

Possession and the Occult — a psychiatrist's view

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As a psychiatrist I hesitate to enter into this particular debate, where so much of the discussion has been experiential, and where there has been little real thinking by the church. If we compare the great doctrines of the faith which have been hammered out in debate, there has been little similar discussion on this issue. Calvin, of course, was utterly scathing, and dismissed the Roman exorcists with the words 'All, then, which they babble about their paltry orders is a compound of ignorant and stupid falsehoods.'¹ There seems to be an inevitable polarization on the theme: one extreme seeing demons in every odd manifestation; the other denying the demonic altogether. The resurgence of interest in exorcism today seems to come from two streams in Christian thinking. The first is from the scholastic theology of medieval Roman Catholicism, which has come down through an Anglo-Catholic tradition to us today. The second stems from the charismatic renewal, with its emphasis on certain gifts of the Spirit.

Let me begin my own treatment by looking at the biblical words which relate to our theme. First of all, translations tend to carry very different connotations to different generations. Canon Stafford Wright has pointed this out,² and describes how the Hebrew word *ob* was translated 'familiar spirit' in the Authorized Version, when the translators were contaminated by contemporary sixteenth- and seventeenth-century preoccupation with witchcraft and familiar spirits. The true translation of 'mediumship' was not discovered until the nineteenth century. One relevant biblical word is *ekballo*, which is translated 'cast out' and should not be translated 'exorcise'. In fact, the Greek word *exhorkizo* seems to have been deliberately avoided. The other word is *daimonizomai*, which can be translated 'demonized' and not 'possessed'. This word seems to mean something to do with bondage. With us, 'exorcise' often conjures up the image of bell, book and candle or of special exorcisms. Likewise, the word 'possession' carries with it the idea of control being lost, or of someone being under the influence of another. In my view there are many types of demonized situations, all resulting from the fall of man and all reflecting in some measure the continuing activity of Satan upon us and the world.

Nor does it seem to me that possession and lunacy are clearly differentiated in Scripture. Matthew 4:24 apparently differentiates between those who are lunatic (moon-struck) and those who are demonized. Yet all individuals are included in the term 'healed', since the verse speaks of their various diseases and pains, and of demoniacs, epileptics and paralytics being healed. Similarly, in Luke 7:21-3 there is again an *apparent* differentiation. However, when referring to his actions as proof to John, Jesus omits mention of evil spirits. I cannot, therefore, see these as mutually exclusive categories of 'afflictions', to use Matthew's word. It would appear that they are not to be dealt with any differently from other afflictions. Only in the reference to the confrontation with the demonic, and the episode concerning the Gerasene swine in Mark 5:15, do we find demons and madness being referred to the same person. Even here they are not necessarily equated: it may be that Christ is in direct confrontation with the powers of Satan and in that confrontation there is an affecting of other animate creatures with Satan's destructive influence. Certainly there do not seem to be any distinctive categories of symptoms or syndromes implied in this particular account.

If we turn to other Gospel instances, we find that there are individuals who are specifically mentioned as demonized but that a wide range of disorders is identified. Sometimes they are worshippers in the synagogue, sometimes blasphemers; at other times they are epileptic, blind, sick, deformed, etc. Sometimes nothing is said: at other times sins are forgiven. It seems, therefore, that there is no clear pattern of occurrences, signs or handling of the demonized individual by Jesus. There is nothing here to enable us to distinguish the special marks of Satan and of the demonic which require special handling. There are no distinguishing movements, voices or bizarre behaviour identified. The individuals spoken of as demonized were afflicted: some were sane, some were sick; others were mad, blasphemers or worshippers. All exhibit the activity and effect of Satan in this fallen world. All express the power of Christ over every manifestation. All declare the power of Christ's heavenly majesty over the infernal majesty of Satan (C. S. Lewis).³ Accordingly, I think there is a great danger in going further than the Gospels and the epistles. In fact, the epistles are remarkably silent on this whole theme.

