

Demons and the Mind

There are few forms of illness that cause more distress or generate more social stigma than those which derange the mind. That such mental illness is in some general sense an 'evil' no one can doubt. But what kind of 'evil' is it? This paper examines demonic and medical models and suggests that the dualistic way Christians have sought to integrate them is inadequate. A holistic model of the human personality may offer a more satisfactory alternative.

Ill or possessed?

From time immemorial societies have assigned supernaturalist interpretations to mental illness. Madness, it is held, is the result of the invasion of the human psyche by the spirit world. This invasion may be benign or even divine, as in oracular prophecy and mystic ecstasy. Alternatively, it may be malevolent, as in the case of witchcraft and demon-possession. The remedy in this latter case is exorcism.

This interpretation, however, has been opposed by two rival naturalistic explanations.

1. The organic model

On this view mental illness is the result of some physiological malfunction. Hippocrates in ancient Greece seems to have been the first to have regarded epilepsy as a physical illness due, according to his 'four humours' model, to an excess of 'phlegm'. This idea was preserved during the medieval period in the Arab world and re-entered Europe in the eleventh century as a result of the scholarly work of Constantine of Africa (c.1020-1087). With the growth of rationalism at the time of the Enlightenment and a more sophisticated understanding of the nervous system, the organic interpretation of mental illness gradually triumphed. The success of drug therapy in treating a variety of psychotic symptoms more recently has meant that this model now dominates psychiatric medicine.

2. The psychodynamic model

In 1923 Freud attempted a psychoanalytical interpretation of the case of Christoph Haitzman, a destitute seventeenth century artist who claimed he had become 'demoniacally possessed'. Freud argued that the 'demon' was in fact a 'personification of the repressed unconscious instinctual life' symbolising the subject's libidinal wishes towards his dead father. More recently, the post-Freudian school of Fairbairn (1943), Klein (1952), and Winnicott (1958) has put the emphasis rather on early familial relationships. Haitzman's demon represents not so much repressed guilty impulses, as the internalised bad father himself.

Contemporary psychiatry, however, has not totally abandoned demonic terminology. A syndrome labelled 'possession' by Osterreich is still widely debated, though these days it is more usually termed 'multiple personality disorder' (MPD). The characteristic symptom is that the subject seems to be taken over by an alien 'alter ego'. Not all psychiatrists accept MPD as a diagnostic entity, but in the last forty years unprecedented numbers of such cases have been reported, particularly in North America. Claims that many of these are the result of the activities of clandestine satanic cults have led some psychiatrists to take the view that it may be therapeutically useful to collude with a patient's 'demonic' interpretation of their condition and look favourably upon a religious service of exorcism.

In general, however, most psychiatrists would regard the very idea of demon-possession as a relic of pre-scientific superstition. It is not really surprising, they would argue, that a severely disturbed person suffering from some kind of dissociative disorder finds it easy to rationalise their abnormal experiences in terms of assault by alien spirit forces, but such supernaturalist explanations are not to be seriously entertained.

Demon-possession in the Bible

It is quite obvious, on the other hand, that Jesus and the apostles lived in a world that took for granted the existence of evil spirits and regularly ascribed mental illness to their malevolent activity.

Fear of demonic influences is notably less obvious in the Old Testament. Saul's insanity is ascribed to 'an evil spirit' (1 Samuel 18:10, 19:9), but significantly this is sent 'from the Lord'. And no mention is made of demons at all in respect of Nebuchadnezzar's psychotic breakdown (Daniel 4), though it had many of the characteristics of lycanthropy (the delusion of being a wild animal), a rare dissociative illness that is readily interpreted as possession. It is strongly implied that the sinful pride of these kings was a major causative factor in their descent into madness. Daniel specifically advises Nebuchadnezzar to confess his sins if he wants to avoid this divine judgement.

Although illness is not always associated with some personal sin in the life of the sufferer (see Job), the Old Testament does indicate that such a link sometimes exists, either as a result of direct divine retribution (e.g. 2 Kings 5:27), or the self-destructive consequences of unresolved guilt (Psalm 32:3). No distinction is made between physical and mental illness in this regard. Those who are so afflicted are not treated as helpless victims, but as responsible sinners in need of repentance.

In the New Testament, however, the possibility of illness, and particularly mental illness, arising from assault by external evil forces is widely assumed. Demon-possession having the characteristics of MPD can be readily identified in the gospels. Notice, for instance, the plural inner consciousness in 'what have you to do with us?' (Mark 1:24) and 'my name is Legion; for we are many' (Mark 5:9).

However, in the New Testament demon-possession is also attributed in many cases which do not fit the MPD pattern. In Mark 9:14-29 we read of a boy with 'a dumb spirit' who suffered from convulsions. This presumably implies that he was rendered mute by his affliction. That physical handicap like dumbness was sometimes ascribed to possession is clear from Matthew 9:32-33, 12:22, and Luke 13:11.

