Demonic Influence, Sin, and Psychopathology

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Our Cosmology

Peter Wagner (1988, 30–35) describes some concepts first brought to public attention by Paul G. Hiebert, a respected missiologist at Fuller School of World Missions. Hiebert compares the cosmology of most Westerners with much of the rest of the world. *Secular* westerners usually believe in a single-tiered (naturalistic) universe only. *Christian* westerners typically believe in a two-tiered universe, with God and other supernatural forces inhabiting the upper story and human beings occupying the lower story. In contrast, most other cultures believe in a three-tiered universe; the middle story represents the sphere where humans and supernatural beings interact. This is not primarily an *external* combat between supernatural and natural beings, but an *intrapsychical* interaction. Much of what happens in human life is believed to occur in this middle story.

Hiebert believes this three-tiered cosmology is truer to biblical reality than is the two-tiered one. Christian growth, according to Scripture, occurs as a result of the influence of the Holy Spirit living within us. Christians struggle "not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms" (Eph. 6:12, NIV). The spiritual weapons and armor described in Ephesians 6:13–18 refer to cognitive truths that Christians can use to refute the theological lies or half-truths that Satan and his forces attempt to insert into our minds. Thus according to God's Word much of our Christian experience, and non-Christians' experiences as well, occurs in the middle story.

Diagnostic Implications

The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV, 1994) contains the most comprehensive description of mental illness available today. Psychopathology (mental illness) is conceptualized in the DSM-IV in a one-tiered universe. Christian counselors usually believe in a two-tiered universe, but because most are trained from a secular perspective, our diagnoses often remain *functionally* one-tiered. Yet, if the three-tiered cosmology is correct, this has significant implications for our conceptualization of psychopathology. Such a model would suggest that much of what we call abnormal behavior is not simply a result of developmental events within the natural universe.

Instead, abnormality may be a result of the interaction between developmental events at the natural level and Satan (using a combination of our sin natures, the attraction of the world's system of thinking, and his demonic agents) trying to draw people away from God. Thus a biblical model of illness (both physical and psychological/spiritual illness) suggests that it can come from (1) disease occurring in the natural realm, (2) sin (the combined effects of our sin nature and the influence of the world's value system), and (3) demonic forces (often interacting with one or both of the above sources).

The Reality and Activity of Demons

In recent years some Christian theologians have attempted to "demythologize" the Bible's teaching on demons and demonic involvement in human life, or have otherwise characterized it as prescientific, superstitious thinking. However, the New Testament includes more than one hundred references to the existence of demons; it is clear that Jesus taught that demons were real and that they caused a variety of physical and mental disorders.

Some Christians, particularly those who subscribe to an amillennial view of eschatology, believe that even though demonic activity was widespread before and during the time of Jesus' ministry here on earth, Satan and his demons were bound at the time of Christ's death and resurrection. In the counseling field, many nouthetic counselors (e.g., Adams 1986a, 1986b; MacArthur and Mack 1994; Powlison 1995, 1996) have said that Satan and his demons were bound, bruised, curtailed and restrained at the time of Christ's death and resurrection. They assert that human beings today primarily struggle with their own sin natures rather than directly with Satan and his emissaries (in contrast to a middle-story combat suggested by Hiebert).

It is true that Jude 6 says that "the angels who did not keep their positions of authority, but abandoned their own home—these he has kept in darkness, bound with everlasting chains for judgment on the great Day."[1] The apostle Peter also said, "For if God did not spare angels when they sinned, but cast them to hell, putting them into gloom dungeons to be held for judgment" (2 Pet. 2:4).

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[1]Unless otherwise noted, all Scripture is from the HOLY BIBLE, NEW INTERNATIONAL VERSION, Copyright ©1973, 1978, 1984 International Bible Society. Used by permission of Zondervan Bible Publishers.

There are at least three major ways these verses have been understood. One is the approach used by amillennialists and the biblical counselors discussed above. A second is the belief that these two passages are to be understood metaphorically to refer to some *limitation* of demons' power, but that they still are active within those limitations, trying to tempt both believers and unbelievers (e.g., Grudem 1994, 412). Probably the most common way of understanding these verses is the belief that after the initial rebellion of Satan, *some* of the fallen angels were confined to immediate punishment while others, along with Satan, continue an active campaign of attempting to tempt and harass unbelievers and believers (e.g., Blum 1981a, 278; Blum 1981b, 390).

