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## Assessment and Diagnosis of Demonic Influence - Chapter 9 of "Counseling and the Demonic"

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## CHAPTER NINE

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# ASSESSMENT AND DIAGNOSIS OF DEMONIC INFLUENCE

Scott Peck, in his discussion of demonic influence, suggests that we should not seek an exclusive diagnosis of either mental disorder or demonic possession. Rather, he proposes that we ask: Is this person mentally ill? Is he or she demonically controlled? Marguerite Shuster agrees. Implicit in their views is the suggestion that there are instances in which the answer is yes to both inquiries.<sup>1</sup>

Fred Dickason also suggests that mental disorders and demonic influence may occur together. He goes on to say that mental disorders and demonic influence are not the same problem in different terms, nor are they different symptoms of a common problem. Demonic influence and mental disorders

may co-occur; yet they are different issues requiring different solutions.

However, the two are often confused due to our tendency to use limited categories. In discussing case studies from his own experience, Dickason comments: "Many had a combination of psychological and demonic problems. This may be common, since demons work with men's minds and bodies."<sup>2</sup>

Samuel Southard also believes that mental disorder and demon possession may occur together. In addressing the relationship between mental disorders and demonic influence, Southard began with three key assumptions: 1) demonizing might occur independently of mental illness or neuroses, 2) mental illness or neuroses might occur independently of demonizing, and 3) in some cases there would be a combination of spiritual and psychological disorders.<sup>3</sup>

The views of Peck, Dickason, and Southard are consistent with the view which has been developed in previous chapters. They agree that mental disorders and demonic influence are two distinct phenomena rather than competing explanations for the same phenomena; the two conditions may be significantly different in some instances, but often are similar in their symptoms; each may occur alone, but they also may occur together; finally, each may affect the other.

While demonic influence and mental disorders are distinct, the fact that persons function as psychophysical and spiritual wholes means that problems in any domain may result in, be produced by, or interact with problems in other domains. This is implicitly acknowledged by the common practice of paying pastoral visits to those who are hospitalized due to illness or injury. Though the immediate cause of hospitalization is usually physical, we recognize that people who experience physical difficulties may experience spiritual or psychological difficulties also. Often, the spiritual and psychological difficulties are a result of the physical, but they also may cause the physical problems.

In the same way, while mental disorders and demonic influence are distinct, their symptoms occur together in many instances. Because of similarities in the two conditions, it is often

difficult to distinguish them. Clarifying the distinction between the two is the focus of this chapter.

#### DIFFERENTIAL DIAGNOSIS

*James* James was known as a mild-mannered man. In his neighborhood he always had a cheerful greeting and helped anyone who asked. His employer reported that there had never been any problems with James at work, and that he was "a model employee." James first came to my attention when he was brought into the hospital by the police. The police had been summoned to James's home by a neighbor after one of James's children slipped out the back door and went crying for help.

As I explored what had led to James's hospitalization, I learned that he had become increasingly despondent during the previous few weeks. Approximately two years earlier he had invested most of his retirement funds in an oil well on the advice of a friend. His mood began to deteriorate following the recent discovery that the well was worthless and all of his retirement funds were lost. James had become increasingly withdrawn and irritable, though only his wife and children seemed to have observed this change.

On the day he was brought to the hospital, James had come home late. It was obvious he had been drinking, something that was out of character. When he came in, his wife and children were watching a program on television. James suddenly began an angry tirade about how evil it was to watch such programs. He became abusive toward the children. When his wife tried to intervene, he threw her across the room and ordered her to keep out of the way, meanwhile calling her a variety of vulgar names. With an axe James proceeded to smash the television into tiny pieces, threatening to use the axe on his wife and children if they interfered. It was into this scene that the police came.

After several days in the hospital it gradually was revealed that James had become increasingly bitter toward the former friend who had recommended the oil-well investment. Recently this bitterness had been made worse because of financial pressures brought on by a strike at work and the consequent

reduction in James's income. What brought it all to a head for James was receiving word that he had been referred to a collection agency for default on his credit-card payments. He also feared repossession of his car, on which he owed more than it was worth.

As James's bitterness was further explored, he reported that he had begun work as a twelve-year-old to provide for himself, his mother, and his two sisters. His father, an alcoholic, spent all the family funds on drink and even took James's earnings whenever he had the opportunity. James had vowed that he was never going to let anyone take his money again, and had never forgiven his father, who had died several years previously. While others rarely perceived it because James was a very private person, James was obsessed with achieving financial success and security. He had been proud of his accomplishments until the oil-well fiasco. Now he felt like a failure.

