Chapter Six

Differentiation of Schizophrenia
From Demon Influence

Every Christian who researches schizophrenia wonders about the demonic. The New Testament mentions demons over 100 times. All New Testament authors, except the writer of Hebrews, teach about demons. Jesus Christ gives the most credible evidence for the existence and power of demons. He conversed with them (Matt. 8:29). He gave His disciples power over them (Matt. 10:1ff.). He called the devil “the ruler of this world” (John 16:11). Adherents to Christ’s authority will believe in the existence of demons.

American society has transformed its views on the supernatural in the last generation. More and more people are open to the supernatural. While many still reject the reality of demons, good empirical evidence exists to confirm the supernatural. It is a mistake to dismiss either Biblical authority or valid observations about occultic activity.

David W. Van Gelder, Ph.D., tells of an account of demon possession in South Carolina. The group of people witnessing the seizure included two medical doctors, one psychologist, one professor of pastoral counseling, one minister, and three seminary students. Van Gelder writes of a young man on “all fours snarling like an animal” 78. A crucifix fell to the floor, and nails in the wall melted. The boy cursed in another voice which spoke through him. His writhing on the floor stopped only when he prayed to trust in Christ. Although these witnesses were not inclined to accept an occultic explanation for the phenomena, the terrible ordeal forced them to this conclusion. Dr. Van Gelder analyzed his experience in a 1987 article in The Journal of Pastoral Care.

The second possibility [that it was only a psychotic or epileptic experience] assumes ignorance on the part of the

participants. It is an option that has been pressed on me several times since that evening. But I have seen rolandic, petit mal and grand mal seizures. I have seen various psychoses, psychotic breaks and a variety of organic syndromes. I have worked in a maximum-security unit for the criminally insane. Even if I do not know what I saw, I know what I did not see. It was none of the above. Besides that, other professional counselors were there as well. We are not speaking of isolated observations and analysis... The time has come, however, when we can no longer relegate these experiences simply to the field of psychology. Psychologists themselves are beginning to question the phenomena and are looking for new frames of reference. We need to supplement the ancient conceptions of demonic activity in the personal spiritual world with modern understandings of personality theory and its appropriate techniques for healing.  

T. Craig Isaacs did some fascinating research on demon possession for his doctoral dissertation at the California School of Professional Psychology in Berkeley. His research question was, “Is possession a phenomena independent of the current commonly accepted psychodiagnostic categories?” Isaacs submitted to five experienced psychodiagnosticians 14 cases of those certified by the Episcopal Church as demon possessed. They examined the people to “assess the applicability of the diagnostic categories of the current Diagnostic and Statistical Manual III to each of the cases....” The study concludes that possession is unlike any of the other established categories of mental illness. Isaacs writes:

Is possession a phenomenon independent of the current commonly accepted psychodiagnostic categories? The answer from all three areas indicates that it is.... Therefore, certain psychological researchers began to turn their attention to possession as a distinct phenomenon. Pattison felt that rather than

79Ibid., 158-159.


81Ibid.
approaching possession with the disease-oriented models of medicine, research should turn to a culturally-minded model, thus leaning back on the data being gathered by the anthropologists. Henderson began to warn researchers of attempting to merely fit possession into one of the current diagnostic categories. He states that “a well known pitfall of scholarly endeavor is our propensity to dogmatize those theoretical postulates which are currently in vogue. It is accordingly fashionable at least in professional circles to dismiss the notions of possession and exorcism as outmoded medieval superstitions of, at best, historical interest. Such a dismissal would be decidedly premature.” Recently another psychiatrist, Scott Peck, has broken on the scene with the assertion that demonic possession should be accepted on its own merits, and that psychiatry and psychology must begin to take seriously the active presence of evil in the lives of patients.  

Humanists/atheists who deny the supernatural do so against valid Biblical and experiential evidence to the contrary. However, even those who choose to remain skeptical still must relate to Christians who believe very much in the supernatural. Many Christians who endure a family member’s battle with schizophrenia will have questions about

82Ibid., 264-266.