I believe the biblical data more strongly supports the idea that Satan and some of his demons continue to be actively involved in spiritual warfare with humans today (options 2 or 3 above). For example, in the Epistles, which were written *after* the resurrection of Christ, many NT passages teach that Satan and his demons continue to be actively involved in attempts to deceive human beings, including believers. Two examples of this are 1 Timothy 4:1 and 1 John 4:1–3. In 1 Timothy 4:1, Paul states: "The Spirit clearly says that in later times some will abandon the faith and follow deceiving spirits and things taught by demons." Paul warns that demons will continue to be involved in attempting to deceive and draw away those associated with the body of Christ until the end times.

Similarly, the apostle John said that evil spirits continue to be active, even though he again was writing after the resurrection of Christ. In 1 John 4:1–3 he stated: "1 Dear friends, do not believe every spirit, but test the spirits to see whether they are from God, because many false prophets have gone out into the world. 2 This is how you can recognize the Spirit of God: Every spirit that acknowledges that Jesus Christ has come in the flesh is from God, 3 but every spirit that does not acknowledge Jesus is not from God. This is the spirit of the antichrist, which you have heard is coming and even now is already in the world."

A passage mentioned earlier (Eph. 6:12) strongly contradicts the idea that Satan and his demons were bound, bruised, curtailed and restrained at the time of Christ's death and resurrection. Paul, again speaking to *believers* (not nonbelievers) following the resurrection said: "For our struggle is not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms." He then describes the spiritual armor believers are to gird themselves with in order to carry out their ongoing struggle with Satan and his demonic hosts.

Many other passages clearly teach that Satan and his demons are active in the lives of both unbelievers and believers, even after Christ's death and resurrection. Because of space considerations I will not include their full texts here, but the reader who is still uncertain about this issue may consult the full texts. (See Grudem 1994, 420–22 for a thorough discussion of these texts.) Satan and his demons are portrayed as seeking to blind humans to God's truth (2 Cor. 4:3–4), promoting both legalism (Gal. 3:1–3; 1 Tim. 4:1–8) and immoral living (1 John 3:8; Jude 4). Thus while *some* demons may be confined (Jude 6; 2 Pet. 2:4), others appear to have access to earth's inhabitants (Eph. 3:10; 6:12) and will continue their activities until Christ casts them into the abyss at the end of the age (Rev. 20:1–3).

Levels of Demonic Influence

Scripture suggests four levels of demonic involvement in human temptation.[2] These levels represent a continuum ranging from no demonic involvement through increasing levels of demonic oppression.

No involvement. Scripture makes it clear that temptations may come from our sinful nature without demonic intervention (Jer. 17:9; Mark 7:21–23; James 1:14–15). In such cases our sin nature takes a natural desire, one that is often good when it occurs in moderation and within God's defined limits, and turns it into something evil. In addition to our sin natures, the persuasion of the world's system of thinking can lead us into sin without direct demonic involvement.

Demonic temptation. Scripture speaks of a second category of temptation that is demonic in origin. Christ was tempted directly by Satan (Matt. 4:1–11). Likewise Satan apparently tempted Ananias to lie (Acts 5:3). He incited David to take a census in Israel in a way that displeased God (1 Chron. 21:1). Paul reminds believers that they battle against evil supernatural forces (Eph. 6:10–18), and thus must be fully equipped with appropriate spiritual weapons.

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[2] Powlison (1995, 1996) disputes whether these four levels are valid. Grudem (1994) prefers to simply describe increasing degress of demonic harassment, rather than defining four discrete levels. I agree with Grudem that this represents a continuum of gradually increasing degrees of involvement, but that for pedagogical purposes it is still helpful to think in terms of these four levels.

It seems that sometimes yielding to one's sinful human impulses (the first category above) provides an opening for demonic temptation (this category). For example, David's pride in the growing strength of Israel probably made him more vulnerable to Satan's temptation to take a census for the wrong reasons. Judas's love of money made him susceptible to Satan's temptation to betray Jesus. Scripture repeatedly affirms that the practice of yielding to sin makes one less able to resist its temptations (e.g., John 8:34). Yielding to sinful temptations arising from one's own nature may make one increasingly vulnerable to demonic temptation as well.

Demonic oppression. A more intense level of demonic involvement in human life is variously referred to as demonic influence, demonic oppression, demonic subjection, or demonic obsession. Within this category demons are believed to exert considerable influence over a person's life short of actual possession (Unger 1971, 113). Oppression may be only a mild form of subjection that goes unnoticed for years until a particular event uncovers it. It may also refer to a state where the person is continually surrounded and harassed by the powers of darkness (Koch 1971, 32).

