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Demonic Influence and Mental Disorders - Chapter 8 of "Counseling and the Demonic"

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CHAPTER EIGHT

DEMONIC INFLUENCE AND MENTAL DISORDERS

Earlier we saw that demon possession was a widely accepted explanation for disturbed behavior from antiquity through the middle of the nineteenth century. The scientific revolution and the adoption of naturalistic reductionism around the close of the nineteenth century left no room for the supernatural or spiritual. Consequently, what had formerly been viewed as demonic influence became "nothing but" mental illness or mental disorders.[1]

The belief that demon possession is merely a misunderstanding of mental illness has created considerable discomfort for persons committed to a biblical worldview; the Bible clearly states that demons are real and that they are evidenced in both

powerful and dramatic ways, at least under some circumstances. How can a more literal view of Scripture be reconciled with the now-prevailing naturalistic view of mental disorders?

In exploring the relationship between demonic influences and mental disorders, we must remember that the question is not whether Satan is involved in mental disorders; rather, it is a question of how he is involved.

Mental disorders, like any other human malady, came with the Fall and the entrance of sin into the world. All human suffering can be traced, in part, to that momentous event. Satan's role in the Fall, and thus in all earthly ill, must be acknowledged. Discerning the means of his involvement in mental disorders is the issue at hand.

Historically, the predominant view has been that demon possession and mental disorders are alternative explanations of the same phenomena. However, from a Christian perspective they are distinct. Therefore, we need first of all to ask whether, on the basis of their respective symptoms alone, we can tell the difference between demon possession and mental illness. Next we will consider what information may be missed if we evaluate only symptoms. Finally, we will look at two alternative approaches to understanding the relationship between mental disorders and demonic possession.

As we examine the relationship of demonic influence and possession to mental disorders, it is important to keep in mind several considerations. The first consideration must be that of distinguishing among spiritual, psychological, and physical problems.

Second, given our assumption that mental disorders and demon possession both occur, we must realize that a given person may show any of the following conditions: 1) physical disorder alone; 2) demon possession alone; 3) mental disorder alone; 4) a combination of physical disorder, demon possession, and mental disorder. Demon possession is understood to be a spiritual problem, while a mental disorder is a psychological problem.

Third, it is important to remember that Satan was involved in the entrance of sin into our world, and thus in the many changes that resulted. Whether the problem is spiritual, psychological, physical, or a combination of these, Satan is nonetheless involved.

Comparison of Demonic Influence and Mental Disorders

As Christians became increasingly interested in psychology during the sixties and seventies, several Christian authors grappled with the question of how to distinguish demon possession from mental disorders. They focused on comparing and contrasting the symptoms of mental disorders with the symptoms of demon possession as described in the Gospel accounts. One of the first things they noticed was the extent to which the symptoms of the two conditions overlap.

Virkler and Virkler suggest that the Scripture reflects a consistent distinction between demonic and disease symptoms, both in language and treatment (casting out versus healing).[2] However, other discussions of the nature and manifestation of demonic influence suggest that distinctions between demonic symptoms and symptoms of mental or physical illnesses are not clearly drawn in Scripture. J. Ramsey Michaels says that in the Gospel of Mark a fairly distinct line is preserved between healing and exorcism, but that Matthew and Luke blur this line and seem to categorize them together, as does Peter in Acts. Michaels concludes that a tendency to extend or extrapolate the definition of the demonic to include other phenomena besides actual possession, or to subsume possession under illness, was already present in the New Testament writings.[3]

Several incidents illustrate this ambiguity. The Jewish rulers accused Jesus of having a demon (see Matt. 12:22–29; Mark 3:20–27; John 7:20; 8:48–52; 10:19–21). Perhaps more significantly, the possibility that Jesus was mentally ill was raised on two of these same occasions, once by his own family (Mark 3:21) and once by the Jews (John 10:19–21). Thus, even in the time of Christ there appears to have been confusion regarding the distinctions between mental illness and demonic influence (and these were both confused with signs of the power of God).

Bloesch proposes a distinction in terms of the mind and the will: he suggests that mental disorders affect the mind, while demonic influence affects the will.[4] However, if we examine the scriptural accounts of possession, such as that of the Gadarene

demoniac or the fortune teller, we notice that their minds seem to have been affected (Mark 5:1–20; Acts 16:16–18; 2 Cor. 4:4).

