primo>

the boy after the exorcism when he again displayed symptoms consistent with a seizure, putting his life in potential danger. The violence of exorcism, if not fatal, can cause psychological damage as well, particularly in the case of children. Subjected to exorcisms to treat her epilepsy as a child, Linda Chaniotis calls the experience “completely damaging both mentally and emotionally.”¹⁶⁰ Chaniotis emphasizes her parents belief that she was a “burdensome child, full of demons” because of her disability.¹⁶¹ The lack of informed consent and the possibility of psychological damage among PWE receiving exorcisms can be especially harmful to the global population, holding the potential for severe abuses of Principle 9 of the Universal Declaration on the Rights of the Child (UDRC) which mandates the right of the child to be “protected against all forms of neglect, cruelty, and exploitation.”¹⁶²

The entanglement between exorcism and epilepsy symptoms becomes more consequential with respect to religious freedom clauses and their invocation in defense of religious practice. Difficulties in prosecution of these abuses, and in discussing their violations of human rights, lies predominantly in their connections to religious freedom doctrine. Within the United States, the Pew Research Center (PRC) notes the state can find itself in a difficult situation with concern to FH legal cases, as the responsibility to “enforce child welfare laws” can clash with a responsibility to protect the “constitutional right to freedom of religious expression and practice” and for which courts are called upon to find a balance between the two.¹⁶³ As of 2009, several states grant a “broad immunity for parents who are prosecuted for criminal neglect

¹⁶⁰ Linda Chaniotis, “I was subjected to exorcisms as a child to treat my epilepsy,” *The Guardian*, September 21, 2016. <https://www.theguardian.com/commentisfree/2016/sep/21/i-was-subjected-to-exorcisms-as-a-child-to-treat-my-epilepsy>

¹⁶¹ Chaniotis, “I was subjected to exorcisms as a child to treat my epilepsy,” 2016.

¹⁶² Toudou-Daouda and Ibrahim-Mamadou, “Teachers’ Knowledge About Epilepsy,” 2327.; “Article 9 - Universal Declaration of Human Rights.” *United Nations*.

¹⁶³ Jesse Merriman, “Faith Healing and the Law,” *Pew Research Center*, Pew Research Center, August 2009. <https://www.pewresearch.org/religion/2009/08/31/faith-healing-and-the-law/>

or manslaughter” in cases of faith based healing gone wrong.¹⁶⁴ Shaakirrah Sanders argues faith-based healing in concern to children allows “parents [to] have absolute control over whether a child lives or dies - free from state interference.”¹⁶⁵ Moreover, while Sanders notes the 1974 Child Abuse Prevention and Treatment Act (CAPTA) motivated legislators to codify their exemptions, she also emphasizes the United States Supreme Court “has yet to analyze a statutory exemption for religious healing parents,” leaving prosecution entirely up to the murky division of state courts.¹⁶⁶ The varying language of religious exemptions in state codification provides further difficulties in prosecution for cases of violence and abuse, with Sanders acknowledging some state legislation that emphasizes religious healing as a viable substitute for “medical care...healthcare... or other remedial care.”¹⁶⁷ This highlights the continued belief that FH is a suitable alternative for allopathic medical care.

Moreover, the complications of enforcing human rights on the global level also becomes difficult when considering Article 18 of the UDHR, which grants all individuals the right to “freedom of thought, conscience, and religion” including the right to “manifest...[their] religion or belief in teaching, practice, and worship, and observance.”¹⁶⁸ While this right is typically a positive, it also opens the door for religious entities and practitioners to reinforce teachings that emphasize discriminatory views and encourage harmful practices towards people viewed as divergent from the accepted norm, such as PWE. Furthermore, with respect to maintaining the human rights enshrined in the UDHR, it appears the right to freedom of religion is more readily accepted by Western governments who reinforce their role in policing global rights, such as the

¹⁶⁴ Merriman, “Faith Healing and the Law,” *Pew Research Center*.

¹⁶⁵ Shaakirrah R. Sanders, “Religious Healing Exemptions and the Jurisprudential Gap Between Substantive Due Process and Free Exercise Rights,” *UC Irvine Law Review* 8, (2017), 635. https://www.law.uci.edu/lawreview/vol8/no4/Online_Sanders.pdf

¹⁶⁶ Sanders, “Religious Healing Exemptions,” 643, 644, 637.