James's pastor had come to see him in the hospital. The pastor was convinced that this man's problem was spiritual. When he learned about the preoccupation with financial matters and longstanding bitterness he wondered if James could be demon possessed. He suggested that maybe James had a demon of bitterness, and that he needed deliverance.

Was this man demon possessed? Was he mentally disordered? Might he be both demon possessed and mentally disordered? Or could it be that his problems were merely habitual sinfulness? This chapter will suggest ways in which these questions can be resolved.

In a rare attempt to examine the differences between those with mental disorders and demon possession, Southard asked members of his class at Fuller Seminary to collect case reports on persons experiencing personal difficulties. The goal was to seek to clarify the distinctions between mental disorder and demonic influence.

Based on the resulting case histories, Southard suggests several distinguishing features of demonization: unusual feelings of apprehension and/or a sense of evil (sometimes reported as a sense of an alien presence) in the presence of the possessed person; unusual behavior, such as feats of strength and strange looks and voices by the person presumably demonized, or

actions undermining personal health and vicious attitudes toward self; psychological improvements during or after exorcism. Most of these, as we saw earlier, also occur with mental disorders, thus are of little use in distinguishing the two conditions.

Southard suggests that failure to find a demon (though it is unclear how he proposes to find demons), or absence of improvement following exorcism, is viewed as evidence of the absence of demonic influence.

He hints that inadequacies of reporting may sharpen the distinctions between mental illness and demonic influence in his cases; persons presenting cases as demonic influence may have overlooked details supportive of a mental-disorder diagnosis, and those presenting cases described as mental illness may have overlooked or failed to report information suggestive of demonic influence.<sup>4</sup> He also notes that his theological students had little training in recognizing psychological disorders; it seems likely that they also had little experience or training in recognizing demon possession.

Southard notes a "tension between rational and intuitive approaches to emotional disturbance and demonizing."<sup>5</sup> There is much evidence that we are more likely to find that for which we are looking than to find evidence that is inconsistent with our preconceptions. This is an important observation, since it implies that mental-health specialists are unlikely to look for or discover demonic influence, while counselors who specialize in deliverance or exorcism are unlikely to seek for or recognize the presence of mental disorders. Perhaps this factor accounts for the fact that little attention has been given to developing methods of differential diagnosis.

The two approaches to distinguishing the mental disorders and demonic influence suggested by Southard include using intuitive methods based on the spiritual gift of "discerning the spirits," and seeking to distinguish on the basis of cultural, family, and personal history. A third approach involves "testing the spirits." The next pages will examine each of these approaches.

### Discerning the Spirits

In this approach the helper seeks within himself or herself for the guidance of God's Spirit through a "word of wisdom" or

“word of knowledge.” In some instances, God’s guidance is sought in the context of a diligent search of the Scriptures for behavioral patterns and attitudes that distinguish those who are seeking to honor and serve God from those who are not. The basic theological conviction underlying this approach is that God is a discerner of spirits, and that he is able to reveal his omniscient knowledge to the receptive servant.<sup>6</sup>

One basic problem with exercising spiritual discernment is that we are warned that Satan can disguise himself as an angel of light, and that it may be difficult to distinguish his human followers from citizens of the kingdom of God.

This approach has biblical support, and there is little doubt regarding God’s ability to know or communicate knowledge about the presence of an evil spirit. However, we must consider carefully the question of whether God chooses to reveal special knowledge such as this since such detailed knowledge about specific individuals is rarely revealed by God. As a general rule, medical, scientific, and theological knowledge comes as a result of carefully studying what has already been revealed.

Further, there is the danger that what the exorcist interprets as indications of the guidance of God are really the exorcist’s own thoughts, feelings or reactions. Worse yet, one might ask whether Satan himself, for some sly reason of his own, might prompt the conviction that the person seeking help is demonically influenced.

Dickason emphasizes the complexity of diagnosis, and warns about the tendency to rely too heavily on the spiritualistic approach. He cautions against the desire for mystical, magical, and miraculous methods. Specifically, he notes “. . . we must caution against the use of what some call ‘the gift of discernment.’”<sup>7</sup> It is his belief that the gift of discernment was a sign gift for the apostolic era, which is not operative today.