Similarly, examination of mental disorders suggests that in some mental disorders the will may be affected; examples include severe depression and perhaps alcoholism and drug dependence. In other mental disorders the primary disturbance is one of affect or emotion, as in the major affective disorders, and most neurotic disorders. In practice, people function as wholes, with a continuous interplay among mind, will and emotions in a manner that makes it impossible to sustain the functional distinction required by Bloesch's formulation.[5]

In another attempt to distinguish between demon possession and mental disorders, Sall contrasted demons and mental illness, postulating several distinctions between them.[6] In commenting on Sall's view, Bach terms it a curious comparison; Bach suggests comparing the psychotic with the demon-possessed person rather than with the demon.[7] I heartily concur.

In practical terms we must observe the person who shows disturbed behavior and determine whether or not a demon is present. Demons do not readily reveal their presence for analysis and treatment; if we knew beforehand that the person had a demon, then there would be no difficulty in distinguishing demonic influence from mental disorders.

Comparison of the two conditions reveals that virtually all of the symptoms associated with demonic influence are duplicated in at least one mental disorder as defined by DSM-III-R.

Supernatural knowledge is often claimed by individuals with the hallucinations and delusions of psychotic disorders, especially paranoid schizophrenics. Exploits of unusual strength and endurance may be observed in manic episodes and in catatonic conditions (where normal fatigue reactions seem to be absent). Nakedness or deterioration of dress and appearance is common in the psychotic disorders, especially in schizophrenia.

Loss of speech and hearing, and blindness, along with a number of other physical symptoms, are characteristic of the Conversion (hysterical) Disorders. Seizures occur in epilepsy and a variety of other disorders: "Most of the etiological agents underlying chronic brain syndromes can and do cause convulsions,

particularly syphilis, intoxication, trauma, cerebral arteriosclerosis, and intracranial neoplasms."[8]

Speaking in a different voice, and even the appearance of two or more distinct personalities are classified as Dissociative Disorders (e.g., Multiple Personality Disorder). Bizarre behavior is characteristic of all of the psychotic conditions. Finally, fierce and violent behavior is found in certain psychotic conditions, especially Delusional (paranoid) Disorder, as well as in Intermittent Explosive Disorder, Antisocial Personality, and Conduct Disorders of Childhood and Adolescence.

Those who are demon possessed sometimes admit that fact. Claims to be demon possessed are specifically included as a consideration in the diagnosis of Multiple Personality Disorder.[9]

Finally, persons who are demon possessed often show involvement in occult practices; while this activity is not a defining symptom for any specific mental disorder, it seems likely that it could be observed in persons diagnosed with a number of disorders.

Demonic influence and mental disorders are conceptually distinct phenomena, but in view of the extensive overlap among symptoms, it may be difficult in a given instance to make a firm conclusion regarding which phenomenon is present. Table 4 summarizes the comparison between these two patterns of symptoms.

One final observation is that there is also similarity between organic and nonorganic mental disorders. For example, disorientation, mental confusion, and depressed mood may be the result of such organic causes as exposure to toxic chemicals or a minor stroke, or may result from nonorganic factors, such as a psychotic depressive condition. Thus, it is important to remember that similarity in symptoms does not necessarily mean that the sources of the symptoms are identical. Nor does it necessarily mean that the symptoms are identical in all respects.

In summary, Table 4 indicates that virtually all of the symptoms of demon possession found in the Gospel accounts can conceivably be classified within one of the mental disorders. From this we might conclude that mental disorders and demonic influence are conceptually distinct, but that one cannot tell the difference between them in most instances, and that it does not

Comparison of Demonic Influence and Mental Disorders[15]

Characteristics of Demonic Influence	Parallels among Mental Disorders
Supernatural knowledge	Hallucinations, delusions of psychotic disorders; God told me . . ., etc. (Also note parallels with psychics)
Supernatural strength	Observed in manic episodes, certain psychotic conditions; e.g. catatonic does not show normal fatigue.
Going about naked	Deterioration of appearance and social graces is typical of psychotic disorders, especially schizophrenia, and of schizotypal personality disorder
Unable to hear, speak; blind	Associated with conversion (hysterical) disorders
Seizures	Observed with epilepsy and many chronic brain syndromes such as syphilis, intoxication, trauma, cerebral arteriosclerosis, and intracranial neoplasms
Use of "different" voice; presence of distinct personality	Commonly found in dissociative disorders, which include multiple personality disorder
Bizarre behavior	Characteristic of psychoses
Fierce, violent behavior	Common in certain psychotic conditions, especially, paranoid; also found in intermittent explosive disorder, antisocial personality, and unsocialized aggressive reaction of childhood or adolescence
Claims of demonic influence	Found in multiple personality disorder
Involvement in occult practices	May occur with many disorders, though not used as diagnostic criterion

Table 4

make a great deal of difference in treatment. However, this view is too simplistic, as we shall see.