¹⁶⁷ Sanders, “Religious Healing Exemptions,” 648.

¹⁶⁸ “Article 18,” *Universal Declaration of Human Rights*, United Nations.

United States. Thus, it becomes more difficult for individuals affected by religiously influenced acts of abuse or violence to find assistance in supporting the various other human rights outlined in the UDHR, outside of the local level.

The discrepancies among prosecution of FH violence with respect to various states becomes obvious when comparing cases such as *Pleasant Glade Assembly of God v. Schubert* and *The People of the State of California v. Claudia Hernandez*. In 2008, the Texas Supreme Court handled a case concerning physical violence a young woman was subjected to during an exorcism by members of the Pleasant Glade Assembly of God Church. Plaintiff Laura Schubert contended the exorcisms left her with “severe emotional and psychological damage,” highlighting effects often cited by torture victims.¹⁶⁹ A prior 2002 hearing granted then 17 year old Schubert compensation and held church members liable for “abusing and falsely imprisoning the girl,” giving some hope to those who suffered exorcism violence although connections to the UDHR and questions about religious aspects of the case were not made at the time.¹⁷⁰ However, the Texas Supreme Court took over an appeal, resulting in a 6-3 decision where majority justices suggested the case “unconstitutionally entangled the court in religious matters,” with Justice David Medina going so far as to say a decision in favor of the abused child would have a “chilling effect’ by compelling the church to abandon core principles.”¹⁷¹ William Drabble notes the Texas Supreme Court, basing its opinion on the FEC, upheld in 2008 that offenders can “avoid liability for religiously motivated conduct if the victim only suffers emotional harm.”¹⁷²

¹⁶⁹ Cynthia Koploy, “Free Exercise Clause? Whether exorcism can survive the supreme court’s ‘Smith neutrality,” *Northwestern University Law Review* 101 no 1, (2010), 365.
https://unf-flvc.primo.exlibrisgroup.com/permalink/01FALSC_UNF/14genmd/cdi_proquest_journals_756676514

¹⁷⁰ “Court: Exorcism is Protected by Law,” The Associated Press, *NBC Universal*, June 28, 2008.
<https://www.nbcnews.com/id/wbna25423465>

¹⁷¹ “Court: Exorcism is Protected by Law,” The Associated Press, *NBC Universal*, 2008.

¹⁷² William Drabble, “Righteous Torts: *Pleasant Glade Assembly of God v. Schubert* and the Free Exercise Defense in Texas,” *Baylor Law Review* 62 no 1, (2010), 267.

However, Schubert, who was under 18 at the time of the exorcism event, maintains she was the “victim of a forced exorcism” and sustained physical injuries.¹⁷³

Thomas Clark discusses the views of those present during the exorcism, who cite Schubert’s symptoms of possession (and thus the cause for exorcism) were her gritted teeth, clenching fists, foaming mouth, guttural noise, and varying other symptoms in line with grand mal or tonic-clonic epilepsy seizure.¹⁷⁴ Schubert was falsely imprisoned and sustained not only physical injuries, such as scrapes and bruises from being forcibly held down and assaulted, but also severe emotional trauma.¹⁷⁵ Upon being brought to court by the Schubert family, Pleasant Glade Assembly sought a protective order against the case on the grounds that it was an “unconstitutional burden on their religious practices.”¹⁷⁶ Clark notes the court found it would be “unconstitutional to apply liability to the church” and would have a “chilling effect” by compelling the church to abandon core principles of its religious beliefs.¹⁷⁷ Moreover, Drabble emphasizes the court’s refusal to involve itself in “an assessment of religious beliefs” in the case of Schubert and the court’s belief that “religious practices are entitled to greater protection [under the law] when applied to an adherent.”¹⁷⁸ Schubert’s story showcases the vulnerable position individuals are put in when seeking or subjected to faith based healing, preventing them from achieving justice should they be harmed during ritual procedures.

https://heinonline.org/HOL/Page?handle=hein.journals/baylr62&div=9&g_sent=1&casa_token=&collection=journals

¹⁷³ “High Court Declines to Hear Exorcism Case,” *Associated Press*, January 2009.