Dickason goes on to suggest that there are persons who have actually come under the influence of demons through the process of seeking such “discernment.” His point is that supernatural knowledge can come from Satan as well as from God. We must always beware of seeking that which God chooses not to grant, and of seeking now what God chooses to grant at another

time, even when that involves knowledge that might be useful in making decisions about deliverance.

Discerning of spirits is a legitimate approach, but must be used with considerable caution. Special care must be taken to insure that the “victim” and the helper do not develop unrealistic expectations about the effectiveness of this approach.

### Testing the Spirits

Testing the spirits is a process that involves directly addressing the presumed demons, commanding them in the name of Jesus Christ to acknowledge their presence, and to state their name and rank. Dickason proposes that in the name of Jesus we command the evil spirit to come forth and acknowledge its presence, state its name, and give its rank. He believes that since God has won a major victory over Satan in the resurrection, and Satan and demons are thus subject to his control, they must respond to this use of his authority. At the same time, however, Dickason acknowledges in his case illustrations that they do so only grudgingly and with many delays. Thus, even Dickason acknowledges that this approach is not fail-safe.

Talking with demons is not recommended. Runge, for example, warns that “holding a dialogue with [demons] is not only unproductive, it is dangerous.”<sup>8</sup> Demons are known liars. Runge argues that demons may enjoy such encounters with would-be exorcists who do not know how to deal effectively with them. He reports:

I have become convinced that many exorcisms are power play setups by the demons themselves. They choose an exorcist who may lack the wisdom, the knowledge or the authority to challenge them effectively. They choose the timing as well as the audience. The whole process is under their control from the beginning to the end.<sup>9</sup>

Runge describes a personal experience in which manifestations of demonic influence disappeared when a skeptical professional was present, and reappeared after the individual left. He tells of another in which the demons convinced the exorcist to have those present stop praying.

**Behavioral Indicators**

The behavioral approach combines naturalistic observation of the person and his or her circumstances with a rational analysis of the resulting observations. A number of factors have been proposed by various authors as possible behavioral indicators that the individual may be manifesting demonic influence rather than (or in addition to) mental illness.

Table 5 presents a brief summary of the major behavioral indicators of demonic influence, culled from a number of sources. These are divided into two groups: Cultic or Occultic Religious Practices (elsewhere referred to as Avenues into the Demonic) and Other Clues. Avenues into the Demonic were discussed in an earlier chapter and are presented here in summary form only to complete the picture for diagnostic purposes.

The experience of Koch, Bubek, Dickason, and others has suggested that certain events and activities in personal history are probable indicators of demonic influence; they imply that these experiences are possible causes of demonic influence. These are included in the first group. In addition, several other behavioral features have been observed commonly among those who have been under demonic influence; these form the second group.<sup>10</sup>

A number of experiences are often found in association with demonic activity. There are two common themes: involvement in cultic or occultic religious practices, and habitual sinful activity, though not all the experiences fit neatly into these categories. These observations come from case studies and anecdotal evidence. All case-study data have definite limitations, such as selective attention and memory, overlooking of important aspects, attributing significance to very common events, and false causal inferences.<sup>11</sup>

**Cultic and Occultic Practices** One indicator of possible demonic influence is a report that the individual has engaged in occultic religious practices. Another indicator is past or present involvement in an Eastern religion. Members of American Indian and Oriental ethnic groups also are more likely than those of other ethnic groups to manifest demonic influence. Common to all of these groups is spiritism; all involve worship

**Behavioral Indicators of Possible Demonic Influence**

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| <b>Behavioral Indicators of Possible Demonic Influence</b> |  |
| A.   | <ul style="list-style-type: none"> <li>1. Involvement in the practice of magic.</li> <li>2. Involvement in occultic religious practices.</li> <li>3. Conscious invitation extended to Satan and/or demons to become involved in the person's life.</li> <li>4. Involvement in Eastern religions or "New Age" channeling practices.</li> <li>5. Family history of demonic influence, witchcraft, palmistry, Satanic worship, or other occult practices.</li> <li>6. History of living in areas without a strong Judeo-Christian cultural influence.</li> <li>7. Participation in American Indian or Oriental religious/cultural practices.</li> <li>8. Personal use of tarot cards, Ouija boards, horoscopes, palmistry, fortune tellers.</li> </ul>  |
| B.   | <ul style="list-style-type: none"> <li>1. Disinterest in or absence of spiritual growth by a professing Christian.</li> <li>2. Extreme negative reactions to the mention of God, Jesus Christ, the Holy Spirit, and to Christian religious practices.</li> <li>3. Systematic pattern of personal sinfulness.</li> <li>4. Prominent evidence of unforgiveness/bitterness and vengefulness.</li> <li>5. Unusually high resistance to benefits from medication and psychotherapy.</li> <li>6. Personality disturbance and especially multiple personality disorder (a dissociative disorder), rather than schizophrenia or psychosis.</li> <li>7. Addictive patterns such as abuse of alcohol or drugs, habitual gambling or sexual preoccupations.</li> <li>8. Personal preoccupation with power, position, wealth, and fame.</li> </ul> |

