

# SPIRITUAL WARFARE FROM THE PERSPECTIVE OF MENTAL HEALTH

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## Introduction:

The concept of spiritual warfare is not new; it is foundational to the understanding of the Bible and, indeed, it is basic to the myths of many early cultures. These stories arise from the need for an explanation of what is obviously good or bad and the apparent conflict between these two qualities in nature and in human functioning.

However, at different times in history the idea of spiritual warfare has reached prominence with more specific iterations of the concept of warfare that include specific techniques of how to engage in this battle. It is such an iteration in our time that is the focus of this discussion. Therefore the question to be addressed in this paper is not the existence of spiritual warfare, but whether the current popular thought in evangelical and charismatic churches concerning this concept are an adequate definition of the conflict. As a psychiatrist I will address the curious relationship between the healing or deliverance practices and mental health concerns.

Let me state the approach I take to this subject. I in keeping with Christians throughout the ages have no doubt about the existence of spiritual warfare, the battle between good and evil, God and the Satan. I believe both good and evil are profound in their power and depth and that we must do all that is possible not to trivialize these concepts in any way. The battle between good and evil is a matter of life and death.

There are a number of areas that require discussion. The first is the cultural milieu in which the demonology of spiritual warfare is expressed. The second is to address the false belief that many so afflicted are diagnosed as mentally ill or emotionally disturbed and third is to address the possible vulnerabilities of those with mental health problems, for this is the population that I know intimately. Finally I wish to address the question of ethics in certain spiritual warfare techniques. My perspective is the perspective of psychiatry and psychology and an appreciation of what science can tell us, filtered through a profound respect for the scriptures and Christ's love as expressed through His caring for us as human beings. It is evident that I am not a Bible scholar; you might say that I am the amateur in this whole discussion.

As a point of entry in this discussion, let me start with two stories. They will serve as examples as they present a counterpoint for our thoughts. The first comes from the book God at War: The Bible and Spiritual Conflict written by Gregory Boyd.

"Historian Phillip Friedman provides the following eye witness account of what happened to a young Jewish girl in the Warsaw ghetto during the Nazi occupation. Zosia was a little girl.... the daughter of a physician. During the "action" one of the soldiers became aware of her beautiful diamond-like dark eyes.

"I could make two rings out of them," he said, "one for myself and one for my wife." His colleague is holding the girl.

"Let's see whether they are really so beautiful and better yet, let's examine them in our hands."

Among the buddies exuberant gaiety breaks out. One of the wittiest proposes to take the eyes out. A shrill screaming and the noise of laughter of the soldier-pack. The screaming

penetrates our brains, pierces our heart, the laughter hurts like the edge of a knife plunged into our body. The screaming and laughter are growing, mingling and soaring to heaven. O God, whom will you hear first?

What happens next is that the little child is left lying on the floor. Instead of eyes two bloody wounds are staring. The mother, driven mad, is held by the women.

This time they left Zosia to her mother....

At one of the next "actions" little Zosia was taken away. It was, of course, necessary to annihilate the blind child."<sup>1</sup>

Another story. Laura is sitting across from me in my consulting room. She has just finished delivering invective at everyone, the world in general. Her jaw is clenched, as are her fists. She had a history of broken relationships brought about by her anger for not feeling properly loved as a child. I suggested that it was time we started to work on her anger and she stated that wouldn't be necessary as she had an appointment to see a Christian healer. She returned gleefully to tell me that I was wrong. *She* did not have a problem with anger, she had been told that it was a spirit of anger that was oppressing her and she has been delivered of the spirit. I wished her well and we parted company. I had an opportunity to hear how she is doing and clearly the anger was still with her and continued to show itself in destructive ways.

These examples underscore two points. The first is that evil is palpable and must never be trivialized. The second shows something entirely different. Ascribing the event to an evil spirit external to a person rather than from the evil in the heart of each of us can result in a disavowal of one's responsibility to own and deal responsibly with the evil within oneself. It is essential for our mental and spiritual health that we own the evil within us.

