

Liberty University School of Divinity

**Mental Illness and Demonic Influence:
The Difference Between Them and the Difference It Makes**

A Thesis Project Submitted to
the Faculty of Liberty University School of Divinity
in Candidacy for the Degree of
Doctor of Ministry

by
Alton Parks

Lynchburg, Virginia

June 2020

Copyright © 2020 by Alton Parks
All Rights Reserved

Liberty University School of Divinity

Thesis Project Approval Sheet

Mentor: Dr. Timothy Christ
Instructor, School of Divinity

Dr. Phil Gifford, Reader

THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

Alton Parks

Liberty University School of Divinity, 2020

Mentor: Dr. Timothy Christ

This thesis project presented how mental illness and demonic possession were viewed by and how counseling was beneficial for the members of Samaritan Missionary Baptist Church. The gathered information was used for an informed outlook on the subject matter, and research was gathered through surveys. This process was designed to increase knowledge, consideration, and understanding of the subject matter to promote an in-depth basis for development.

Acknowledgments

I want to first give glory and honor to the Triune God for giving me the strength to get this done and make it to this place in life. I want to thank my wife, Dell, for all of her support, love, and encouragement during this process. I cannot forget my children, who had to sacrifice but understood when I could not do things with them because I needed to complete an assignment. Your support made this load much more comfortable to carry.

I want to acknowledge Dr. Timothy Christ, who has been an absolute joy to work with. Thank you for all of your direction and guidance; I can say I am better because of you. Thank you to Dr. Jim Zabloski, who helped me to make it to this point. I was so scared to start this journey, and you walked with me and helped me to narrow my focus and shake my fear. You showed me how to walk this road one step at a time.

I want to thank the leaders at Samaritan Missionary Baptist Church for allowing me to work on my degree and apply what I was learning into effective practice. Lastly, I want to give a huge thank you to all those who helped my project come alive by participating in the study. I want you to know I love and appreciate you, and you are all now part D.Min.

Contents

| | |
|---|------------------------------|
| Chapter 1: Introduction | Error! Bookmark not defined. |
| Ministry Context | 4 |
| Problem Presented..... | 11 |
| Statement of the Purpose | 12 |
| Basic Assumptions | 12 |
| Definitions..... | 12 |
| Limitations | 13 |
| Delimitations | 14 |
| Thesis Statement | 14 |
| Chapter 2: Literature Review | Error! Bookmark not defined. |
| Spiritual Warfare..... | 15 |
| Mental Illness | 19 |
| Counseling | 25 |
| Theological Foundations..... | 34 |
| Theoretical Foundations..... | 45 |
| Chapter 3: Methodology | 56 |
| Intervention Design..... | 59 |
| Implementation of the Intervention Design | 61 |
| Chapter 4: Results | 67 |
| Unexpected Results | 76 |
| Chapter 5: Conclusion | 78 |
| Recommendations..... | 78 |
| Best Practices..... | 79 |
| What Is Next for the Research? | 80 |
| Literature Review..... | 81 |
| Lesson Learned | 83 |
| Application of Research..... | 84 |
| | |
| Bibliography..... | 86 |
| | |
| Appendix A: Pre-Survey Form..... | 91 |
| | |
| Appendix B: Post-Survey Form | 93 |
| | |
| Appendix C: Recruitment Letter | 94 |

Appendix D: Consent Form 95

IRB Approval / Exemption..... 96

Figures

| | | |
|-----|--|----|
| 3.1 | Before Presentation Survey Results Bar Graph..... | 61 |
| 3.2 | Before Presentation Survey Results Percentage..... | 61 |
| 3.3 | After Presentation Survey Results Bar Graph..... | 62 |
| 3.4 | After Presentation Survey Results Percentage..... | 62 |

Chapter 1

Introduction

Samaritan Missionary Baptist Church (SMBC) members face spiritual warfare or demonic possession without consideration of mental illness. There is a symbolic war raging in the minds of humanity. Satan has built up strongholds of prejudice and disbelief in the minds of humans to keep them from receiving the truth of the Gospel.¹ The purpose of this research project was to differentiate between mental illness and demonic possession. Pastors and counselors can use the findings to apply treatment options to struggling church members.

Responding to demonic possession requires one to stay focused on God. The prevailing belief in SMBC is that God will take care of what Satan has done. In some cases, people are unable to discern whether their illness is a mental or demonic condition. Paul instructs an individual coping with a psychological and demonic condition to put on the full armor of God (Ephesians 6:11-18). The Bible provides instructions on how to prepare for spiritual warfare. This conflict between good and evil is a symbolic wrestling match. Wrestling is the most intense form of conflict between two individuals, requiring every body part, every skill, and every trick for success. It is a total conflict.² The wrestling analogy is applicable when examining how an individual manages mental illness.