Unger (1971, 114) summarizes the biblical data regarding manifestations of demonic oppression as blindness and hardness of heart toward the Gospel (2 Cor. 4:4), apostasy and doctrinal corruption (1 Tim. 4:1), and indulging in sinful, defiling behavior (2 Pet. 2:1–12). Scripture also mentions that demonic oppression can result in physical illness (e.g., Lu. 13:10–16).

For the most part, symptoms resulting from demonic temptation or demonic oppression are not qualitatively different from symptoms that result from our sin natures and the temptation of the world system. It appears that the role of demons in these situations is to *intensify* the temptations or symptoms coming from those sources rather than produce symptoms that are unique. It is primarily in the case of demon possession (described below) that unique symptoms are produced.

White (1990, 150) suggests four means by which he believes people become demonically oppressed. These are: (1) habitual moral compromise, such as involvement in the occult, nurturing bitterness or hatred, persistent sexual sin, or fleshly indulgence; (2) family involvement in the occult, (3) victimization by others (incest, rape, violence, exposure to satanic rituals), or (4) ministry activity that draws attention away from Satan.

Demon possession. In several instances where demon possession is described in Scripture, no specific symptoms are mentioned. When specific symptoms are mentioned, they include: possessed individuals manifesting supernormal strength; going about naked; being unable to speak, hear or see; experiencing self-destructive convulsions with symptoms such as rigidity, foaming at the mouth, and teeth-grinding; and making statements suggesting that the person has supernatural knowledge. Sometimes the symptoms caused by the demon are continuously present. In other instances the manifestation of the demon's presence is episodic.

While some have questioned whether demon possession continues today, many missionaries who work in countries where demonic (idol) worship is prevalent testify that demon possession continues to exist there with symptoms quite similar to the biblical descriptions (e.g., Nevius 1968; Peters 1976; Tippett 1976). Possession appears to occur as a result of idol worship, occult involvement, spells cast by another person, or by receiving healing through sorcery (Koch 1971). Possession is sometimes by a single demon and sometimes by multiple demons.

Christians debate the issue of whether believers can be possessed or not. *A growing number of conservative writers believe that the biblical data does not clearly answer this issue, and that therefore we should look to human experience to help us decide the issue.* Many accounts from experienced missionaries around the world and from ministers in this country who specialize in spiritual warfare ministries assert that possession can occur in believers. In 1952 the highly respected biblical scholar Merrill Unger wrote in *Biblical Demonology* that he believed Christians could not be demon-possessed. However, he reported that he subsequently received so many letters from missionaries all over the world documenting this kind of occurrence that he came to believe that it does happen (1971, 117). Other highly respected writers who agree with this conclusion include C. Fred Dickason (chair of the Theology Department at Moody Bible Institute and author of *Demon Possession and the Christian* [1987]), Neil T. Anderson (former chair of the Practical Theology Department at Talbot School of Theology and author of *The Bondage Breaker* [1993]), Mark Bubeck (author of the highly respected books *The Adversary* [1975] and *Overcoming the Adversary* [1984]), and Thomas White (Director of Frontline Ministries and author of *The Believer's Guide to Spiritual Warfare* (1990)). The common means by which this seems to happen is through believers arrogantly attacking demons (cf. Jude 9), or through habitual sin.

Some Christian writers have objected to translating *daimonizomai* as "demon possessed,"

preferring instead to use the word "demonized" to refer to those whose symptoms fit into this category. Lexically *daimonizomai* means to have a demon, to be possessed by a demon, or to be exercised by or under the control of a demon. Therefore the translators of both the NASB and the NIV have generally translated the word as "demon-possessed."

Three objections have been raised against the use of this phrase. First, it connotes to some people the idea of ownership, and Christians (even when being demonically harassed) belong to Christ, not to Satan. Second, there is an important difference in the Holy Spirit's residence within a believer and demonic residence. The Holy Spirit always comes as an invited guest, while Satan and his demons often come uninvited to try to harass or control a person. Third, since the Holy Spirit lives within the believer, it seems conceptually impossible to believe that a demon (or demons) could live there also.

The first two arguments make valid points (i.e., believers belong to Christ, and the Holy Spirit's entrance into a believer is of a different nature than Satan's). With regard to the third, since human spatial considerations apply neither to God nor to demons, when Scripture talks about the Holy Spirit or a demonic spirit within a person, this is probably a metaphor suggesting *influence* or *control over* that person. Thus there is not an inherent contradiction in recognizing that Satan and his demons may at times try to replace the loving influence the Holy Spirit has on a believer's personality with their own control, or that there may be a struggle between the Holy Spirit and a demon.