<https://www.nbcdfw.com/news/local/high-court-declines-to-hear-exorcism-case/2114589/>

¹⁷⁴ Thomas Clark, “Exorcising Our Free Exercise Jurisprudence: A New Interpretation of Free Exercise in *Pleasant Glade Assembly of God v. Schubert*,” *First Amendment Law Review* 7 no 2, (2009), 355.

<https://scholarship.law.unc.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1103&context=falr>

¹⁷⁵ Clark, “Exorcising Our Free Exercise Jurisprudence,” 355.

¹⁷⁶ Clark, “Exorcising Our Free Exercise Jurisprudence,” 356.

¹⁷⁷ Clark, “Exorcising Our Free Exercise Jurisprudence,” 365.

¹⁷⁸ Drabble, “Righteous Torts,” 278.

The clear and blatant lack of concern for the individual’s welfare highlights the refusal of state courts to prosecute in cases of rights violations and violence faced during exorcism, resulting in what constitutes as a state sanctioning of violence. Hall contends the use of religious freedom doctrine in the court provides an avenue for “allowing vulnerable people [such as PWE] to be coerced, starved or beaten, possibly to the point of death” in the name of religious belief and healing.¹⁷⁹ Religious freedom doctrine, and attempts at prosecution for exorcism violence, become considerably more complicated with the introduction of legislation like the Free Exercise Clause, which “has been interpreted as requiring courts to recognize and refrain from interfering with...church autonomy.”¹⁸⁰ The court’s decision to absolve the Pleasant Glade Church of any responsibility in the harm of Schubert, a minor child, creates a tangible exemption within the legal system. Furthermore, Clark argues there is no aspect upon joining the church that suggests an individual’s consent to be subjected to faith based healing practices that involve “false imprisonment or assault.”¹⁸¹

Although the *Pleasant Glade* case saw support for religious freedom, a more recent case from 2022 - *The People of the State of California v. Claudia Hernandez* - highlights the egregious nature of violence that sometimes accompanies faith based healing, as well as another state court’s attempts and difficulties to prosecute the actionable offense. 3-year-old Arely Naomi Proctor-Hernandez suffered continuous night terrors, a symptom that may be indicative of Nocturnal Frontal Lobe Epilepsy (NFLE), for which her mother Claudia Hernandez sought out FH methods through her Pentecostal sect rather than allopathic medicine, believing her child to be possessed by a demon.¹⁸² The violence perpetrated against the child over the course of 12

¹⁷⁹ Hall, “Exorcism, Religious Freedom, and Consent,” 252.

¹⁸⁰ Koploy, “Free Exercise Clause?,” 371.

¹⁸¹ Clark, “Exorcising Our Free Exercise Jurisprudence,” 366.

¹⁸² John Garcia and Nicole Williams, “Sleep Terrors or Nocturnal Frontal Lobe Epilepsy?” *A Pediatric Perspective* 20 no 2, (2011), 1.

https://www.gillettechildrens.org/assets/uploads/general/Newsletter_PDFs/Vol20No2.pdf

hours included forcibly pinning her down, applying compression to her neck and chest, deprivation of food, and sticking fingers down her throat to induce vomiting.¹⁸³ Claudia Hernandez, and eventually her relatives Rene Trigueros Hernandez and Rene Aaron-Hernandez Santos, were arrested and charged for the child's death and face life imprisonment should they be convicted.¹⁸⁴ The child's death by asphyxiation was dubbed "the will of God" by her relatives, emphasizing the core principles behind faith-based healing that are rooted in historical beliefs and continue in contemporary religious denominations.¹⁸⁵ Although all three individuals have been arrested and are awaiting trial, the state of California is presented with a case where it must interfere with religious freedoms and question FH options in order to prosecute the defendants. This is a difficult area to inhabit, as Wendy Glauser notes, suggesting "lawmakers and judges often fail to recognize the dangers of faith healing" preventing justice in cases of abuse or homicide.¹⁸⁶ However, in the state of California *Walker v. Superior Court*, under which "felony liability for failure to seek medical care for a seriously ill child," remains the standard for prosecution of religious healing that leads to child harm or death.¹⁸⁷ As such, there is hope that the child may see restitution and justice for her fatality. While this legal case differs from the status quo put forth by Texas, it foregrounds the severe discrepancies in prosecuting cases of

¹⁸³ "Girl killed in San Jose church exorcism: court documents," *The Associated Press*, Monterey Hearst Television, Inc., May 2022.