83I appreciate the comments of Dr. LeRoy Spaniol on the value of religion in helping families in distress. Therapists may not share Christian faith, but they should respect a Christian family’s beliefs as helpful to that family. Just as I appealed in Lesson Two for ministers to see limited value in the psychiatric profession even when they cannot agree with everything, I would hope non-Christian psychiatrists and psychologists could see some value in pastoral care. When families have theological concerns, what is wrong with referrals to clergy? “Family members who are religious also take care of themselves through prayer, Bible reading, and fellowship with other believers. Religious beliefs and activities can sustain family members in their caring. Acceptance is often fostered by deep religious beliefs.... Religious beliefs imply that there is more to life than what we ordinarily see, and that there is a power and a force that supports us if we are open to acknowledging it and calling upon it. Family members report strong religious beliefs and regularly acknowledge that these beliefs sustain them in their daily lives.” LeRoy Spaniol, “Coping Strategies of Family Caregivers” in Families of the Mentally Ill: Coping and Adaptation, edited by Agnes B. Hatfield and Harriet Lefley (New York: The Guilford Press, 1987), 214.
demon involvement. I did, especially when I saw my brother ripping up a Bible and smashing Christian wall decorations. Those who worry about demonic involvement with a loved one deserve real answers instead of a condescending response that dismisses such concern as nonsense on the part of ignorant people. The complete topic of pastoral care for the demon-possessed is not germane to this study, but readers may find reassurance by an explanation of differences between schizophrenia and demon possession.\(^8^4\)

The Bible itself makes a distinction between disease and possession (see Mark 6:13). Thus, Christian theology should recognize the difference between organic brain disorder and demonic control. At least six factors differentiate schizophrenia from demon possession as described in the Bible. These have helped me better understand my brother’s illness.

1. **Attraction to vs. Aversion to Religion**

   Mallard Sall, a psychiatrist from Anaheim, California, makes this observation.

   Demons want nothing to do with Christ. Conversely, people who are deeply mentally disturbed are often devoutly religious. Unlike demons, they want to be close to Jesus or have some kind of deep religious experience.\(^8^5\)

   Alfred Lechler, a German psychiatrist, reaches the same conclusion.

   Furthermore, if he displays no signs of opposition to any form of Christian counseling, or just listens indifferently and remains unmoved when people attempt to exorcise demons, or

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\(^8^4\) For a more complete study I have written a paper called, “Demons and Pastoral Care” presented in doctoral work at Dallas Theological Seminary. A minister should never diagnose the presence of the demonic unless the overt characteristics in the New Testament are present.

if he finds no difficulty in pronouncing the name of Jesus, all this is indicative of mental illness rather than the demonic.  

Ronald Koteskey, a psychology professor at Asbury College, agrees with their conclusions.  

I have visited in mental hospitals enough to know that many patients desire religious instruction. The Texas Panhandle Alliance for the Mentally Ill initiated the idea of chapel services for our group. Many consumers show interest in Jesus Christ. By contrast we know from the New Testament that demons hate any involvement with the things of Christ.

2. **Irrational Speech vs. Rational Speech**

In New Testament accounts involving demons, the demons spoke in a rational manner. *Untreated* people with schizophrenia will often speak in nonsense and jump rapidly between unrelated topics. My brother does this.

The fact that the demons spoke in a rational manner is a third distinction... They communicated in a rational manner. They... spoke clearly with purpose and meaning, possessing the ability to carry on a real dialogue. The speech and logical process of the schizophrenic are often incoherent. They produce “word salads” and irrationalities that do not make sense, in contrast to the speech behavior of demons.

A possessed person is in fact mentally healthy in spite of the fact that at intervals he may exhibit certain symptoms of

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88Sall, “Demon Possesion or Psychopathology?”, 288.
mental abnormalities .... Moreover the words the mentally ill person hears are often completely nonsensical.\textsuperscript{89}

In such cases where the voices make sense (not nonsense as in the case of schizophrenia, a condition of chemical imbalance in the brain)... We should strongly suspect demonic forces...\textsuperscript{90}

3. \textit{Ordinary Learning vs. Supernatural Knowledge}

Demons in the New Testament would speak through people to convey knowledge that otherwise could not have been known to the possessed individuals. Those with a mental illness have no such ability to know facts that they have not acquired by normal means of learning. Koch states,

For example, clairvoyance itself is never a sign of mental illness, and a mental patient will never be able to speak in a voice or a language he has previously not learned.\textsuperscript{91}

4. \textit{Normal vs. Occultic Phenomena}

There is an aspect to demon activity that is just plain spooky. If there are occurrences of poltergeists, levitations, trances, telepathy (and these cannot be ruled out as being optical illusions or fraudulent displays), then one is not dealing with “ordinary” schizophrenia.\textsuperscript{92} These “most dramatic aspects,” that were “frequently encountered” helped stump Isaac’s panel of psychodiagnosticians at Berkeley.\textsuperscript{93} He lists the following as indications of possession as opposed to mental illness:

\textsuperscript{89}Koch and Lechler, \textit{Occult Bondage and Deliverance}, 162-163.