Since some people do have such concerns about the term "demon-possessed," there may be value in using the words "demonized" or "demonic control" rather than "demon possessed" when talking with them. Most biblical writers still use the term "demon possession," since it does seem to have a clearer meaning to the general public than does the term "demonized." For example, even though Dickason strongly argues for the use of "demonization" rather than "demon possession," his book title remains *Demon Possession and the Christian* (1987).

An Amplified Model of Mental Illness

What would a model of mental illness that included the possibility of demonization look like? The following schema proposes eight tentative categories. These eight categories are not assumed to be a full statement of all causes, and they are not assumed to operate independently of each other. Abnormal behavior can be caused by psychopathology from two or more of these categories acting synergistically.

First, some mental illnesses such as schizophrenia, bipolar disorder, obsessive-compulsive disorder and attention-deficit hyperactivity disorder appear to have a significant genetic component that predisposes people to have one or more episodes (or chronic occurrence) of these particular illnesses.

Second, people sometimes develop mistaken beliefs as a result of their human finiteness. Human beings may come to mistaken interpretations or mistaken conclusions because they do not see all the data or because they do not correctly analyze it. Or they may misinterpret data because the only human examples available to them did not model a correct way of understanding or responding to that part of their experience.

Third, psychopathology may also be a result of lack of knowledge about how to deal with situations—social situations, academic situations, work situations, marital situations, and so on. Sometimes people lack the skills to respond to life effectively. Lack of skills or knowledge may also keep a person from moving to a new developmental stage, even though this would be chronologically appropriate.

Fourth, psychopathology may also be the result of lack of awareness of one's thoughts, feelings, or goals. Rather than thinking a situation through so that conscious decisions about one's behavior can be made, internal processes, feelings or goals may be acted out. Examples might include all of the impulse control disorders and histrionic personality disorder. A related situation can occur when persons have conflicting, mutually exclusive goals of which they are not fully aware or which they do not know how to resolve. Their behavior reflects that ambivalence.

A fifth factor that can produce unhealthy or undesirable behavior is our sin nature, that is, our self-centeredness—our desire to be god of our own lives. Our sin nature causes us to take healthy needs or drives (normal physical needs for food, shelter, and enjoyment) and distort them through overemphasis or misdirection. For example, *the lust of the flesh* is an *improper* satisfaction of a natural desire. *The lust of the eyes* refers to a desire to obtain possessions that has grown to a point where one is willing to exploit or steal from others to obtain those possessions. *The pride of life* represents the legitimate desire to achieve taken to a point where one has a consuming desire to achieve, even at the expense of others (1 John 2:16).

Sixth, the traumas that some people experience–emotional abuse, physical abuse, sexual abuse, or some other assault or crisis–can cause psychopathology. Besides the naturally occurring

results of these traumas, those who have had many years experience in spiritual warfare consistently say that such developmental traumas regularly become a means of entry for demonic temptation or oppression.

Exactly how this occurs has not been clearly defined, and it may vary from individual to individual. For some, the trauma may become the means by which Satan tempts people to become bitter. For others, it may have damaged their ability to believe they could meet their emotional needs in healthy ways. As a result they have become overly dependent, seductive, aggressive, passive-aggressive, and so on, in a mistaken attempt to meet their needs for security and significance. Others may have experienced the trauma as both anxiety-producing but also stimulating, and they develop a habit of seeking out that kind of experience whenever they become lonely, depressed, or anxious.

Seventh, Satan is the author of the world's system of thinking and encourages people to develop mistaken beliefs about what goals they need to reach to achieve happiness (e.g., possessions, fame, power, or pleasure). Satan also encourages people to develop mistaken beliefs about how best to reach those goals (e.g., through lying, deception, stealing, or infidelity).

We as individuals can incorporate those mistaken beliefs, either because we see them modeled in the world system or we acquire mistaken interpretations as we grow up. Satan and his demons work in two ways to accomplish this—indirectly by influencing the world system, and directly by suggesting thoughts to us (e.g., 1 Chron. 21:1; Acts 5:3). Satan may also in some way blind us to the error of the mistaken beliefs he has persuaded us to accept (2 Cor. 4:4; James 3:15). These would be the categories labeled earlier as examples of demonic temptation and oppression.