**Table 5**

of other than the living God: voodoo practices, ancestral shrines, and tribal religious practices, are examples of such worship. As we have seen, all false worship is ultimately worship of demons and their chief, Satan.<sup>12</sup> Thus, it should come as little surprise that such practices may result in demonic influence.

Personal use of tarot cards, horoscopes, Ouija boards, astrology, and visits to fortune tellers and soothsayers are also clues of potential demonic influence. Common to all of these activities is the desire to peek into the future, to know things that God has chosen not to reveal. Any search for supernatural knowledge that is not from God has potential for putting one in contact with the false god, Satan.

Perhaps surprising, but nonetheless an indicator according to several authors, is a history of having lived in countries where Christianity is not strong. Historically, North America has been influenced heavily by Christian values. Perhaps it is a

mark of God's blessing that overt demonic influence has been relatively rare in this part of the world. However, with the increase of religious pluralism, it seems apparent that this is changing rapidly.

Another indicator of possible demonic influence in persons' lives is their having come from a family with a history of involvement in witchcraft, palmistry, occult practice, satanic worship, or overt demonic influence. Earlier it was stated that there is no biblical support for what Dickason and others term ancestral influence. However, we are warned in Scripture that God visits the sins of the fathers on the third and fourth generations of those who hate him (Exod. 20:1-6). Doubtless this occurs as they learn habits, attitudes, and behavior patterns that are passed from one generation to another.

The literature on cases of demonic influence suggests that persons may be dedicated to Satan at or before birth by their parents. This process parallels the Christian practice of dedicating children to the Lord. The initial perversion is that the parents commit themselves to teaching their children to engage in various cultic practices; the children, in turn, come under demonic influence through their own personal choices, which are at least partially in response to the influence of their parents or family.

Involvement in magical arts is a behavioral indicator that suggests possible demonic involvement.<sup>13</sup> Perhaps a more obvious indicator of demonic influence is the report of a direct, conscious invitation to Satan or demons. This is the "devil's pact" of literary renown and remains one of the strongest indicators of possible demonic influence.

*Other Clues* Other clues of possible demonic influence, as suggested earlier, involve any life-dominating pattern of addiction or perversion. The well-known habits of abuse or addiction to alcohol, marijuana, heroin, cocaine, amphetamines, and other substances, whether licit or illicit, could provide an avenue into demonic influence. Similarly, other "addictive" habits such as compulsive gambling, masturbation or other sexual activities, overeating or undereating, and a host of others (perhaps even extreme obsessions with personal fitness or appearance) provide potential avenues into demonic influence.

The diagnostic problem with any of these patterns is the

ability to distinguish between sinful habits and demonic influence, especially possession. Certainly these habits can be enslaving, hence they may be a problem in their own right. Perhaps this is one way in which Satan's deceptiveness has enabled him to be effective in our time and culture, by working through the seemingly natural activities of a person's life style, developing one aspect into an idolatrous priority. Also, by working through "natural" means such as physical disease and mental disorder he is able to largely escape our notice.

We must remember that anything in a person's life that takes the place that properly belongs to the God of the universe is a false god, and thus inevitably opens the way for one to come under the influence of the god of this world. This could also be called idolatry. Again, the question we must often face is not *whether* Satan is involved, but *how*.

That sexual sins provide an avenue into demonic influence is suggested clearly in Scripture. Husbands and wives are reminded of their mutual obligations to each other sexually, and warned, "Stop depriving one another . . . lest Satan tempt you because of your lack of self-control" (1 Cor. 7:5).

Obsessive preoccupation with power, wealth, status, fame, influence, and popularity are also possible clues of demonic presence, because they too can become false gods. Most of us have heard stories of people who would do *anything*, so they tell their friends, to achieve some personal end.