### **Models of Human Functioning**

How, then, do we consider the effects of good and evil on the individual? Somewhat like a germ theory in medicine, in these models evil entities or forces enter and occupy a person (possession). In more minor forms they are seen to merely influence a person as a force seeking expression (oppression). These models consider these influences to be a transaction primarily or entirely of the spiritual realm. One of the basic models of medicine warns against this separation of the spiritual from the other spheres of functioning.

The Bio-Psycho-Social model, one of the basic models of medicine, was proposed by Dr. George Engel in the 1950's.<sup>2</sup> It posits that at all times the human being is a biological entity, a psychological entity and a social entity. Further, these entities are in constant interaction and each sphere of influence has impact on all the other spheres. In my view, this interaction is best described as a dimensional cube where at any time and with any condition, different dimensions of each of these spheres of influence are at play. (figure 1)<sup>3</sup> Therefore if I experience a depression there are biological, psychological and social components. One or more of the neurotransmitters in mood centers of my brain are depleted, I suffer psychologically and I withdraw socially. It is important to note that both psychological and social remedies have an ameliorating affect on the biochemistry of depression in addition to medication. Therefore biology is not the only driving factor.

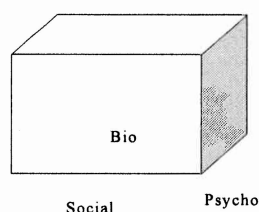


Figure 1

With the growing interest in spirituality from the 1980's to present people have added a spiritual sphere of influence to the model making the bio-psycho-social-spiritual model as fundamental to the understanding of the health of the person. I don't particularly appreciate the addition of the spiritual to the model as just another sphere of influence as in my view it does not, in my view, provide the spiritual with the force it seems to possess e.g. miracles. I prefer instead to take my cue from the ancient Greek poet, quoted by the Apostle Paul as "The God in whom I live and move and have my being."<sup>4</sup> I therefore diagram the spiritual as a force that permeates all the other spheres in their entirety and that cannot be clearly segregated from the others. (figure 2.)<sup>3</sup>

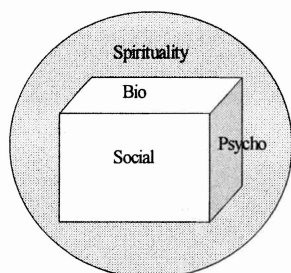


Figure 2

Therefore it is likely an oversimplification to characterize any condition as purely social or sociocultural, psychological, physical or for that matter spiritual.

Before I end this section I should comment on the cultural aspects. In this model they are included with social but that does not do them justice. The cultural realm provides explanations of why things happen acceptable to that culture. In addition, it also suggests appropriate behaviors for various states. Given that the expression of spiritual states can vary greatly from culture to culture, there is variation in the psycho-behavioral expression of these states.

### Spirituality and Medicine

Recent research has shown that spiritual aspects such as worship attendance are powerful forces for health.<sup>5</sup> We know that using spiritually tuned wording in cognitive

behavioral therapy a type of psychotherapy used in this study to treat depression is useful for believers and gives an additive effect, not there for unbelievers.<sup>6</sup> We also know that experiments with distant intercessory prayer indicate that prayer produces a mild effect beyond that of no prayer intervention.<sup>7</sup> We know that religious/spiritual actions such as forgiveness have powerful effects in bringing about change.<sup>8</sup>

I made the point earlier that one finds the admixture of the spiritual, social, physical and psychological in most conditions. Therefore to ascribe only one sphere of influence for the individual's difficulty is a gross oversimplification of what is indeed a very complex problem. For example, is the "dark night of the soul" as enunciated by St. John of the Cross substantively different from some expressions of depression, or may these conditions coexist? Could we be looking at the same phenomena only through different eyes or frames of reference? Often we are using different frames of reference to describe the same phenomena and we use different techniques that will take the person to a similar outcome.

The realization of different frames of reference became abundantly clear to me when in preparation for this discussion I read the book How to Cast out Demons by Doris Wagner.<sup>9</sup> This is a "how to book", including legal waivers, for delivering demons. Many of the conditions she describes are conditions that may well be treated with good outcomes by psychotherapy as well.