Eighth, in some situations abnormal behavior may be the result of demon possession. Possession may be less frequent in this country than in others that have many pagan religions. It is not implausible to believe that Satan and his demons adapt their strategies to the prevailing culture. In our culture, where the majority of people no longer believe in the reality of demons, outright demon possession may be counterproductive to his strategy. It seems probable that in this country more abnormal behavior may be the result of nonsupernaturally-caused psychopathology, sin, demonic temptation and oppression than of demon possession.

Some abnormal behavior may be the result of the synergistic effect of two or more of these factors. For example, Satan or his demons may attack the Christian suffering from major depression, and may use the resulting vulnerability to convince the believer he has lost his salvation, has committed the unpardonable sin, or was never really saved. Treatment with antidepressants alone may be sufficient to remove the vulnerability which enabled Satan to successfully attack, but treatment with antidepressants followed by biblical cognitive therapy to reaffirm the believer's position in Christ may be an even more thorough treatment for such a person.

Differential Diagnosis

If the single-story model of the universe is correct, then all abnormal behavior can be understood fully by examining the natural factors surrounding it. If the two-story model of the universe is correct, then the diagnostic question becomes one of asking whether the abnormal behavior is due to natural *or* supernatural forces, and treating it accordingly. If the three-story model described by Hiebert is correct, and much human behavior is a result of the *interaction* between humans in the natural realm interacting with good and evil supernatural beings, then the diagnostic questions become considerably more complex. They could include the following: (1) Is this abnormal behavior *primarily* a result of (nonmoral) natural processes? (2) Is this abnormal behavior *primarily* a result of one's personal sin nature, as influenced by the world's system of values? Or alternatively, is Satan using either our sin nature or the world's system to tempt us? (3) Is this abnormal behavior *primarily* a result of demonic oppression or possession? (4) Is this abnormal behavior the result of an *interaction* between natural psychological processes (both nonmoral and sin-based) and the impact of supernatural beings interacting with those processes? (Unfortunately, since DSM-IV assumes that all psychopathology occurs in the first category, it is of only limited help in answering these questions.)

How do we decide whether the psychopathology we are dealing with best fits into categories three or four as opposed to categories one and two? The technical process we are considering is called differential diagnosis**,** i.e., trying to decide whether the psychopathology we are examining best fits into one category or another. One possible answer in trying to differentiate supernatural versus natural causation would be to suggest that we act similarly (although not identically) to the way we would when trying to make other medical or psychological diagnoses that are confined to the natural realm. This would include taking a history, analyzing the *constellation* of presenting symptoms, observing epiphenomena or related activity within the person's social system, and evaluating the person's response to treatment.

History taking would focus on the person's spiritual history and involvement with the occult, and on immediate precursors of the present situation. Many who write in this area emphasize that even casual interactions with occult practices may result in longstanding effects. In addition it is important to investigate family involvement in the occult as far back as three or four generations. Although evidence of occult involvement in the past does not prove that the present problem has demonic components, it does increase the probability that it may be so. An analysis of the immediate precursors to the present situation may be helpful in differentiating role-enactment behaviors from genuine possession.

Role enactment refers to the possibility that, if a person is experiencing unusual physical or psychological symptoms and is told that these symptoms indicate that they are demonically oppressed or possessed, they may believe this and may enact the role of a demonized person *as they understand it.* This may make the process of differential diagnosis more complicated.

Some writers have concluded that diagnosis of demon possession based on symptom analysis is indeterminate, since each individual symptom found in demon possession is also found in some kind of mental illness. Such a conclusion seems unnecessarily pessimistic. In most diseases it is the *combination of symptoms*, rather than any single symptom, that is the basis of a diagnostic decision. Thus while various mental illnesses may well share one or two symptoms with demon possession, none shares the entire symptom complex.

The symptom complex may be described in terms of physical symptoms, psychological symptoms, and spiritual symptoms. Although few people will manifest all the symptoms, evidence suggests that most will exhibit several from each category (as in most diagnoses in DSM-IV). *Physical symptoms* often include (1) preternatural (more than natural) strength, (2) change in facial demeanor (usually to one of intense hatred and evil), (3) change in voice tone and pitch (usually the voice deepens and becomes harsher or takes on a mocking tone), (4) epileptic-like convulsions with attendant symptoms, and (5) anesthesia to pain.

Psychological symptoms may include (1) clairvoyance (seeing things that could not be seen through normal means), (2) telepathy (communication from one mind to another by other than normal means), (3) the ability to predict the future, (4) the ability to speak in languages not known by the possessed person, (5) clouding of consciousness while

in the trance state, and (6) amnesia for things that happened while in the trance state.