Finally, and I believe central to all the other indicators of the demonic, is personal sin. Any systematic, habitual pattern of sin is a potential means of coming under demonic influence. We must be aware of the alliance and continuous interplay of the world, the flesh, and the devil. Central to all sin is a failure to love God fully and to submit ourselves to his divine will and guidance for our lives. To fail to submit is to side with Satan in adopting the view that we know better than God, and hence will decide for ourselves how to live our lives. Choosing Satan's side in the cosmic struggle between good and evil places us at risk of coming under the control of his demonic agents. Of course, those who are outside of a saving relationship with God through faith in Jesus Christ are already Satan's agents, hence under his influence in any event.

Other indicators of demonic influence include strong bitterness or unforgiveness of real or imagined transgressions suffered at the hands of others; this may be just a special case of habitual sin, since forgiveness is commanded by God. Extremely negative reactions to the mention of God, Jesus Christ, or the Holy Spirit, and to Christian religious practices also may be evidence of demonic influence.

The presence of personality disturbance rather than psychosis or schizophrenia (disorders which are likely to have strong biological roots) may suggest possible demonic influence. Multiple Personality in particular suggests possible demonic influence if Allison's view is correct. Allison, you may recall, is a psychiatrist who specializes in treatment of Multiple Personality Disorders. His approach to discerning the presence of demonic influence involves an evaluation of the characteristics of the "alter personalities" in people who manifest multiple personalities. He believes that true alter personalities always serve a consistent purpose for the individual, dealing consistently with the same unmanageable emotional condition. By contrast, he contends that demons are neither so predictable nor consistent. Finally, unusually high resistance to any benefit from medication may be an indicator of demonic influence according to some.

In examining for behavioral indicators of demonic influence a detailed personal history of the individual can be of great value. However, it is difficult at times to obtain the necessary information for a number of reasons. First, the individual may choose to withhold certain kinds of information to avoid embarrassment or risk. Second, the individual may overlook relevant information or discount its importance. Third, he or she may have forgotten or have never even known or recognized key events, especially if they occurred when the person was very young or if they involved activities of others, such as parents.

Two precautions are important in considering the significance of an individual's historical involvement in one of the avenues into demonic influence. The first is that the presence of any given historical event, or even several events, may not necessarily indicate demonic influence. There are doubtless many good Christians who have one or more of these experiences in their personal histories. While demonic influence is possible for

such persons, many are likely to be relatively free from it. Similarly, the absence of these indicators does not completely eliminate the possibility of demonic influence. Nonetheless, a clear study of the individual's background for these indicators is one of the steps that should be taken in assessing the possibility of demonic influence.

The presence of even one of the behavioral indicators, with the possible exception of resistance to benefit from medication and counseling or psychotherapy, may be sufficient evidence to suggest some degree of demonic influence. It is significant that personal sinfulness is involved in most of the behavioral indicators. As we have seen from earlier chapters, personal sinfulness opens the door to demonic influence by providing an opportunity for Satan and his agents. Also, sin is, at its root, a choice against God; all such choices involve a commitment to the way of deception, and hence to the Deceiver himself.

In his study, Southard identifies three additional criteria which he considers to be behavioral. The first is "unusual feelings of apprehension and/or a sense of evil" in the presence of the individual. Second is "unusual behavior" such as tearing up a Bible, strange appearance or voice, attempts by the client to completely sabotage his or her health, and a vicious attitude toward self. A third sign suggested as evidence of demonic influence is psychological improvement during or after an exorcism.<sup>14</sup>

We have seen from our discussion above that unusual behavior is clearly included within the scope of mental illness. Thus, it seems doubtful that this criterion will be of much assistance in discerning the presence or absence of the demonic.

Similarly, evidence of improvement following exorcism is of dubious value. First, it seems quite possible that some persons will show temporary improvement following such an experience due simply to coincidental or "chance" factors related to the fluctuations of their condition over time. Attributing such changes to the effects of exorcism would clearly be erroneous. Worse, it could be harmful; if the person is misdiagnosed, the problem may reappear or even grow worse. Such worsening may be complicated by spiritual doubts arising out of the belief that exorcism has failed.