Wagner uses a series of very powerful techniques that would psychologically increase the likelihood of positive response. First, the afflicted person contacts her because she is known for her healing ministry. She selects only a few. Those she accepts complete a spiritual history form that includes a checklist of the many of the ways people may become bothered by evil spirits. This organizes thought and suggests a frame of reference. The establishment of an organizing framework is also key for psychotherapy.

She meets with the person for 3 to 4 hours, understanding the person well before the prayer of intercession. She looks for any sin that is to be confessed and confession occurs. Finally she prays for deliverance, a very powerful technique for the believer. Given this sequence of powerful steps it is expected that one might get good results. It is evident that from a psychological perspective that various kinds of interventions are utilized to help the person. The fact that the emotional affect is felt may arise in part from these powerful psychological influences, just as well as from the direct spiritual intervention of the Holy Spirit. In fact, using the bio-psycho-social model we developed, it is likely a combination of a lot of factors. When I work with a hurt individual by utilizing both psychological techniques and the depth of who I am as a person struggling with another human being, I too attribute healing to the hand of God.

The point bears restating: there may be many different perspectives describing the same phenomena. Therefore to attribute the success only to one kind of intervention and then determining causality from that intervention is a failure in logic and is not doing justice to the complexity of us as human beings. Long term follow-up of a specific population compared to that of a matched control group are scientifically necessary to prove effectiveness of an intervention.

In case you feel I am opposed to deliverance as a form of Christian healing let me acknowledge a healing I experienced in which one might well identify a spiritual issue. Using the terminology of the spiritual warfare movement one could say that the spirit of pride oppressed me. I was experiencing a depression that included a great deal of

anxiety. I was to testify at a very public trial. I felt that I would be held to public ridicule. In my worries I came to the point where I could no longer function well. A colleague confirmed my diagnosis as depression and I started on medication. My brother-in-law, Jim asked if I would see his priest, as possibly there was spiritual help for me. Jim and I met in a restaurant with the priest. The priest asked me about my concerns and identified my pride in reputation as being more important to me than God. He told me we'd talk again. During our conversation he was quite rough with me, allowing me no room to hide. I was wounded and singularly unimpressed with the whole experience. As we left the restaurant Jim asked his priest to give us a blessing. He threw his arms around us, gave a standard liturgical scriptural parting blessing and left. There was no specific prayer for my healing. Within 10 minutes I knew I was healed. I had peace beyond anything I had felt in months. There was no reference to demonology in this whole intervention. A couple of weeks later Jim asked me to accompany him to the Eucharist in his church.. I attended only to find that just before the elements were offered the priest prayed for myself as well as others by first name. For myself, this sealed the presence of God, to be prayed for in this most special of times.

I have no doubt of God's power in the healing. I also realize the psychological and social factors at play in this experience. I have gone on to experience other episodes of depression and know that medication helps. Exclusivity and in the cause of my condition or in the means of healing was obviously not there, however, at a particular time in my history, the Holy Spirit visited me and brought me relief. Of this I have no doubt.

### **Owning our "spirits"**

I started this paper with two stories. The first, the story of Zosima reminds us of the stark and terrifying reality of evil. The second points out the danger in the trivialization of an evil most of us would consider of much milder consequences.

The story of Zosima forces us to face the glaring evil that resides within us and of which we are capable. It is easy to see the demonic in this story. The second story illustrates how the demonology of the current popularization of spiritual warfare can become trivialized. It was very important for Laura to own her own anger. It was a force in her that was destroying relationships and in a curious way, increasing her isolation and sense of desperateness that increased the anger, the hurt, the hatred etc. A vicious circle ensued. Possibly I was wrong in using the word "more minor" to describe this story because the anger was destroying her and her relationships with others. When one considers evil, I realize using the word "minor" misses the point of the affect of evil on our souls, our relationships with our fellow human beings and with God. This is clearly pointed out by Christ in the Sermon on the Mount when Christ restates the law to include attitudes, our hidden thoughts.<sup>10</sup> There are no "minors" in the absoluteness of the kingdom.