Contemporary interest

It may be that, in looking for the marks of demon-possession and in becoming preoccupied with the demonic, we are in danger of being contaminated by the pagan culture around us. There is also a danger in looking for identification signs of demon-possession which, in a former generation, would have been interpreted as signs of

spirituality and vice versa. Speaking in unknown tongues was an evidence of demon-possession in the Roman writings.⁴ At the same time, the current special interest in demon-possession may well be a reaction to the denial of the spiritual world, rather than the activity of Satan and his powers in our contemporary generation. Helmut Thielicke comments that Satan desires anonymity, and C. S. Lewis says that Satan cannot stand being laughed at. And so it may be that Satan's answer to this is to produce a spirit of fear in many today. In the accounts of those associated with exorcism, there certainly seems to be an underlying spirit of fear and morbid preoccupation in their reaction. However, neither denial nor fearful preoccupation is an attitude which is inculcated by the New Testament. Rather it is to recognize Satan's power and to rejoice in his defeat as a result of the cross.

In recent years there have been certain books which have been highly influential among Christians, and also some dramatic cases which have focused attention upon demon-possession and exorcism. In particular, Doreen Irvine's⁵ and Kurt Koch's⁶ books have had a wide circulation, although it is difficult to evaluate their psychiatric data. Kurt Koch is neither a medical person nor a psychiatrist; it is all very well quoting medical colleagues, but it would have been more credible if his colleagues had written their own chapter. In so far as I am able to evaluate the data as a psychiatrist, I find it very unconvincing. On the other side, the Barnsley⁷ case was a very disturbing incident. Here was a man who, it was claimed, had been made mad by a charismatic group. However, he was already a disturbed individual and there was evidence of marital difficulties. Shortly afterwards, there was another case of a child murderer who made a plea of defence that he had been dabbling in magic and spiritism and accordingly felt possessed when he committed the crime. It was subsequently shown during the trial that this particular plea was suggested by the Barnsley case, that the defendant was deliberately lying, and that he had a very pathological personality previously. The theme underlying these particular cases was that demon-possession implied the removal of personal responsibility. The last vestige of restraint was gone, and hatred, murder, and insanity were seen by the individual as demonic embodiments. This, of course, is the view taken by certain individuals who are particularly concerned with possession and exorcism. In a strange way, the hypersupernaturalist and the anti-supernaturalist both seem to do the same thing. For both, responsibility for certain behaviour and attitudes is not with the individual but is seen either as demonic activity or as a result of one's upbringing and society generally. For both, there is a deep personification of the individual. In both, personal accountability is denied or the moral aspect of an individual's behaviour is projected either on to demons or on to society. Having identified a factor, both these

approaches then claim that this factor automatically explains the phenomena.

Case studies

There have not been many psychiatric studies and assessments of possession and the occult. However, as Jean Lhermitte says:

Whether we like it or not, the introduction of Freudian psycho-analysis into contemporary thought has spread, in the last few decades, to all sectors in which the mind is specially concerned. And if one can no longer imagine any literary or artistic criticism, biography or hagiography, without references to the doctrine of the sage of Vienna, one need not be surprised to learn that not even the devil has escaped the clutches of the psycho-analyst.⁸

For Freud the devil was nothing but the incarnation of psychological repressions. Some modern psychiatrists, such as Sargant,⁹ see all so-called spiritual phenomena as merely due to suggestion; this is a view of some very respected and otherwise open-minded psychiatrists. Clinical studies, however, have been few. In 1966, Professor Yap¹⁰ studied sixty-six cases of individuals in Hong Kong who believed they were possessed either by gods or demons. The cases were predominantly woman of rather limited intelligence and mediums, and he identified three groups of individuals. The first group he called neurotic. In these, he claimed that the spirit-possession was a dramatization of the fantasies and wish-fulfilments of individuals who had existing conflicts in their personal lives. The second group were clearly depressed, and here the demons were their own voices talking about their sexual and morbid themes. This particular group responded well to physical methods of treatment such as electroconvulsive therapy. The third group were clearly insane. No one accepted them as demon-possessed, and even those people who would certainly have looked upon demon-possession as a way of understanding certain phenomena saw these individuals as undoubtedly mad. They were individuals who seemed to be merely picking up cultural expressions to express their own insane delusions. Yap's comment was that the group who claimed to be god-possessed were looking for some elevation of status, whereas those who were demon-possessed in their own minds were asking for some suspension of criticism from themselves and from others in their state of conflict or depression. Professor Yap was a Chinese trained in the West and was, of course, examining the phenomena he observed according to the canons of western and materialist medicine.