Paul regards the oracular divination of a slave girl as due to an evil spirit (Acts 16:16). And the accusation that Jesus himself was possessed seems to be related to what his opponents interpreted as paranoid or megalomaniac delusions (John 7:20, 8:48, 10:20).

This does not mean that the New Testament writers had no access to any other vocabulary for describing madness. The word groups associated with ekstasis (Mark 3:21, 2 Corinthians 5:13) and mania (John 10:20, Acts 26:24, 1 Corinthians 14:23) are both used of being 'out of one's mind' though not necessarily in a malignant sense. And the verb *seleniazomai* (literally moon-struck, cf. English 'lunatic') may have been particularly associated with the distinctive symptoms of epilepsy (Matthew 17:15).

Two different phenomena?

Most Christians who have discussed the issue have sought to argue that the Bible uses this non-supernaturalist vocabulary to distinguish demon-possession from other forms of mental illness. This conventional viewpoint may be loosely designated as dualistic. It is attractive because it enables Christians to acknowledge the success of modern psychiatric medicine without totally abandoning the category of the demonic.

However, the biblical base for such a dichotomous interpretation of mental illness is thin. The text most frequently quoted in support of it is Matthew 4:24:

‘they brought to him all the sick, those afflicted with various diseases and pains, demoniacs [daimonizomai], epileptics [seleniazomai], and paralytics’.

The evangelist, it is argued, is here distinguishing demon-possession from other forms of mental illness like epilepsy. But it is not at all clear that Matthew intends us to understand these words as mutually exclusive diagnoses. It is much more likely that this list is simply descriptive of certain kinds of observed symptom. As a result more than one term may sometimes apply to the same individual. We have in fact already noted several examples of such overlap. The epileptic (seleniazomai) boy is also demon-possessed in Matthew 17:14-21. Would the evangelist have wished to discriminate other epileptics who were not? On what basis would he have made such a distinction? Jesus is simultaneously accused of both mania and having a demon (John 10:20). Are these two different conditions or merely alternative descriptions of the same irrational state of mind? Equally, there are numerous examples in the gospels of physically handicapped individuals whose plight is not attributed to demons (e.g. the deaf-mute in Mark 7:31-37). Was there some observable difference in the mutes mentioned above (in Matthew 9 and 12) that led to them being regarded as demoniacs?

It is difficult to be confident about the answers to such questions. Jesus certainly employed a different technique when he healed those whose affliction was attributed to demons. He exorcised the evil spirits ‘with a word’ (Matthew 8:16-17), whereas in other healings he commonly used touch (e.g. Mark 7:33). Unusually, in the case of the crippled woman (Luke 13:11-13), Jesus healed by touch, not exorcism, in spite of Luke’s recorded diagnosis of ‘a spirit of infirmity’. Was this a case in which Jesus recognised the condition to be a purely physical disorder and disregarded the demonic diagnosis of his fellow-countrymen?

The difficulty, however, is that apart from the highly inconclusive evidence of Matthew 4:24, one looks in vain for any clear example of specifically mental illness which is not ascribed to demons and which is cured by any means other than exorcism. This observation has led some to speculate that demonic activity was much more concentrated in Christ’s day than it is in ours, either because his unique messianic presence provoked it, or because the power of the kingdom of God had not yet been fully released into the world to oppose it. But were there really no examples of non-demonic psychosis or epilepsy in first-century Palestine at all? If such conditions existed, why do we not find Jesus healing them by touch in the same way he heals other organic disorders? A more plausible interpretation of the New Testament evidence must surely be that all illness in Jesus’ day which was accompanied by irrational or bizarre behaviour was regularly attributed to demonic involvement.

Extra-biblical sources provide little information about medical practice and diagnosis in the Middle East in this period that might help to confirm this. However, if a non-supernaturalist interpretation deriving from physicians in the Greek Hippocratic tradition was available in first century Palestine, it does not seem to have percolated into popular culture, and there is certainly no clear evidence of it in the gospels. Where a secularised vocabulary of mental illness is found, it is used in parallel with 'demonic' language in a way that suggests that the words do not represent a rival anti-supernaturalist aetiology. A mentally-ill person was simultaneously 'mad' and 'demon-possessed'. No evidence of the dualistic view that seeks to apply these terms to different phenomena can be found until many centuries later than Jesus.

A case for demythologising?

Did Jesus in his healing ministry, then, simply accommodate himself to this cultural situation, in the same way that he sends a cleansed leper to the priest (Matthew 8:4) or uses saliva to anoint blind eyes (John 9:6)?