<https://www.ksbw.com/article/girl-killed-in-san-jose-church-exorcism-court-documents/39980322#>

¹⁸⁴ Stephanie Magallon, "2 Suspects in Girl's Apparent Exorcism Death Inside San Jose Church Back in Court," *NBC Bay Area*, NBC Universal Media, LLC, May 2022.

<https://www.nbcbayarea.com/news/local/2-suspects-in-girls-apparent-exorcism-death-inside-san-jose-church-back-in-court/2895938/>

¹⁸⁵ Christian Martinez, "3-year-old girl allegedly killed in 'exorcism' at San Jose church," *Los Angeles Times*, California Times, May 2022.

<https://www.latimes.com/california/story/2022-05-12/three-year-old-baby-killed-in-exorcism-at-san-jose-church>

¹⁸⁶ Wendy Glauser, "United States Still Too Lenient on 'Faith Healing' Parents, Say Children's Rights Advocates," *Canadian Medical Association journal (CMAJ)* 183 no 11, (2011), E709.

https://unf-flvc.primo.exlibrisgroup.com/permalink/01FALSC_UNF/14genmd/cdi_gale_infotracmisc_A264173902

¹⁸⁷ "Walker v. Superior Court - 47 Cal. 3d 112, 253 Cal. Rptr. 1, 763 P.2d 852 (1988)," *Law School Case Brief*, LexisNexis. <https://www.lexisnexis.com/community/casebrief/p/casebrief-walker-v-superior-court>

faith healing failures in the United States and the disjuncture in what constitutes a human right in various regions.

The historical perception of epilepsy as linked to the spiritual realm influences the social and religious communities of PWE in isolating the afflicted. This results in a loss of support networks, education prospects, employment opportunities, and marriage and family prospects. In an effort to alleviate their symptoms to avoid the extreme levels of social isolation, PWE will often turn to FH techniques as they are more readily available in many regions, and more discreet, than allopathic medicine. However, the choice to undergo FH, which lacks any significant form of regulation in many denominations, paves the way for human rights abuses to occur during more extreme FH methods such as exorcism. Perceived as divergent and sometimes fearful of disclosing their disability, PWE are pushed to a liminal space that denies them their fundamental rights to medical care, to safety of their person, to not be falsely imprisoned or tortured, and to maintain privacy. Thus, PWE are rendered virtually rightless, struggling to convince society of their humanity and unable to find legal recompense for their torture, abuse, or even death.

Moreover, questions of religious autonomy versus individual autonomy become especially prescient in cases of exorcism where the individual may not consent, or bears an inability to revoke consent, such as in the case of the unconscious or minor PWE. The ruling of the *Pleasant Glade* case, the denial of illegality in the Saskatchewan case, and the questionable zone of the *California v. Claudia Hernandez* case highlights the overall lack of reprisal for obvious human rights violations. Furthermore, it emphasizes the inconsistency of legal frameworks and contemporary legislation in prosecuting abuses perpetuated through FH violence. This foregrounds the necessity of regulation of FH and of faith healers with respect to

licensure, scope of practice, malpractice, and fraud in order to protect the client. The frequent use of exorcism, and its continued mention in the legal system, raises questions about abuse of power and authority. While FH may be turned to as a respite from allopathic medicine, when FH goes awry and vulnerable PWE are allowed to be violated by communities in the name of religious belief and healing, the use of FH becomes a significant problem.¹⁸⁸ Moreover, the entanglement between religious healing and medicine becomes more problematic when religious freedom clauses are invoked and justice for victims of faith based abuse is relegated to a spotty, disjointed state legal system where standards for prosecution vary by region and precedent which further complicates the efforts of PWE to be seen as participating members of larger society.

¹⁸⁸ Hall, "Exorcism, Religious Freedom, and Consent," 252.