The healer Laura saw was highly respected for his involvement with deliverance. The interview was brief, and Laura reported that the anger was seen as an oppression, not possession. Laura felt exonerated. It was no longer her, but the evil spirit causing her the anger. Unfortunately the healing did not take and she did not return for the more arduous task of examining the pain that was stunting her beauty and making her grotesque.

When one sees a demon lurking under every stone, it is easy to find this form of evil as commonplace. To protect ourselves from the overwhelming seriousness of this widespread evil we have a tendency to trivialize and deny our own responsibilities for our own problems rather than to see them external to us, the very essence of what leads us away from change. The defense of denial and disavowal is as ancient as Eve's defense the Garden of Eden. Paraphrased it is "It's not me, Eve did it" or "It's not me, the serpent made me do it."<sup>11</sup> In fact, the denial itself becomes another form of evil working against us. This tendency lives in each one of us.

There is that within us that often will take the easier route of externally mediated cure, rather than the difficult route of owning one's problems and with God's help, engaging in a process of healing. Why is the word "healing" even used here? Was that not what was attempted by the 'healer' seen by Laura? Likely, but it appears that Laura was not seeking healing as much as she was seeking cure. Cure in this sense is to have relief brought about and to be restored to health by utilizing interventions and forces from outside the person. The very interventionalist nature of certain healing practices often fit our culture's wish for cure without responsibility. On the other hand one view of healing is the restoration of wholeness. This often requires struggling with painful issue through the difficult process of change.

So, to summarize these points: Often the way to healing is a long arduous path, not the quick fix that is promoted by a popularization of spiritual warfare. Second, we tend to trivialize evil. Third, it is dangerous to see evil "out there" in exclusion to seeing evil within us. Many people engaged on the journey to Christian spiritual maturation, become increasingly impressed by the evil within. Having spoken of the evil within I also hasten to add that we must also be cognizant of the good within. St. Paul's struggle of Romans 7: 14-25 is made lighter by the knowledge of Romans 8 "But there is now no condemnation to them that are in Christ Jesus...."<sup>12</sup> We too must acknowledge to good work of the Spirit within us.

### **Relationship between spiritual warfare and mental illness.**

Many people have been acculturated through a particular kind of religious interpretation to see demons in people I would call mentally ill. I have conducted retreats for Christians who experience mental illnesses and their families. Many have expressed to me that the most hurtful experience is being the recipients of an unsophisticated and harsh view of mental illness by identifying it as demon possession. These ideas have been applied to people with psychotic symptoms in diseases such as schizophrenia where hallucinations seem clearly to be the voices of evil spirits. The idea of demon oppression and possession have been applied as well to people with anxiety disorders and to people with depression or to victims of childhood sexual abuse and to any state that looks a bit strange or dramatic to the beholder.

If a person is depressed the curse is often, "If you really were right with God you would not experience this." Already people with depression are racked with guilt. They have examined themselves more cruelly than any external person ever could. It is common to name evil spirits such as the spirit of fear or the spirit of depression. Often these people are subjected to spiritual interventions. If and when these interventions fail their disastrous state of hopelessness is confirmed. These people often experience an

intense anger at the individuals and churches that so misunderstood them as to suggest the role of a demon.

One of the problems is that the Bible does not provide us with many clear cut images of mental illness. There are however many people called “demon possessed.” A careful reading of the history of psychiatry notes that in many ancient cultures the mentally ill were called demon possessed or possessed by spirits. It does not stand to reason that this mental disorder arose *de novo* after the Bible was written. Could the absence of mental illness in the Bible then suggest that some of the citing of casting out demons in fact were for people with mental disorders and that the vernacular of the day was used to describe these disorders?

A concern about the over identification of evil spirits is that within the church, those who do not respond to casting out demons may become scapegoats and be blamed for a lack of faith. The responses to the idea of discrete evil spirits causes fear, avoidance and often isolation of the person. The “diagnoses” rests with them like a rock. If they are not successfully delivered in their minds it is obvious that God is not powerful enough to heal. This is the ultimate curse.