An extremely important diagnostic question is: "Is there present an identifiable, alien force of evil separate from personality that responds negatively to the authority of Christ and the presence of his Spirit?"(White 1990, 151). This "alien force of evil" is not the result of a single human personality splitting [as in dissociative identity disorder (formerly multiple personality disorder)], nor is it a result of a delusional process (as in schizophrenia or bipolar disorder).

Spiritual changes may include (1) a significant change in moral character, (2) becoming verbally or physically aggressive, (3) falling into a trance if someone prays, and (4) an inability to say Jesus' name reverently or to affirm that he is God's son in the flesh (1 John 4:1–2).

An important *epiphenomenon* of diagnostic significance in demon possession is that possession is often accompanied by poltergeist ("noisy ghosts") phenomena. These may include such things as unexplainable noises, furniture or household goods inexplicably overturned, pungent odors, and showers of damp earth.

If the preceding criteria do not yield a diagnosis, *the person's response to treatment* may also be used diagnostically. If standard psychotherapy or medication does not produce expected results and there is reason to expect demonic involvement (oppression or possession), a deliverance session (with the client's permission) might be considered.

Levels of Treatment

If the four categories of causes of psychopathology mentioned in the section on differential diagnosis are valid, then treatment should be related to what is causing *that person's* psychopathology. These four categories are used for initial conceptualization only, with the recognition that in real life multiple causes often interact.

Category 1. If the abnormal behavior is primarily a result of nonmoral natural processes, then standard secular biological and psychological therapies may be the treatments of choice.

Category 2. Sometimes the abnormal behavior may be primarily a result of one's sin nature as influenced by the world's value system. When this is the case, some secular therapy techniques may be helpful (empathy skills, insight-oriented techniques) to help a person recognize the mistaken beliefs or mistaken goals they have adopted. Sometimes these beliefs can be replaced using cognitive-behavioral methods, complemented (if the client is a believer) by

confession, repentance and forgiveness as appropriate. Thus many irrational thoughts or dysfunctional thoughts that rational-emotive and cognitive-behavioral therapists attempt to help their clients dispute and replace may have their origin in the work of Satan, either directly or indirectly. While secular cognitive therapy may correctly identify some of the beliefs that cause psychopathology, often Scripture offers different content with which to confront those dysfunctional beliefs than that found in secular psychology. For example, people develop psychopathology when they base their self-acceptance on the opinions of others or by trying to attain perfect performance. Secular psychotherapy can point out the unhealthiness of this kind of thinking and can suggest healthier thought processes. But the Christian therapist can point to the healthiest basis for self-acceptance, namely, that God has completely forgiven us, the price for all our inadequacies and sins has been fully paid, and God has totally accepted us and adopted us into his family. Because he accepts us, even with our imperfections, we can accept ourselves. Robert McGee, in his book *Search for Significance* (1998) asserts that Satan tempts us to believe his lie that our self-worth is based on our performance and the evaluations of others. We, following the example of Christ in the desert, should confront Satan's lies with the truths of God's Word. (See the table on the next page for more detail. Column 1 represents the lies Satan attempts to get us to believe: Column 3 represents God's truths, which we should use to confront Satan's lies.)

One of Satan's methods may be to deceive us into believing lies that rob us of the security and sense of significance God intended us to have, as in the above examples. A second way is when he, or his demonic agents tempt us to engage in sinful behavior. When a person is being tempted by a demonic spirit, often the temptation will be to sins originating within our sin nature, but the *intensity* of the temptation may be increased by the involvement of a demonic spirit. The recommended scriptural response is to "resist the devil and he will flee from you," even as Christ resisted when tempted by Satan in the desert (Matt. 4:1–11).

Although disputing with Satan using the truths of Scripture uses the same method as cognitive therapy, the content of the disputational self-talk has decidedly biblical content. If we have already succumbed to temptation, then our resistance should be augmented by recognition, confession, repentance and replacement (James 4:7–10).

Category 3. Psychopathology from this source refers to both demonic oppression and possession. The biblical response to demonic *oppression* appears to be the binding of demons (i.e., commanding, in the authority of Jesus, the evil spirits to no longer harass, oppress, or blind a person to spiritual realities). When people are demon-*possessed,* exorcism or casting out of demons (*ekballo)*, seems to be the recommended biblical response.

Category 4. When psychopathology is due to a combination of (1) nonmoral biological or psychological processes, (2) sin, or (3) some elements of demonic temptation, oppression, or possession, then it seems reasonable that the use of a combination of the above methods would be appropriate.

