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Psychopathology, Psychotherapy and Demonic Influence

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Psychopathology, Psychotherapy and Demonic Influence

Abstract

From Antiquity demonic possession and mental illness have been viewed as competing explanations for the same phenomena. Partly as a result, recent efforts have been directed toward seeking to distinguish demon possession from the gospel accounts with symptoms of mental illness in DSM-II and DSM-III/III-R. An important oversight in the literature is the failure to examine the broader teaching of Scripture about the nature and purpose of Satan and his demonic agents, and how they function. Also neglected is study of teaching about how the believer is to deal with spiritual warfare. Examination of these issues has important implications for how we view the nature of demonic influence, and will have significant implications for our approach to assessment and psychotherapy as well as for spiritual guidance and direction.

Demon possession and mental illness are distinct phenomena, involving different dimensions of human functioning. They may occur together or separately, and each may influence the other. Table 1 provides a brief overview of mental illness according to DSM-III. To fully understand the relationship of demon possession and mental disorders we must:

1) recognize both material and spiritual aspects of reality;

2) be aware that there are but two spiritual kingdoms- the kingdom of God and the kingdom of Satan;

3) acknowledge the reality of Satan and his minions;

4) be aware that Satan's activities are not limited to the forms described in the gospel possession account; and

5) recognize the complexity of mental disorders.

The emphasis in Scripture is on disciplining ourselves to godliness and resisting Satan. It is here that the focus of dealing with demonic influence needs to be placed.

Assessment needs to include a comprehensive evaluation of spiritual, psychological, social-emotional, and physical functioning, personal history, and use of drugs and alcohol. Counseling and other interventions need to be equally comprehensive. A teamwork approach seems essential.

Because both mental disorders and demonic influence may occur together, and may be accompanied by physical illness as well, it is important that comprehensive care be provided. Often this necessitates a teamwork approach since competence to intervene in all areas in uncommon for any given individual.

Table 1

Characteristics of Mental Illness According to DSM-IIIR*

1. Mental Retardation	Subnormal intellectual functioning, due to whatever cause, originating in the developmental period
2. Organic Brain Syndromes	Disorders associated with impairment of brain tissue function, whether chronic or acute, and resulting in impairment of orientation, memory, or intellectual functions such as learning, comprehension and knowledge; impairment of judgment, extremes of emotional responding
3. Psychoses not due to physical conditions above	Mental functioning grossly impaired; unable to meet ordinary demands of life; hallucinations, delusions; mood disturbance
4. Neuroses	Characterized by anxiety, directly expressed or unconsciously controlled by: phobias, obsessions, compulsions, hypochondriacal disorders, multiple personality
5.Personality disorders/other non-psychotic disorders	Lifelong patters of maladaptive behavior, e.g. suspiciousness and distrust, explosiveness, anxious overconcern, excessive mood swings, antisocial behavior
6. Psychophysiological	Physical symptoms caused by emotional stress (e.g. ulcers)
7. Special symptoms	Specific discreet symptoms: stuttering, enuresis, insomnia, etc
8. Transient situational disturbances	Transient disorders of any severity in persons without apparent underlying mental disorder as acute reactions to overwhelming environmental stress
9. Behavior disorders of childhood and adolescence	Disorders in children and adolescents (more severe than # 8 above, less severe than #'s 2, 3, 4, 5)

* Adapted from American Psychiatric Association, Diagnostic and Statistical Manual (DSM-III-R, 1987).