### **Deliverance and ethics**

Another example will help us understand the ethical consideration in deliverance. Madeline has grown up without ever feeling she has received love. She thinks a grandmother loved her, but certainly not parents. Rightly or wrongly she felt the family rejected her. As an adult she developed a severe depression that was resistant to treatment after she made a difficult decision that she felt the church and God would frown upon. She left a destructive marriage to provide a more wholesome environment for her young boys. I know Madeline to have made her decision in an honorable and God conscious way.

At two times she sought a Christian healing intervention. She recounted that she saw the healer briefly. There was a laying on of hands, a prayer of intercession was delivered and that was it. She did not see the healer a number of times in advance in order that the healer may get to know her and prepare her for healing. It was not suggested she see the healer after the intervention either

How should one feel if one is not healed or not delivered of a purported evil spirit? In the case of the evil spirit does one state that possibly it was not an evil spirit and that this has been proved by the lack of deliverance? Does one blame the victim for not being ready for deliverance? Does one surmise that there is unconfessed sin in their lives? If that is so, are we not all guilty? How does the sufferer feel about the intention and power of God who loves and delivers and who also withholds deliverance? Where is the healer in this story? Has Madeline been properly prepared for the experience? Is she known well enough so that the healer knows the landmines that exist within her personal history? And what does the healer do with the shattered image of God in the failure of healing?

In m practice if a patient tells me they would like to seek a deliverance ritual or Christian healing I feel compelled to see them before hand, to review their expectations and their preparedness if there is not a full healing. I also arrange to see them in the days immediately following to review and support. I feel compelled to do this because so

often there is no contact with the healer before or after the intervention. I worry about despair in the face of a failure to heal and I worry more about shattered faiths.

### **Recommendations on ethics of deliverance**

1. The intervention must be directed by the love of Christ. There is something curious about being a vehicle through which healings occur. In fact, Simon the Magician is a good example. He wants the power to heal after seeing the Apostles heal the sick.<sup>13</sup> As a physician healer I must also confess to some of the motives of Simon. Of course I love and participate in healing for and in the name of Christ. But I also enjoy and cherish the power as if it were mine. It is a constant battle to get our egos out of the way, just as it was for Simon.
2. Appreciate the other person in love. The soul is tender. Pain is hidden and defended against. Learn to empathize. Identify with the person as if you were the one.
3. Know the person well. Identify as many factors as possible that are part of the perceived difficulties. Healing is a process that includes history, preparation, and follow-up.
4. Knowledge is a gift. Work with knowledge of people and how people generally respond. Almost all stories told are “success stories”. This bias is also noted in which scientific results get published. We don’t hear as often about the interventions that have not been successful. If we are to engage in a deliverance ministry our responsibility must lie in continued care of the person. We must consider what a failure of deliverance means to the person and take steps to be a continued source of caring and love.
5. Consider medical or psychological help. Spiritual warfare healers usually do not have medical or psychological training and they may miss symptoms indicative of a disease that could well be treated or at least viewed more comprehensively.

The spiritual warfare movement is a grass-roots, indigenous movement. By definition it is therefore unregulated. Practitioners are required to meet no standards, and in fact some may have little or no formal training in a more comprehensive view of the person. We are all are subject to hunches that can easily be interpreted as the direction of God. Education, both spiritual and secular is essential to keep us from being unduly influenced by the products of our own minds and idiosyncratic religious belief, that improperly applied, may do harm to people. One of the guiding principles in medicine is “Do no harm.” In my opinion this is a requirement that applies to the deliverance field as well.