It seems clear that this striking similarity between mental disorders and demon possession as portrayed in the Gospels is a primary factor accounting for both versions of the current view that they are different explanations for the same phenomenon. The first version holds that demon possession is an archaic explanation of mental disorders. This view involves materialistic reductionism, a philosophy that is prevalent among non-Christians

in the Western world. Curiously, it is also held by many who profess to be Christians.

A second approach to the obvious similarity of demon possession and mental disorders emphasizes demon possession and the need for deliverance. Proponents of this view believe that the only legitimate mental disorders are those which are of clear organic origins, and that such disorders are quite rare. This view tends toward a spiritualistic reductionism and leaves no room for problems such as those of Leila, who had developed some very harmful attitudes and behavior; nor does it leave room for such things as the fear of others which results from being abused as a child by drunken parents. Those who take this approach are often among the more charismatic Christian groups, though many others hold this view as well.

Neither of these first views is satisfactory since each involves a form of reductionism that is far too simplistic. A third view is that mental disorders and demon possession are distinct phenomena, though they are similar in their symptoms. This view seems to better fit the evidence which we have reviewed so far. If correct, it implies that a person may be: 1) demon possessed, 2) mentally disordered, or 3) both demon possessed and mentally disordered, at the same time or at different times.

Factors Other Than Symptoms

The reasoning that mental disorders and demonic influence are almost indistinguishable seems to make sense, particularly when we examine the symptoms reported in the Gospel accounts. However, merely examining symptoms ignores differences in causes. When we fail to distinguish the conditions, we will not treat them in the distinct manners which their different origins may warrant. For example, a person may be mentally confused and delirious due to demon possession, a brain tumor, epilepsy, or a variety of other factors. Precise diagnosis is critical to appropriate treatment. Thus, it is important to discover ways in which the two conditions can be distinguished.

Several factors suggest that the two conditions are distinct. First, spiritual and psychological functioning are distinct, though inseparable. Second, demonic influence in other cultures sometimes occurs without the symptoms associated with

mental disorders. Third, Satan is a deceiver who uses a variety of methods to accomplish his ends. Fourth, biological factors are often involved in mental disorders. Fifth, deliberate personal evil is sometimes involved in a person's coming under satanic influence. Finally, personal faith is an important factor limiting demonic influence. We shall examine each of these in turn.

Spiritual and Psychological Are Distinct

Demonic influence or possession is primarily a spiritual condition, while mental disorders are primarily psychological. As we have just seen, two major views conclude that these conditions are indistinguishable; both involve reductionism. They suggest that people have spiritual problems, or that they have psychological problems, but never both. We need to remember that men and women are multidimensional beings. Thus, it seems likely that problems can occur in any dimension—spiritual, psychological, or physical. Often a given problem may involve more than a single dimension.

Demon Possession in Other Cultures

As noted earlier, those who profess or exhibit demon possession in other cultures often do not seem to show signs of impaired functioning or loss of reality orientation which characterize severe mental disorders (the clinical syndromes). They seem well-oriented to their culture and quite capable of functioning in society. On the other hand, there may be some similarity between these individuals and those classified with personality disorders in DSM-III-R, as we shall see later.[11]

We must be cautious here since many believe that personality disorders form the basic personality structure and functioning that underlie particular types of mental disorders. Examination of the personality disorders suggests that, except in mild form, even they seem to involve qualities inconsistent with the more common manifestations associated with demonic influence in other cultures.[12]

Satan's Character

Another reason for highlighting distinctions between mental disorders and demonic influence involves the nature and

character of Satan. Satan is a deceiver who seeks to hide his working in a variety of ways. Thus, it is not surprising that demonic influence or possession sometimes appears much like mental or physical disorders, and that such similarity may be most common in Western culture where there is a high degree of concern with mental and physical disorders.