The French psychiatrist, Jean Lhermitte, on the other hand, was an orthodox Roman Catholic who was trying to operate as a believer and an exponent of the scholastic theology of the Roman Catholic Church. In an article he states:

Our knowledge of mental disorders began greatly to improve from the time

when spiritual disturbance ceased to be regarded *purely* as an expression of supernatural influence and was seen as evidence of modifications in the development of the adjustment of psycho-physiological functions. There is no psychiatrist today who could not with the greatest ease discover under the mask of witchcraft in the past the most significant symptoms of psychoses such as come up for treatment every day.¹¹

He then went on to show that the natural history of those of his patients who claimed to be demon-possessed was the same as other individuals who did not claim to be demon-possessed but had recognized mental illnesses. He called these people pseudo-possessed. This particular category enabled him to treat them as mentally ill without recourse to exorcism, and also without incurring the censure of Roman Catholic theologians. In his own group of cases, men were just as common as women. All tended to be of high intelligence, had moral difficulties, and saw themselves possessed not so much by spirits as by Satan himself. His material, of course, may well have reflected the fact that he was a good Catholic operating a private practice.

Recently, a junior colleague and I reviewed twenty patients who claimed that they were possessed and had to be admitted to a psychiatric hospital.¹² Some of these patients were clearly schizophrenic: they had shown symptoms of the illness before they claimed to be possessed, and they responded to appropriate medication. Others were clearly profoundly depressed, with a family history of depression, and were also responding well to electro-convulsive therapy. Often the improvement was dramatic. Others showed quite severe personality difficulties and problems within their lives. The average age was twenty-two, and they tended to be highly intelligent, with some kind of Christian background. A high proportion had been in contact with charismatic groups. A number had had the idea suggested to them that they were possessed. Some had received exorcism; one on three occasions. All had considerable sexual conflicts and trauma. Most had problematic homes, where the predominant theme was one of arbitrariness in the parents' attitude toward them. They considered that their parents were inconsistent in their behaviour, and certainly the homes were ones which seemed to lack security. Many had no contact with occultism itself, but those who did have any contact with the occult tended to show an escalation in their behaviour from Ouija boards to deep involvement in magic. All individuals had been searching for guidelines, control, security and meaning for their future and for their forming of relationships. All were looking for some *external* explanation for their difficulties. In all of them reason seemed to be suspended. In some there appeared to be a curious blend of half-beliefs. They would pray on the one hand, and practise Ouija on the other. Some had an incredible array of bits and pieces from many religions and cults put together. Others

seemed to need to make up their own religion as a way of coping with life. The attraction of the occult and of possession as an explanation of individual difficulties would appear to be that in this way the search for solutions can be given up and responsibility handed over to the demons and to the exorcist. All further conflict and distress can then be looked upon as the fault of the demon.