If psychopathology does occur in what Hiebert calls the "middle tier," this may explain why changing one's thinking patterns via Christian therapy versus exposure to deliverance ministry followed by discipleship training may at times produce similar end results, but by different pathways. For example, Christian therapy that helps a client change his thinking may make that

False Beliefs	Consequences	God's Specific Solution	Results of God's Specific Solution
I must meet certain standards to feel good about myself.	The fear of failure; perfectionism; being driven to succeed; manipulating others to achieve success; withdrawal from risks.	**Justification:** *Justification means that God has not only forgiven me of my sins, but has also granted me the righteousness of Christ* (Rom. 5:1)*. Because of justification, I am completely forgiven and fully pleasing to God. I no longer have to fear failure.*	Increased freedom from the fear of failure; enhanced desire to pursue the right things— Christ and his kingdom; love for Christ.

False Beliefs	Consequences	God's Specific Solution	Results of God's Specific Solution
I must be approved by certain others to feel good about myself.	The fear of rejection; the attempt to please others at any cost; being overly sensitive to criticism; withdrawing from others to avoid disapproval.	**Reconciliation:** *Reconciliation means that although I was at one time hostile toward God and alienated from him, I am now forgiven and have been brought into an intimate relationship with Him. Consequently, I am totally accepted by God* (Col. 1: 21–22). *I no longer have to fear rejection.*	Increased freedom from the fear of rejection; willingness to be open and vulnerable; ability to relax around others; willingness to take criticism; desire to please God no matter what others think.
Those who fail (including myself) are unworthy of love and deserve to be punished.	Fear of punishment; tendency to punish others, to blame others for personal failure; withdrawal from God and others; being driven to avoid failure.	**Propitiation:** *Propitiation means that by his death on the cross Christ satisfied God's wrath; therefore, I am deeply loved by God* (1 John 4:9–11). *I no longer have to fear punishment or to punish others.*	Increased freedom from the fear of punishment; patience and kindness toward others; inclination to apply forgiveness; deep love for Christ.
I am what I am. I cannot change. I am hopeless.	Feelings of shame; hopelessness; inferiority; passivity; loss of creativity; isolation; withdrawal from others.	**Regeneration:** *Regeneration means that I am a new creation in Christ* (John 3:3–6). *Because of regeneration I have been made brand new, complete in Christ. I no longer need to experience the pain of shame.*	Christ-centered self-confidence; joy, courage, peace; desire to know Christ.

Adapted from *The Search for Significance*, by Robert S. McGee (1998), 28–29, 126–27.

person a less successful target for demonic temptation or oppression even though no specific deliverance methods were used. Conversely, deliverance plus discipleship training may result in an expulsion of demons and may prevent relapses into the thinking and behavioral patterns that made demonic temptation or oppression possible in the first place. This may explain why some ministers report success treating a wide variety of what appear to be DSM-IV disorders with deliverance followed by discipleship training (e.g., Dickason 1987, 279–91; Anderson 1993, 57, 75, 154, 192, 203–5), whereas Christian therapists experience success in treating people with those same disorders using approaches that have a much stronger Christian *psychological* emphasis and which do not include specific deliverance methods.

This might also suggest that therapy combining a recognition that we are working in the "middle tier," a tier including both psychopathology due to natural processes and demonic temptation, oppression or possession, might be a helpful paradigm. For example, the Christian who was raised in an environment where he received little validation may grow up to have low self-esteem. Satan or his demons may use that naturally produced psychopathology to keep that Christian in bondage to low self-esteem and prevent him from experiencing the abundant life that Christ wishes him to have. Although such false beliefs can be attacked using secular cognitive methods alone, they might possibly be attacked more effectively using cognitive methods that have their basis in scriptural truth (e.g., McGee's approach). The oppression that Satan may be causing *could* be attacked by using deliverance methods alone (binding Satan's ability to blind the Christian from the realities that are true of him), but probably could be more effectively dealt with by rebuking Satan, learning the method of cognitive disputing using biblical truth, and experiencing God's acceptance as mediated through the acceptance of a Christian therapist.

Spiritual Warfare Methods

Jesus' method. Jesus' method of exorcism was powerful, direct and brief. Frequently Jesus cast demons out of persons with a single word, "Go." At other times he used a longer command, "Come out of him." Jesus' longest recorded exorcism was: "You deaf and dumb spirit, I command you, come out of him and never enter him again" (Matt 9:25). Jesus commanded his followers to continue the ministry of exorcism and empowered them to do so. Their instructions were to cast out demons in his name.