\textsuperscript{91}Koch and Lechler, \textit{Occult Bondage and Deliverance}, 58.


\textsuperscript{93}Isaacs, \textit{The Possessive States Disorder}, 269.
.... some form of paranormal phenomena, such as poltergeist-type phenomena, telepathy, levitation or strength out of proportion to age. There is an impact on others: paranormal phenomena, stench, coldness or the feeling of an alien presence or that the patient has lost a human quality, is experienced by someone other than the patient.  

5. The Claim to be Possessed

Authors who have clinical experience both with demon possession and mental illness believe those who claim to be possessed are very likely not possessed. Demons wish to be secretive and do not voluntarily claim to be present. Lechler writes:

While the mental patient will speak in extravagant tones of the demons he alleges to be living within, the possessed person avoids all mention of demons as long as no one approaches him on a spiritual level.  

6. The Effects of Therapy

If prayer solves the problem, then it was probably not schizophrenia. If medicine helps alleviate the problem, it was not demon possession. Demons cannot be exorcised by phenothiazine, antidepressant drugs, or E.C.T.  

Hallucinations are cured by psychological treatment, while demon possession can be cured only by prayer and fasting as Christ indicated.

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94Ibid., 272.

95Koch and Lechler, Occult Bondage and Deliverance, 162.


97Sall, Demon Possession or Psychopathology?, 289.
I discovered that all of the “demons” I was seeing were allergic to Thorazine and that, in nearly every case, a week or two on Thorazine made the “demons” go away.98

Christian families of those with carefully diagnosed schizophrenia need not worry about demon involvement. Furthermore, they need not feel the pressure of well-meaning relatives or friends who suggest demons as the primary explanation for the strange behavior that accompanies schizophrenia. The Bible never presents a case of demon possession where anyone had the slightest trouble recognizing the presence of demons. It was such a strange, terrifying and overtly supernatural experience that everyone involved knew demons were present: Christ, the Apostles, Jewish religious leaders and common people. No other conclusion was possible. Unless a case closely parallels the New Testament description of demon possession, the church and the family should regard it as they would a chronic, severe and baffling sickness. Ministers need a deeper knowledge about schizophrenia, but many skills in ministry relative to diseases in general also apply to families of the mentally ill (and often to consumers after they have had medical treatment).

Conclusion

Families of those with schizophrenia face many problems that are not within the domain of spiritual care. They want to know about medicine, housing, social security, estate planning, and the practical knowledge needed to communicate and live with a mentally ill person. Professionals in secular disciplines can give them advice in these areas. However, Christians have an important contribution to make in ministry to these hurting families in areas beyond secular psychiatry and social work. Once the true nature of schizophrenia is understood (Chapter Two), Christians can give much guidance to families and consumers. The Bible gives help for all of the painful emotional responses of the families of the mentally ill (Chapter Three). The Bible gives a theology of suffering whereas psychology alone has no explanation (Chapter Four). The Word of God insists on the value of every human even when there are limitations in performance (Chapter

Five). Furthermore, educated ministers should be able to answer questions relative to schizophrenia and demons (Chapter Six).

Secular books on mental illness often recommend that a family turn to a minister or church family for support. The value of that advice depends upon the knowledge and character of a particular minister or church. Whatever flaws exist in the church’s response to schizophrenia they do not arise from deficiencies in God or the Scriptures. The Bible has truths that minister to the needs of families of people who have the schizophrenia disorder.

Hopefully, the future will see greater sensitivity to these hurting people, and evangelicals will learn how to better serve them. I pray that these studies have helped you and will lead to improvement in ministry within that great family composed of everyone who has faith in Jesus Christ as Savior.

**Questions and Thoughts to Consider From Chapter Six**

1. Has anyone actually told you that demons caused your family member’s mental illness?

2. Does your family member express interest in spiritual concerns? Does the state hospital have a chaplain? Could your local Alliance for the Mentally Ill find a Bible-believing minister who is interested in helping?