Conclusions

How can we summarize? It seems to me that the biblical words may well have been misunderstood and mistranslated. Who is to say that we have a complete understanding of these particular words? Furthermore, the Old Testament says that we are to have nothing to do with the occult, and the New Testament allusions do not fall within our health and illness categories. Neither the Old nor the New Testament gives guidelines for spotting demons. Both indicate that God and Christ are more powerful. The epistles give no instructions on identifying or casting out demons, but plenty on Satan's activity in our lives. Helmut Thielicke¹³ has a useful section on Satan as *diabolos*, who is the accuser and tempter. The accuser and tempter both appeal to weakness that exists in us. As with Eve and Job, the accuser was certain that he had some point of vantage in them; yet that point of vantage was still under the restraint of God. So even when a person was delivered to Satan, it was a withdrawal of God's control and restraint of Satan that was taking place. It is because we have sin within us that we give the devil and his minions claim upon us. It is because we have sin within us that he can appeal to it, and it is at this point that God comes to us and says: 'You who are a murderer in your heart, you shall not kill.' So we remember the lies and wiles of the evil one, and call upon the Lord, our Strength and our Redeemer. Accordingly, the projection of our sinfulness on to Satan is not biblical. The demonomorphization of murder, insanity and blasphemy is not a New Testament concept, but an erroneous view of man and of the Fall. We may be oppressed, troubled, afflicted, tempted and demonized in a dozen ways. We may even be trapped in bondage, but we are not controlled or possessed outside our will. The biblical message is that Christ is Lord. Our call is to repentance and public admission of that, followed by a declaration of deliverance.

The medical material indicates that there are those who are ill and require medical treatment—often electro-convulsive therapy and other psychological help—whether or not they have been dabbling in the occult. We cannot refuse to treat them merely because they have brought their ills upon themselves in certain instances. When a conflict situation is highlighted, then special counselling or psychotherapy may be necessary to expose these difficulties and help the individual. In the case of the individual who has been dabbling in the occult, we may

use psychological treatment to bring him back into a way of functioning again, and to enable him to reharne his own resources, defences and will. But medical explanations can never be used as reductionist explanations. We know that certain mystical exercises can enable a person to experience God as life-force—this kind of situation occurs in many religions. Likewise, it may be that a deliberate seeking of Satan and of evil spirits exposes the individual to a level of awareness of the satanic which is equally explosive and mind-blasting. Accordingly, in the individual who has become mentally upset in association with dabbling with the occult, medical treatment may be necessary to enable that person to cope with life again. Certain counselling and caring may be necessary to establish confidence, trust and understanding. But I do not see any evidence in the New Testament to suggest we should seek for signs of possession. We should never suggest that a person is possessed; and I am as wary as Calvin of the breed of exorcists—of whatever origin. Under no circumstances should we allow the removal of responsibility from an individual. Where special help and counselling are required because of involvement with the occult, this should be within the fellowship of the church. Any charisma of healing should be seen in relation to all the other charismata. If a special service is requested, then it should be in public, and associated with repentance and a declaration that Jesus is Lord. When reading the biographies of missionaries, particularly in the Far East, I was always struck by the fact that when the old spirit-worshipper became a Christian after being involved in mediumship and many other occult practices, he burnt his idols, declared in public what he had done and his belief in Christ, and then turned to praise Jesus Christ who was more powerful than the demons.

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NOTES

- 1 *Institutes* (James Clarke : London 1949) vol. 2, 640.
- 2 *What is Man?* (Paternoster Press : Exeter 1968) p 87.
- 3 *Screwtape Letters* (Geoffrey Bles : London 1942).
- 4 Jean Lhermitte, *Diabolic Possession, True and False* (Burns and Oates : London 1963).
- 5 *From Witchcraft to Christ* (Concordia : St Louis 1973).
- 6 *Between Christ and Satan* (Evangelisation Publishers : Berghausen 1961).
- 7 The Barnsley case occurred in 1974 when a husband gruesomely murdered his wife, following a prolonged session of exorcism during which a group sought to exorcise many demons but failed with those of insanity and murder!
- 8 Lhermitte, op. cit., p 115.

- 9 W. Sargant, *The Mind Possessed* (Heinemann : London 1973).
- 10 P. M. Yap, 'The Possession Syndrome: A Comparison of Hong Kong and French Findings', *Journal of Mental Science*, 106, 1960, pp 114-37.
- 11 *Soundings in Satanism* (Mowbrays : London 1972) p 12.
- 12 M. G. Barker and D. Whitwell, 'Possession in Psychiatric Patients in Britain', article in press. *British Journal of Medical Psychology*, Vol. 53, 1980.
- 13 *Man in God's World* (James Clarke : London 1967) p 173.