No instruction compels Christian exorcists to force the demon to name himself so that they might exorcize him by name (although this is a common practice among those who carry on contemporary deliverance ministries). On at least one occasion the biblical record indicates that exorcism was done without the presence or cooperation of the person possessed (Mark 7:25–30). The Bible does admonish those involved in a deliverance ministry to have a firm faith in Jesus' power to exorcize the demon and to prepare for exorcism by prayer (Mark 9:17–29). Scriptures also warn that attempting to exorcize

demons in Jesus' name is dangerous for unbelievers (Acts 19:13–16).

Contemporary Deliverance Methods. Following is a list of suggestions commonly made by Christians actively involved in deliverance ministries in the twentieth century. (1) Remember that the power to exorcize demons lies in Jesus' name, not in a prescribed procedure or ritual. (2) Faith in Jesus' ability to exorcize demons and prayer beforehand are important preparations. (3) Self-examination and godly living are essential. More than one would-be exorcist has been embarrassed by a demon publicly revealing his private sins. (4) Exorcism should be done by a *group* of believers whenever possible. (5) When the possessed person tells the demon that he or she wants the demon to leave, it hastens the deliverance process. (6) The possessed person should make a full confession of sins, pray a prayer of renunciation, and make a clean break with sin by burning occult books, breaking off mediumistic contacts or friendships, and so on. (7) More than one demon may possess a person simultaneously. It is important that all demons be cast out before the exorcism process is stopped. (8) Sometimes deliverance prayers must continue over a period of time (e.g., a few weeks) before the process is complete. (9) Relapses can occur after exorcism. There are reports of demons reentering believers because of lapses into pre-Christian ways of living. Therefore exorcized persons should fill their lives with Bible reading and the Holy Spirit. (10) A follow-up support group of two or more people who can meet regularly for prayer and fellowship is recommended.

Anderson's Model. Neil Anderson (1993, 215–235) has some thoughtful comments on the practice of deliverance. He recommends that the kind of deliverance done today should be based more on the teachings of the Epistles than the Gospels. Most people involved in deliverance ministry today command the demon to name himself, then command him to leave. What follows is sometimes a dramatic power struggle, with the demon resisting and the exorcist commanding. The person inhabited may sometimes lapse into unconsciousness during the struggle, and Anderson states that he has seen people be physically injured during such struggles (216).

Anderson recommends instead that the counselor prepare the person by having an intake interview (similar to that done by professional counselors) where together they explore the problems the person

is experiencing. If the problem appears to be related to demonic oppression or possession, he recommends that the counselor correct any distorted views the person may have about God or what he or she is experiencing. He then recommends that the counselor bind the demon using the authority of Christ, commanding the demon not to speak or inflict any harm on the counselee and to release the counselee from any bondage under which he has put that person. Anderson then leads the counselee through a series of prayers, where the counselee rejects any sins that may have allowed him to become possessed, and ultimately the *counselee* (rather than the counselor) commands the spirit to leave and never return.

An Expanded Conceptualization of Spiritual Warfare We have typically thought of spiritual warfare as including only exorcism and the binding of demons. If what Hiebert, Grudem, McGee and many others have postulated is true (i.e., that one of Satan's primary methods is deceiving people into believing lies), then the process of helping people become aware that those beliefs are lies, and helping them replace those lies with God's truths may also be considered spiritual warfare. If that is true, then much more of what happens in typical Christian counseling may be considered spiritual warfare than has previously been recognized.

Professional Licensure Considerations

Despite the writings of Scott Peck (1985, 1992), a highly regarded psychiatrist who believes in the legitimacy of both demons and exorcism, state licensure boards tend to take a dim view of deliverance done by licensed mental health practitioners. As a result some Christian practitioners who believe that demonic oppression or possession may sometimes be part of their clients' psychopathology refer persons whom they believe need deliverance to a trusted non-licensed person or couple who have deliverance ministry gifts. Care should be taken in selecting such a person, since the mental health professional could still be considered liable for making the referral if difficulties develop during the deliverance process. It may be worthwhile finding a person or couple who are open to using the approach described by Anderson (above), since in that method the counselee takes greater personal responsibility for the timing and intensity of the process, reducing the chances of physical or psychological trauma during the deliverance sessions.

Obviously, if the struggle is more on the level of demonic temptation and replacing Satan's lies with God's truth (e.g., McGee's approach), there is little danger in the Christian counselor providing this kind of counseling himself or herself as long as the client desires it.

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