However, in many Third World cultures where there is a tendency to attribute just about every problem to demonic influence, even the most obviously physical ailments, such as dysentery, may be helplessly accepted because they are believed to be of demonic or spiritual origin. This contrasts with our Western tendency to explain all human problems in physical and psychological terms. Both of these tendencies result in misdiagnosis and ineffective treatment. Much human suffering results.

Biological Factors in Mental Disorder

The growing evidence of the role of biological factors in many mental disorders casts further doubt on the view that mental disorders and demonic influence are the same phenomenon.

A person whose function is impaired by an organic disorder is not likely to be optimally effective as an agent for Satan's purposes. Because of impaired thinking or perception, and other functional abilities, persons with schizophrenic or other psychotic disorders often lose the ability to care for themselves even in rudimentary ways. While Satan can, and no doubt often does, use such individuals to accomplish his purposes, those with more intact psychological functioning are apt to be more effective agents of his nefarious goals. While not a strong argument, this lends further support to the view that Satan may accomplish his ends more effectively through other means than causing people to become mentally disordered.

Further, Developmental Disorders, Gender Identity Disorders, Psychoactive Substance-Use Disorders, and Mood Disorders are all believed to be at least partially the result of biological predisposing factors such as genetic anomalies and biochemical disturbances. This type of disorder is produced by an interaction between the biological predisposition and psychosocial experiences.

In general, it seems safe to presume that demonic influence is relatively independent of biological causes, such as those just described. If this is true, it follows that as evidence of organic cause increases, the likelihood of demonic influence as an explanation for behavioral disturbance is correspondingly decreased. It is noteworthy that those mental disorders that are characterized by the most prominent disturbances of thought and behavior are also the conditions to which biological factors have been most strongly linked. This suggests that psychotic manifestations—mental disorders in which disturbed religious ideation is quite common—are unlikely to be the result of demonic influence because of the high probability of organic causes such as senile dementia. Thus, the deranged person who claims to be Jesus Christ, Napoleon, or Satan is more likely to have a severe organic brain disorder or schizophrenic disorder than a demon.

Two important cautionary notes must be sounded here. First, because all aspects of the person interact, it is possible that malfunction in one of them may result in greater vulnerability to stressors that could interfere with functioning in other dimensions. Just as physical illness makes a person more prone to depression, so depression may make a person more likely to become demonically influenced. The fact that one problem leads to another does not negate the value of distinguishing among the conditions, both for conceptualization and treatment.

Second, we have seen that Satan is able to produce even physical disorders, as well as physical healings. Thus, while the presence of physical factors often makes the probability of demon possession seem less likely, it cannot clearly rule out the demonic factor.

Personal Evil

Personal evil is a complex issue. It is clear from DSM-III-R that volition is involved to some degree in many mental disorders. Factitious Disorders, for example, are defined as "physical or psychological symptoms that are intentionally produced or feigned."[13] A voluntary component may also be involved in Somatoform Disorders[14] and Dissociative Disorders. In fact, it is believed that the symptoms of most mental disorders may be

voluntarily exaggerated for personal benefit; often this is referred to as "secondary gain."

Another category of mental disorder that involves personal volition is drug and alcohol abuse or dependence. For some individuals such dependence grows out of medical treatment for pain, injury, or illness. For most, it begins with the choice to drink, smoke, snort, or inject the substance. It is now widely believed that, regardless of how the habit first began, biological factors play an important role in determining which individuals will become dependent upon drugs or alcohol. However, for most, volition plays at least a minor role; had they never participated to begin with, abuse or dependence never would have developed.

There is considerable controversy regarding the relationship between personal volition and mental disorders. The relationship between volition and demonic influence is similarly complex. King Saul, for example, chose to disobey God, and as a consequence God's spirit departed from him (see 1 Samuel 16:14). But was not Saul's affliction by the evil spirit an unanticipated consequence of his sin, much as becoming an alcoholic is an unanticipated result of choosing to drink alcoholic beverages?

It seems likely that in most cases the person has made a clear, conscious choice that leads to influence or control by demons. Often the person does not initially recognize the demonic influence; recognition comes later, when the control is well established.

Personal Faith

The role of personal faith is another factor in seeking to discern whether demonic influence is involved. A number of Scriptures warn of the need to be on guard and to arm ourselves for protection from the evil one. These make it clear that a Christian can be influenced by Satan (Eph. 6:12–17; 1 Pet. 5:8– 9). It also seems clear that faith in God and faithful obedience to God are important factors in protection from the power of Satan and his emissaries (Rev. 12:11). It is important at this point to remember that all false worship is ultimately worship of demons, and of their chief, Satan.