Conclusion

This began, and finishes, with Lia Lee. Caught in miscommunication between her Western doctors, who struggled to acknowledge the cultural connotations of her disability, and her Hmong parents, who held traditional shamanistic beliefs of her condition as divinely connected, Lee's epilepsy went unsolved. As of 2012, she remained in a persistent vegetative state wrought by one severe seizure too many.¹⁸⁹ The Lee family, however, clung to their preference for faith healing (FH), bringing a Hmong shaman into the home to sacrifice an animal "in the hope not of healing Lia but of lessening her daily suffering."¹⁹⁰ However, the FH methods were combined with Western medicine, such as a feeding tube, by her family to make Lia as comfortable as possible, rather than put her through violent FH options like the Christianity based case studies in this thesis. Fadiman notes that most people in a vegetative state die within six months, with those who last past this threshold dying within five years.¹⁹¹ However, the choice to use their own FH traditions as a complement to Western medical care, and to not put Lia through violence in the hope of curing her, as well as their excellent familial care in the home, allowed Lia to live "five times as long" as other patients suffering from severe epilepsy.¹⁹²

This thesis argues Christian beliefs surrounding epilepsy, born from religious teachings centered around healing the sick, cemented it as a disease of the spiritual, rendered PWE as a threat to the community, and tied its symptoms to realms unseen. Moreover, it contends that stigmatized views connecting epilepsy to possession with malicious entities are solidified in the contemporary era, where the disability's link to its negative stereotype is emphasized through Catholic imagery in popular culture media. The reinforcement of Christian ideology espousing

¹⁸⁹ Fadiman, *The Spirit Catches You*, 289.

¹⁹⁰ Fadiman, *The Spirit Catches You*, 290.

¹⁹¹ Fadiman, *The Spirit Catches You*, 289.

¹⁹² Fadiman, *The Spirit Catches You*, 289.

the ability of religion to heal the sick has created a sphere where PWE struggle to integrate fully into their community, leading PWE or their families to seek out FH methods as a means of avoiding social isolation connected to their symptoms. Finally, it argues this choice leads to serious human rights abuses connected to FH methods, and exorcism in particular, due to its lack of regulation through religious, legal, and justice systems.

Lia Lee's family opted to utilize Hmong FH methods that do not rely on violence and do not deeply harm their child, indicating a stark difference among those practicing more extreme forms of FH in Christianity. While Christianity does provide FH options that are less violent, such as fervent prayer or invocation of divine figures, the use of exorcism persists into recent years. Evidence suggests the issues that arise when religious based medical treatment is predominant over allopathic medicine are typified through people with epilepsy (PWE), and the role religious teachings play in their healing. Originating in antiquity with the Greco-Roman belief that a vengeful god has overtaken those who exhibit convulsions or seizure disorders, this ideology morphed into a conceptualization of PWE as inextricably connected to possession as early Catholicism grew. Belief in the success of FH efforts developed through the use of New Testament biblical teachings, including the Gospel of Mark, that highlight epilepsy symptoms and emphasize the healing power of Jesus through scenes of miraculous exorcism. Moreover, texts written by canonized saints, such as Saint Francis of Assisi, link epilepsy symptoms like convulsions and contorted limbs to demonic activity, with healing comes in the form of religious avenue. These texts create a bridge for Christianity to connect PWE to possession through its most basic teachings.

As Catholicism and its lessons integrated further into daily life, it is cemented as the healer of the community through the use of religious artwork, including votives used in the

home and in religious spaces. Used to invoke intercession and deliverance from evil, votives feature prominent canonized saints and divine figures, including Jesus Christ, the Virgin Mary, and Saint Valentine, who are called upon by those suffering epilepsy symptoms to provide healing. Featuring scenes of fervent prayer, religious symbols, and exorcism of small demons, these votives helped to solidify religion, and Catholicism in particular, as the most successful healer of PWE. This ideology is reinforced in the 20th and 21st centuries through popular mass media, including film and podcasts, that feature exorcism as part of a kitsch horror subgenre. Emphasizing the link between PWE and possession, by including epilepsy symptoms among more outlandish, unbelievable symptoms provides an avenue for viewers to connect the fear experienced to epilepsy.