### **Conclusion:**

The main points made in this presentation have been these:

1. The concept of Spiritual Warfare is basic to the Christian Faith where spiritual warfare is seen as the battle between God and Satan, good and evil.
2. The reality of evil in this world and in human nature, including ours, is profound. It separates us from God, and destroys us as people. In fact, within our societies in addition to whatever demonology one sees, there is also profound systemic

- evil, again in which we often unknowingly and knowingly participate. This too should possibly be considered demonic.
3. When we subdivide evil into its component parts, as in discrete demons, we are in great danger of trivializing. I say this with the full belief that just as I believe in the existence of angels, I too believe and see evidence for the existence of evil forces. However I find it curious to note that it is much easier for me to see demons in others than in myself.
  4. Evil must be seen as both internal and external to ourselves. I worry about degrees of evil as a concept. Even though it has heuristic value, degrees of evil is not the teaching of Christ on sin. Therefore I am also concerned about the distinction between demonic oppression and possession.
  5. The use of demonology to describe our difficulties can, but not always does, lead to a failure to own one's own responsibility in evil and in dealing with evil. There can be a curious passivity rather than an owning and working on the problem.
  6. A fully integrative model, such as a bio-psycho-social model enclosed within a spiritual reality is likely more comprehensive and likely does more justice to the human reality than a restrictive spiritual one.
  7. Different signs and symptoms can be viewed from different perspectives. There are multiple forms of treatment and just because someone has responded to a deliverance does not mean that that model is correct or the only one. In fact there may not be a direct link with causation.
  8. Many if not all of the perceived manifestations of demon possession can be seen through totally different perspectives and are also known and treated through psychological and medical and psychological interventions.
  9. The differential diagnoses i.e. selecting the "correct" diagnosis from a series of possibilities between classes like spiritual vs biological, psychological or social are likely invalid as there are multiple interacting causalities.
  10. Does the fact that mental illness and emotional distress have often been attributed to the action of evil spirits give caution to us in interpreting the use of the phrase in the Bible? The confusion of mental illness and spiritual diagnoses was also seen at the time of the Inquisition in the middle ages, especially with the publication of the book *Maleus Maleficarum* which defined witches demons and consorting with evil spirits.<sup>14</sup>
  11. Both health and damage can come from the more dramatic forms of spiritual healing, e.g. the deliverance from demons or exorcism.
  12. If we engage in healing or deliverance it would do us well to look at the less noble in our own characters. These become ways in which we too are lead to sin. c.f. Simon the magician.
  13. Both knowledge and the spirit should govern us.
  14. Ethics apply in dealing with spiritual deliverance. The greatest ethic is love including the commitment that love entails for the ongoing care for the person afflicted, as the person can be thrown into a spiritual crisis by misapplied interventions or by failure to deal with the consequences of a "failed" intervention.

## REFERENCES

1. Boyd, Gregory A. *God at War: the bible and spiritual conflict*. InterVarsity Press, Downers Grove, Ill. 1997. p 33,34
2. Alexander, Franz G. and Selesneck, Sheldon T. *The History of Psychiatry: an evaluation of psychiatric thought and practice from prehistoric times to the present*. Harper and Row, New York 1966, page 394
3. Toews, John A. *No Longer Alone: mental health and the church*. Herald Press, Waterloo, Ontario. 1995 page 55
4. Acts 17:28
5. Larson, David B., Swyers, James P., McCullough Michael E.(eds) *Scientific Research on Spirituality and Health: A consensus report*. National Institute for Healthcare Research. Rockville Maryland. 1998
6. Propst LR, Ostrum R, Watkins P. et.al. Comparative efficacy of religious and non-religious cognitive behavioral therapy for the treatment of clinical depression in religious individuals. *Journal of Consulting and Clinical Psychology* 60(1):94-103, 1992.
7. Harris WS, Gouda M, Kolb JW et al. A randomized controlled trial of the effects of remote intercessory prayer on outcomes of patients admitted to the coronary care unit. *Archives of Internal Medicine* 159(19): 2237-8, 1999
8. Worthington, Everett L.(ed) *Dimensions of Forgiveness: psychological research & spiritual perspectives*. Templeton Foundation Press, Philadelphia, 1998.
9. Wagner, Dorris M. *How to cast out demons: a guide to the basics*. Renew Books, Ventura California. (2000)
10. Matthew 5: 21-32
11. Genesis 3: 12-13
12. Romans 8:1
13. Acts 8:9-25
14. Alexander, Franz G. and Selesneck, Sheldon T. *The History of Psychiatry: an evaluation of psychiatric thought and practice from prehistoric times to the present*. Harper and Row, New York 1966, page 67-68