More seriously, there is abundant evidence in medical and psychological research literature supporting the conclusion that nonspecific effects of the treatment process (such as receiving attention, the concern of others, or the arousal of hope) result in improvement in many cases. This is known as the placebo effect.<sup>15</sup>

It cannot be said for certain that exorcism does not work. Still, some doubt remains that exorcism is effective from a scientific standpoint. So far, virtually all data on the effectiveness of exorcism come from case studies. Unfortunately, this means that there may be a number of competing explanations for any beneficial outcomes.<sup>16</sup>

Among these last three criteria proposed by Southard, we are left, then, with unusual feelings or the sense of the presence of evil. However, these are, in fact, intuitive rather than behavioral criteria. Thus they fall under the intuitive approach.

#### PROPOSED STRATEGY

Three approaches to diagnosing the presence of demonic influence have been suggested: discerning the spirits by means of intuition and the use of the spiritual gift of discernment, testing the spirits by directing them in the name and authority of Jesus to acknowledge their presence and state their name and rank, and behavioral observations and analysis of personal history. Although limited in their effectiveness, discerning the spirits and behavioral observations have merit.

Perhaps the best diagnostic strategy for counselors is to combine behavioral observations with intuition or spiritual discernment. In seeking to reach a conclusion about the nature of a particular person's problems, the helper would look for converging evidence from these two sources of information. When both point toward probable demonic influence, reasonable confidence can be placed in that conclusion. Similarly, where neither of those provides affirmative indications, demonic influence can be ruled out with some confidence.

This approach is consistent with that proposed by Michael Green. He recommends discernment, and the spiritual gift called "discernment of the spirits," as very helpful in recognizing whether a person is demonized. On one occasion, for

example, upon entering a room in which a possessed person was standing, he noted, "I felt an immediate, almost palpable, sense of evil. . . ." <sup>17</sup> In addition, Green advocates diagnosis by means of a careful case history to discover whether important indicators are present. "One final word: if a person proclaims with great confidence that he is possessed, take leave to doubt it. The demons are normally in no hurry to invite expulsion."<sup>18</sup>

When discrepancies are found between indications from intuitive/spiritual discernment and behavioral factors, it is probably best to withhold judgment and proceed cautiously with intervention. Whatever the approach, take care to evaluate for the presence of additional problems, and seek further clarification of the diagnosis. The person receiving help should be informed of any uncertainty about the nature of his or her problem, and encouraged to help in the continuing diagnostic process.

Where discrepant evidence is found, the nature of the problem remains uncertain, and interventions require caution regardless of which direction the helper chooses. Naturally, in such instances the predilections of the helper are likely to be of major significance in determining the selected course of action; many pastors and lay Christian helpers may choose exorcism, while others, including many mental-health professionals, will more likely choose medication and counseling or psychotherapy approaches. As we shall see in the next two chapters, such ambiguity of diagnosis need not be a serious problem.

#### Essential Precautions

It has already been suggested that demonic influence may occur together with mental disorders. Further, we have seen that the task of clearly identifying the presence of demonic influence is at best uncertain. Thus, it is of great importance that steps be taken to rule out the presence of mental disorders and physical disorders. Though not widespread, stories exist of counselors who have provided counseling for seriously depressed individuals only to discover a brain tumor, hormonal deficiency, or other physical basis for the problem. Again, nothing is more futile than to "exorcise" or "deliver" a person afflicted with a tumor which has gone undetected. Similarly, while it may reduce some symptoms, no lasting benefit is

likely to occur from treating a demon-possessed person with medication.

People are complex beings. There are complex interactions among the spiritual, psychological, and physical dimensions. Thus, even in the presence of clear indicators of a specific type of problem, such as demonic influence, it is by far the wisest course to obtain comprehensive medical, psychological, and spiritual evaluation, and to see that treatment is prescribed in each area of need.

### SUMMARY

Three major approaches to discovering the presence of demonic influence have been developed. These involve the use of spiritual insight or the spiritual gift of "discerning the spirits," examination of personal history and behavioral indicators, and testing the spirits. The third approach is discounted as of dubious merit and without biblical support.

The approaches of spiritual discernment and examination of behavioral indicators both have some merit, though each is limited as well. Thus a prudent counselor will use elements of both and look for consistency in the conclusions drawn from the two approaches.

Because of the potential for interaction among the various dimensions of the person, there is a risk of overlooking problems in one or more areas. Thus, it is strongly advised that the person's spiritual, psychological, and physical functioning be carefully evaluated, and any needed treatment be given in each area. Usually, this will require referral to others, or a team approach. If these precautions are taken, it seems likely that an incorrect preliminary assessment of the person's status regarding demonic influence need not be a major problem. The next two chapters will develop this proposition in more detail.