The spread of Christian teachings through historical and contemporary art forms, and through evangelical missionary efforts, created spaces across the globe where PWE are isolated from their communities. In some instances, they are prevented from nominal education, denied employment opportunities, and viewed as poor marriage partners or parents due to their disability. This prevents them from fully integrating into their communities, denying them access to necessary support networks, and making FH an attractive option for avoiding social ostracization. Considering this, it is unsurprising available scholarship notes a strong visible preference for FH, and Catholic priests note “the demand [for exorcism] has risen exponentially” in recent years.¹⁹³ The variety of spaces and regions showcased in the literature emphasizes the widespread belief in, and use of, FH practices on a global scale as PWE remain tied to supernatural realms. Orrin Devinsky comments that more than “90% of medical doctors” and individuals who provide FH do not publish their findings.¹⁹⁴ However, Devinsky’s assessment

¹⁹³ Chai Brady. “Combat Surge in Evil – Top Exorcist.” *The Irish Catholic*. IrishCatholic.com, January 17, 2018. <https://www.irishcatholic.com/combatsurge-evil-top-exorcist/>.

¹⁹⁴ Devinsky, et al., *Complementary and Alternative Therapies for Epilepsy*, 10.

must be viewed with consideration to the context of the term *doctor*, whose significance, training, and work may vary drastically across national and cultural lines. Moreover, patients in the United States are observed as not disclosing “the use of... [FH] to their doctors,” emphasizing the disconnection between alternative and allopathic medicine that may prevent PWE from mitigating the frequency of their symptoms and result in violence against their person if FH tactics go awry.¹⁹⁵ It is expected that this phenomenon is exhibited elsewhere, although scholarship surrounding this is unavailable.

The choice to forgo Western allopathic medicine, due to preference or lack of access, opens up avenues for abuses of power to be committed by unregulated faith healers, with the potential for catastrophic, even fatal, results should these negative perceptions prevent PWE from obtaining aid or necessary medical care in the event of a severe seizure. The compounded socio-religious stigma that bleeds into everyday life through prominent religious scriptures and popular culture reinforces the perception of PWE as possessed, making them susceptible to formal discrimination with little recourse for aid within the legal sphere should FH practices lead to violence, abuse, or death. This is pertinent for PWE, as prosecution in lower level courts is often murky and uneven, due to a disjuncture in what constitutes human rights and the legal system’s tendency to avoid conversations that may alter religious freedom beliefs, regardless of who is harmed in the process. The reinforced stigma connecting PWE to possession, social isolation wrought from these perceptions, and refusal of local court systems to prosecute in cases of exorcism violence, culminates in a severe violation of international human rights put forward by the United Nations (UN). This places PWE into a liminal position where they are unable to achieve full personhood and status in society, rendering them virtually rightless in religious contexts.

¹⁹⁵ Farrukh, “Use of complementary and alternative medicine,” 2113.

The stigma associated with epilepsy “negatively influences the lives” of PWE and their families.¹⁹⁶ However, questions arise with concern to where the responsibility for de-stigmatization efforts fall. Who is to address the problem of stigmatized disability? Does it remain with the individual and their families, so as to not intrude on their privacy or to the state, whose responsibility it is to protect the vulnerable within their borders? Or to the non-governmental organizations (NGOs) who have made it their mission to contend with these problems? Or perhaps the religious communities who have leaned into the view of people with epilepsy (PWE) as harboring negative connections to the spiritual realm? Mark Kaddumukasa contends the stigma surrounding PWE originates in “beliefs or attitudes that have been previously well-established,” making intervention difficult.¹⁹⁷ However, the subtle violations reinforced in the lives of PWE through Christian influenced stigma makes it imperative for intervention to take place. There is enough evidence to suggest the ostracization and abuse of PWE in various cultures around the globe constitutes a human rights transgression, with violations occurring in several rights documents. Although Kanner suggests that a “separation of [the learned] folklore from cultural history” would be a massive undertaking, it falls, at least partially, on state and religious entities to encourage interventions that dispel the stigma surrounding negative views of epilepsy and to prevent harm to their person.¹⁹⁸

This thesis began with Lia Lee and, while it finishes with her, it hopes to encourage others to not end their curiosity with her story or with those who are highlighted here. It seeks to shed light on the complexity of social perceptions surrounding PWE and the effect on contemporary views that result in discriminatory practices and rights violations. There is still

¹⁹⁶ Mark Kaddumukasa, et al. “Epilepsy misconceptions and stigma reduction interventions in sub-Saharan Africa, a systematic review,” *Epilepsy & Behavior* 85, (2018), 21.