Liberal commentators often assume that the biblical vocabulary of possession is a dispensable facet of first century culture which needs to be demythologised for a modern western audience. Such a view is open to major objections. The objective reality of the demons Jesus expels seems to be confirmed both by their apparently supernatural recognition of his messianic identity and their bizarre transfer on one extraordinary occasion into a herd of pigs (see Matthew 8:28-34). There is also an enormous amount of anecdotal testimony from church and missionary experience over the centuries that is hard to explain without recourse to the demonic model. Whilst it is true that much recent material of this sort derives from rather sensationalist sources, there has also been some careful and objective research done. John Richards' book *But Deliver us from Evil* (1974) remains a classic piece of work in this regard.

Those who wish to affirm that demon possession is a real possibility have usually resorted to the traditional dualistic view, in spite of its slender base in New Testament exegesis. They have accordingly sought to argue that it is possible to distinguish it from other forms of mental illness, perhaps by the application of some diagnostic test (e.g. holy water or the pronouncement of Jesus' name), or on the grounds of involvement with the occult. The suggestion that the gift of 'discerning spirits' (1 Corinthians 12:10) refers to a supernatural ability to identify demonic involvement in illness is also common. John Richards argues that the diagnosis of demon possession should be based on a number of such clues: the rational elimination of other causes; an informed analysis of symptoms and case history; and the employment of charismatic intuition. But he accepts that it may not always be possible to come to a firm conclusion even so, and suggests that maybe it is not always important to do so. If conventional therapy has failed and exorcism works, then the assumption must be that exorcism was needed.

An alternative holistic model

Rather than treating demon-possession as one kind of mental illness to be clinically or charismatically distinguished from psychoses and personality disorders arising from organic or psychodynamic causes in this dualistic fashion, it may be more consonant with a biblical understanding of the human personality to look for a different model of mental illness.

The diagram below offers an alternative holistic model which permits this. The triangle does not correspond to the classic tripartite division into body, soul and spirit. Rather, each individual is regarded as a psychosomatic unity in which the mental life is open to several distinct kinds of internal and external influence.

Thus mental illness might be caused by faulty body chemistry (physical influence), dysfunctional family experience (social influence), demonic assault (spiritual influence) or unresolved guilt (personal sin).

Equally, healing can be sought via any of these channels. Drug treatment, psychotherapy and exorcism should not be regarded as mutually incompatible remedies but as complementary therapeutic interventions, each exploiting a different facet of human nature. This is not to suggest that the organic, psychodynamic and demonic interpretations of mental illness are just different metaphors describing the same phenomenon. These are all real and distinct potential factors. Sometimes it will be possible to diagnose a single one of them as the initiating agent. Thus, for instance, X-ray identification of a brain tumour and its subsequent removal by surgery or radiotherapy may be the whole story in some cases. Alzheimer's Disease can similarly be attributed to entirely physiological causes. But the essential unity of human nature makes it likely that in many other cases the precise origin of mental illness will be indeterminate, perhaps involving several of these facets of the human personality simultaneously. The possibility of demonic involvement therefore ought always to be considered as one potential strand of diagnosis and of the subsequent therapeutic regime.

Implications for biblical interpretation

If this holistic model is accepted we can do justice to both modern science and the Bible without resorting either to artificial harmonisation or demythologising the text.

The Bible would not ascribe mental illness to demonic activity in the way it does if this were a totally mistaken idea. But equally, it is a fundamental hermeneutic blunder to treat biblical authors as if they had access to modern medical and scientific knowledge. They write infallibly, but within the limitations of their own culture and language. When it came to describing mental illness, this meant that the New Testament writers had no alternative but to reflect the universal preoccupation with evil spirits which was characteristic of their day. Thus when Luke reports that a woman had been crippled 'by a spirit' (13:11) or Matthew identifies a blind mute as 'demon-possessed' (12:22), we do not have to interpret them in such a way as to exclude the validity of non-supernatural medical diagnoses, had such been available at that time. Would the epileptic boy of Matthew 17 have responded to modern anti-convulsive medication? According to the holistic model there is no reason why not.

Does the fact that Jesus always used exorcism in cases of mental illness mean that he never encountered cases of organic brain disorder? On the holistic model we are not bound to come to such a conclusion. It is perfectly possible that Jesus was merely accommodating himself to the expectations of healing methodology which were current in his day. To admit this is not to demythologise all references to the demonic, but it is to seek to do justice to their cultural context. While Jesus clearly endorsed demon-possession as a valid description of mental illness, he was not necessarily implying that it was an exhaustive explanation. Indeed we now know that it is not.