Some have argued that it is not possible for a Christian to be demon possessed, although a believer could be harassed or influenced by a demon. Others, such as Unger and Dickason, suggest that there is good reason to believe that Christians can be demon possessed; they profess to have delivered countless Christians from this very problem.[15]

Dickason argues first that the Bible does not rule out demonic influence of Christians today. He objects to "the assumption that demons do not operate in demonization as much today, that they change their tactics, or that their influence has faded away. Nothing in the New Testament supports such an assumption."[16] He then concludes that the Bible leaves open the possibility of demonic possession of believers, and that clinical data confirms that Christians may be, and sometimes are, demonically possessed.

Many disagree with Dickason regarding possession of believers.[17] His evidence, which is largely from case histories, is not compelling.

I believe that possession of Christians is not possible since they belong to the kingdom of God, and are indwelt by the Holy Spirit. Also, God protects them from the evil one. However, I believe the evidence is unequivocal that even as Christ himself was accosted and harassed during his earthly life, so believers today may be also; they may even be attacked by demons. Thus, it is imperative that we take seriously the matter of spiritual warfare regardless of our position on the matter of demonic possession of believers.

Other Problems

Accepting the conclusion that mental disorders and demonic influence are indistinguishable presents other problems. Chief among these is that if we are unable to distinguish them, then different approaches to treatment are precluded. Yet it seems clear that mental disorders and demonic influence, having different origins, need different treatment approaches. The medical concept of diagnosis is based on the belief that different problems, such as delirium tremens, epileptic seizures, and rapidly growing brain tumors, require different treatment. That reasoning seems to apply here as well: Psychological

problems and spiritual problems presumably belong to different categories, though they interact. If this is correct, then it follows that treatment may be different as well.

ALTERNATIVE VIEWS

Allison's and Schwarz's View

Allison is a psychiatrist who has specialized in treating Multiple Personality Disorders. He and Schwarz distinguish five levels or grades of possession. Their view is consistent with the notion that demonic influence varies along a continuum from minimal influence to full possession. According to them, Grade I possession involves control "by an idea, obsession, involuntary act, compulsion or addiction to alcohol or drugs."[18] "It could also be labelled obsessive-compulsive neurosis. . . ."[19]

Grade II possession occurs in persons with multiple personality: "[It] is the result of the influence of a negative alter personality developed by a person with hysterical personality structure."[20] This sort corresponds to the proverbial Dr. Jekyll and Mr. Hyde.

> In many cultures the alter personality would be considered a classic example of an evil spirit invading the body of (the person). (However), with adequate information from (the) unconscious, there is no need to invoke supernatural explanations.[21]

In Grade III possessions "the controlling influence seems to be the mind of another living human being."[22]

Grade IV possession is control by the spirit of another human being.

"Grade V possession is control by a spirit that has never had its own life history and identifies itself as an agent of evil. . . . Only the power of God and his angels can conquer such entities."[23]

Allison and Schwarz seem to believe that Multiple Personality Disorder, at least, develops chiefly as a method of coping with abusive experiences during early childhood. This suggests that

these persons whom they consider to be least severely possessed are the victims of the sinfulness of others.

After describing the relationship between mental disorders and demonism, Allison concludes, "I can only reiterate my own belief. . . . Are patients really possessed? I don't know."[24] Despite this cautious conclusion, and Allison's and Schwarz's care in making assertions at times, it seems clear they believe that the spirit world is real. Allison's and Schwarz's view seems somewhat unorthodox. Yet they are among a very few who openly acknowledge phenomena which do not easily fit the mental disorder model.

Personality Disorders

Another possible relationship between mental disorders and demon possession is the suggestion that demon possession may occur in those with personality disorders. Personality traits are enduring patterns of perceiving, relating to, and thinking about oneself, others, and the world about us. Only when these patterns become inflexible and maladaptive are they termed personality disorders. Often these patterns develop in childhood, lasting into the adult years. The key element in personality disorders which suggests a link with the demonic is the pervasive sense of self-centeredness and unconcern for others which is inherent in the more extreme forms of these disorders.

Antisocial Personality Disorder Antisocial Personality Disorder is characterized by a wide variety of irresponsible and antisocial acts, such as lying, stealing, vandalism, sexual promiscuity, instigating fights, and physical cruelty. Most of these patterns of behavior are likely to lead to arrest and prosecution on criminal charges.