<https://www.sciencedirect.com/science/article/pii/S1525505018301124>

¹⁹⁷ Kaddumukasa, et al, “Epilepsy misconceptions,” 22.

¹⁹⁸ Kanner, “The Names of the Falling Sickness,” 111.

extensive research to be done on the negative stereotypes of epilepsy, and the connection it maintains to human rights language in the international sphere, as this work touches briefly on only a few violations of many. However, the project hopes to build a bridge between the two, allowing further avenues to pursue questions on the history of disability and disease discrimination, as well as its significance in reference to contemporary human rights structures.

Appendix

Fig. 1: *The Transfiguration* by Raphael (1500s), depicting Jesus in the center of the frame with the young boy healed from his possession turned towards the Christ figure.



Fig. 2: A man depicted in chains with black demons depicted with horns, tails, and wings shown being expelled from his body. The Christ figure points to him showing the role of Jesus and exorcism in the man's healing.



Fig. 3: A young girl pictured in several stages of an epileptic attack, with individuals praying in the background. The prayers are shown to be healing and the young woman is cured, able to walk again as she stands in exaltation on the right hand side of the page.



Fig. 4: A family depicted standing over a young girl who appears to be in the final stages of an epileptic attack. The woman clutches a rosary in her hands in prayer, emphasizing the role of religion in healing epilepsy.



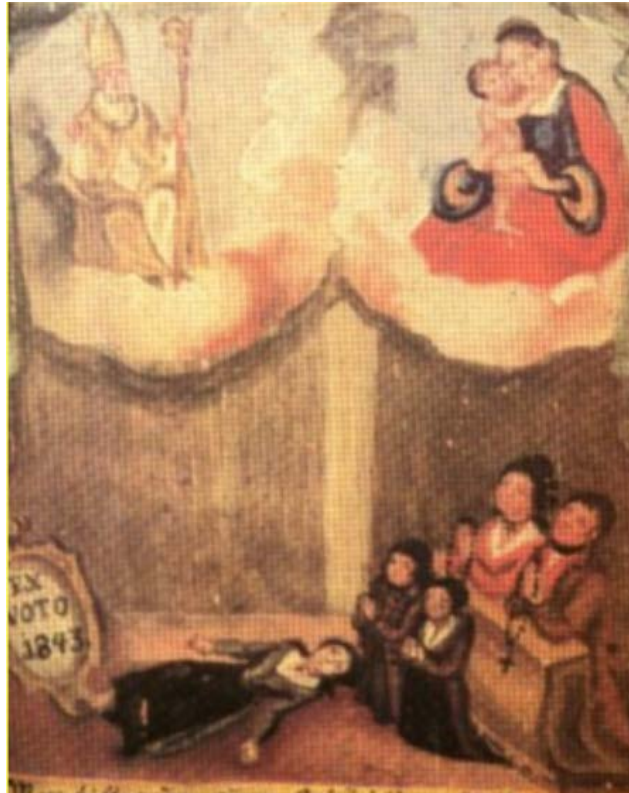
Fig. 5: A family depicted standing over a baby who appears to be in the midst of an epileptic attack. The woman clutches a rosary in her hands in prayer, emphasizing the role of religion in healing epilepsy.



Fig. 6: A young woman is shown with a rosary in her hands while small black demons depicted with horns and tails are expelled from her, highlighting exorcism as the prominent healer. The Virgin Mary and baby Jesus figures are shown to the left, emphasizing their role as intercessors on behalf of humanity's healing.



Fig. 7: A family depicted praying over a young girl who appears to be having a seizure on the ground in front of them. The father holds a rosary in his hands and the entire family is shown kneeling in prayer with their heads turned towards Saint Valentine and the Virgin Mary figures. The prominence of the figures and prayer highlight religion in providing hope for healing.



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