Implications for pastoral practice

Many people today are dissatisfied with the hubris of modern medical science and are sympathetic towards more holistic forms of therapy. Christians ought to sympathise with this, even if they are wary of some of its New Age associations. In practice, however, it is only in Catholic and Pentecostal traditions that 'spiritual' healing has retained any kind of major profile. The main body of the Protestant church in the last two centuries has tended to relegate the demonic to the area of personal temptation, and leave medical science to deal with illness. In part, this has no doubt been a reaction against the fanaticism and superstition that has often accompanied interest in demonology among other Christian groups. But perhaps Protestants have conceded too much ground to naturalistic science in this area. A responsible application of the holistic model may enable us to reclaim the church as a therapeutic community at a strategic moment in our cultural history.

In practical pastoral terms the holistic model argues for an approach to the treatment of mental illness which is eclectic and integrated. Mental illness is far more complex than the medical, psychodynamic or demonic models allow. Each of these models in isolation is potentially reductionist. We need an approach that integrates the insights of all three of these perspectives. It is clear that the Bible sees no contradiction in the simultaneous application of both medical and spiritual remedies to a sick person. Hezekiah applies a poultice to his boil and also prays for healing (Isaiah 38). James recommends anointing with oil, the intercession of the church elders and the confession of sin (5:14-16). Where physical illness is concerned we have no difficulty taking the pills the doctor prescribes and at the same time asking the church to pray for healing. Why then, in cases of mental illness, should the healing resources of medicine, psychotherapy, exorcism and gospel proclamation not be used together in a collaborative regime that affirms the validity of each within its own frame of reference?

The pastoral counselling of the mentally ill requires a sensitive appreciation of the fact that some people need to take drugs, perhaps indefinitely; some people need a long period of skilled psycho-therapeutic counselling; some people need to be supernaturally delivered from inner bondage to evil forces; some people need to repent and believe the gospel; and some people need a combination of several or even all of these remedies.

This is not to recommend the uncritical adoption of every technique on offer. As far as exorcism in particular is concerned, it is important to note that the 'try it and see if it works' pragmatism advocated by some enthusiasts for deliverance ministry does have considerable dangers. The medical literature is not short of reports about patients whose condition was worsened by exorcism rituals. Merely to suggest to a mentally disturbed person that there may be demonic involvement in their condition could quite easily exacerbate their anxiety in a most unhelpful fashion. What is more, the rabid ranting and hysteria characteristic of some so-called Christian exorcists bears little similarity to the calm authority with which Jesus and the apostles handled such cases. If exorcism is to be reclaimed by Christians in the mainstream Protestant tradition, it will undoubtedly require the development of an approach which is far more responsible than that which prevails in much of the deliverance ministry scene at the moment.

Psychotherapy also requires a good deal of critical examination if it is to be satisfactorily incorporated into Christian counselling. Like exorcism, it sometimes results in the patient becoming more distressed rather than less, and a cathartic resolution is not always achieved. This field is also rife with eccentric forms of practice, much of it reflecting a

humanistic worldview which is quite incompatible with the Bible. Once again the development of a theologically informed methodology is indispensable.

There may be a strong case, in fact, for commencing intervention as a general rule in the 'organic' channel. Medication rarely causes an irreversible worsening of the patient's condition, and it may well achieve an amelioration of the symptoms of mental or emotional disturbance. If nothing else, this may be a useful preliminary to other forms of therapy where the person's cognitive engagement with the counsellor or exorcist is highly desirable.

But of course the control of symptoms by drugs is not necessarily the same thing as a cure. If Christian pastors need to be far less suspicious than some are of the healing methods of contemporary psychiatry, then psychiatrists need to be less dismissive also of the therapeutic resources of the Christian church. Modern medicine has been only partially successful in the organic treatment of mental illness. While no doubt many advances have yet to be made, Christians have every right to insist that moral and spiritual factors play a significant role in this kind of disorder.

Conclusion

As C.S. Lewis observed in *The Screwtape Letters*, the Devil disguises his activity well and is as happy with the scepticism of the secularist as with the fanaticism of the occultist. Undoubtedly mental illness is not the only, or even the major, sphere of his activity in our modern world. But the New Testament indicates that the demonic contribution in this area should not be neglected. It would be encouraging to think that the integrated model proposed above could result in teams of Christian psychiatrists, psychotherapists, counsellors and pastors working together on the same cases. Such teams could offer an integrated approach to the treatment of mental illness, taking the phenomenon of spiritual evil seriously, without engendering the unhealthy obsessional attitude towards the demonic which in the past has too often undermined the credibility of healing ministry in the church.

As New Age ideas permeate Western culture, the spirit-world is being accorded a far greater degree of plausibility. A window of opportunity is thus being provided for Christians to demonstrate a biblical balance and confidence in handling demonic aspects of human experience. It would be tragic if the non-Pentecostal Protestant wing of the Church proved so wedded to the rationalist presuppositions of its post-Enlightenment roots that it was unable to respond to this challenge.