Those with these patterns typically feel no remorse, and often feel justified in their actions. Further, they are unlikely to seek help voluntarily, thus are rarely seen in mental-health treatment settings except when sent there by the courts or other powerful persons involved in their lives, such as spouses or bosses. Many of the patterns which might lead to a person's being diagnosed with an Antisocial Personality Disorder are also common among persons with demonic influence, as we shall see later. In the

personality disorders, then, we may have a point of contact between mental disorders and demonic influence.

Narcissistic Personality Disorder The Narcissistic Personality Disorder is characterized by extreme need for self-importance, insensitivity to the needs, wants, or feelings of others, extreme sensitivity to the least slight or offense from others, and strong desire to be "special," often alternating with periods of feeling unworthy. While not showing the blatantly antisocial characteristics of the antisocial personality, the narcissistic personality is, nonetheless, extremely self-centered and more subtly devalues, exploits, or harms others; the focus for the narcissist is on psychic rather than material benefits. Persons with narcissistic personalities seem to fit the pattern of those whom Peck terms "truly evil people." Here, too, there is a possible avenue into the demonic, though it is more subtle, involving primarily acts of omission rather than of commission.

Schizotypal Personality Disorder Those with Schizotypal Personality Disorder (formerly simple schizophrenia) are odd in appearance, thought, and behavior, and show little interest or skill in social relationships. Among other features, persons with this disorder often show "magical thinking"; they may believe that they can read the thoughts and feelings of others or that others can read their minds. They also report sensing the presence of persons or forces unseen by others.[25]

In addition to possible links with Antisocial, Narcissistic, and Schizotypal Personality Disorders, Allison and Schwarz have suggested that possession may be associated with Obsessive-Compulsive Disorder, and Multiple Personality Disorders at their levels I and II; they propose no mental disorders which correspond to more advanced possession.

Thus, in addition to Obsessive-Compulsive and Multiple Personality Disorder (a Dissociative Disorder coded on the first dimension in DSM-III), personality disorders (coded on dimension 2) are another point at which mental disorders and demonic influence may overlap. Personality disorders lack clear biological causes, and exhibit the presence of volitional evil either in the form of evil actions by the person, or in the form of being victimized by the evil of another.

SUMMARY

From antiquity, disturbances of behavior and conduct have been explained in religious terms. With the rise of naturalism in the late nineteenth century a dramatic shift occurred, and the same phenomena came to be labeled mental disorders and explained in terms of natural causes. Demonic influence and mental disorders have continued to be viewed as alternative explanations for the same symptomatic manifestations.

An analysis of the demon-possession accounts suggests that most of those symptomatic manifestations are also considered to be symptomatic of one or more mental disorders. As a consequence of this overlap in manifestations, many conclude that we merely have two labels and explanations for the same phenomena. Some of those who believe that there is but one phenomenon with two labels deny the demonic and affirm only naturalistic explanations; this view is common among both non-Christian and Christian groups. Others, especially charismatic Christians, affirm demonic influence and discount naturalistic causes.

A third view is that mental disorders and demon possession are both real, but not readily distinguishable from each other on the basis of symptoms. This view is consistent with the results of efforts to compare mental disorders with demon-possession accounts in Scripture, but such a proposition is unsatisfactory. It confuses the sources of psychological and spiritual problems, and thus makes it very difficult to provide the different treatments required by their different causes.

Evidence from those Biblical accounts of demonic influence which are separate from the accounts of casting out of demons, and evidence from reports of demonic influence or possession in other cultures, suggest that the forms of demonic influence may be more varied than is apparent from the possession accounts alone. Further, evidence is growing that biological factors play a significant role in mental disorders, while those factors are presumed to be of limited importance in demonic influence.

Finally, personal evil and personal faith clearly play a dominant role in demonic influence. By contrast, they presumably

play a limited role in most mental disorders, especially those with significant organic components. However, in Antisocial, Narcissistic, and Schizotypal Personality Disorders, and possibly in some other Personality Disorders (Axis II), there seems to be a significant volitional aspect, and there may be a corresponding overlap between these disorders and demonic influence.

Demon possession and mental disorders are distinct phenomena, though they may occur together and interact with one another. They also have many similarities, particularly in the more extreme forms of demonic influence commonly termed demon possession. How then can they be distinguished? It is to this matter that we turn in chapter 9.