Pastors and leaders at SMBC teach churchgoers that if one is struggling, one can pray, and everything will be okay. Church leaders teach that followers may face the devil and his minions who are trying to keep believers from serving God for the rest of their lives. For that reason, people with mental health concerns merit consideration.

¹Derek Prince, *Spiritual Warfare* (New Kensington: Whitaker House, 1987), 49.

²Ibid, 10-11.

Spiritual warfare and mental illness were not always at odds, and there was a time where they were closely related and linked together. It was not until modern times that religion and psychiatry separated. Sigmund Freud encouraged this separation after French neurologist Jean Charcot introduced him to the neurotic and hysterical aspects of faith in the mid-1880s. Freud emphasized the separation of religion and psychiatry in a widely read series of writings published from 1907 until his death in 1939, including *Religious Acts and Obsessive Practices*.³

In the spiritual world, many believers feel they only need faith in God. When left untreated, mental disorders can lead to a host of other problems and concerns. For example, according to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders* (5th ed.), the symptoms of generalized anxiety disorder can begin slowly and then come and go during an individual's life. In addition, the symptoms of anxiety differ across cultures.⁴ Looking at cultural factors such as upbringing, experiences, and the handed-down stories of right and wrong can provide an understanding of how symptoms manifest and grow. SMBC has a culture of its own, and members have passed down their views and understandings for over 73 years.

A person's culture is useful, showing the need for reeducation. SMBC members have abundant faith in God, but they also have much confidence in the traditions and teachings of the past. In the culture of SMBC, members believe that a person who acts out or who has a severe issue is demonically possessed. Older congregation members feel that anything else is just an excuse for bad behavior and sinful life.

³Harold G. Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," *U.S. National Library of Medicine National Institutes of Health Search Database* (2012): 1.

⁴American Psychiatric Association, *Understanding Mental Disorders: Your Guide to DSM-5* (Washington, DC: American Psychiatric Association, 2015), 82.

There is no doubt that mental illness and demonic possession are real; 2 Corinthians 4:4 and James 2:9 are but two scripture verses that show demonic activity. However, believers at SMBC must learn about mental illness to broaden and shape the way they view, approach, and present concepts of demonic possession and mental illness. Believers who learn to differentiate the two conditions will maximize their abilities for effective and efficient church and community ministry, improving their lives and relationships in the process. Relational views in theology and psychology indicate that humans thrive in close, trusting relationships. From a Christian perspective, healthy relationships are close, confiding relationships with both God and others.⁵

The mainstream media does not report on demonic possession; however, several exorcisms have occurred in the United States. In 1976, Malachi Martin, a Catholic theologian and former professor at the Vatican's Pontifical Biblical Institute, published *Hostage to the Devil: The Possession and Exorcism of Five Americans*, the most convincing and authoritative book available on demonic possession. Critics from the *New York Times* Book Review, the *Washington Post* Book Review, *Newsweek*, the *Psychology Today* Book Club, and a host of other prominent publications praised Martin's book. M. Scott Peck, the Harvard-educated psychiatrist who authored the self-help book *The Road Less Traveled* in 1983, startled the psychiatric community by describing his participation in two exorcisms. Peck stated that he confronted profoundly evil spirits on both occasions.⁶

Researchers of psychopathology and demonic possession have found belief in demonic influence in many cultures around the world. Research shows a broad spectrum between two

⁵Mark R. McMinn, *Psychology, Theology, and Spirituality in Christian Counseling* (Carol Stream: Tyndale House Publishers, 2014), 68.

⁶Betty Stafford, "The Growing Evidence for Demonic Possession: What Should Psychiatry's Response Be?" *Journal of Religion and Health* 44, no. 1 (2005): 17.

positions. Whereas anthropological researchers describe traditional cultural beliefs about mental health, there is a trend toward pathology in the Western medical model. Witchcraft explanations present mental illness as emotional suffering and culturally abnormal behavior.⁷

Ministry Context

Currently, SMBC ministry members find mental illness is more spiritual than psychological. At SMBC, congregation members believe that praying and having faith is enough to fix what is “wrong” with a person or solve the person’s problem. Some members argue that a situation does not improve because the individual’s faith was not strong enough or because the individual did not want to let go of the problem. The prevailing thought is that once a person is prepared, the individual will defeat the devil and achieve a peaceful life. The normal mode of thinking and culture in SMBC is that God will completely heal someone.

There is an underlying concern for the educational component in the culture of SMBC. W. Brad Johnson and William L. Johnson suggested that when people experience distress, 40% of them go to their clergy first. As a result, pastors report spending between 10% to 46% of their time counseling congregation members. The minister may be the first, and perhaps the only person whom some congregants with psychological disorders allow into their personal lives. Many ministers, however, have little formal training in correctly identifying and confidently discussing emotional and behavioral problems with parishioners.⁸

Although mental health has always been a concern at SMBC, it has not received much recognition. Church leaders do not even consider mental health when dealing with individuals.

⁷Samuel Pfeifer, “Demonic Attributions in Nondelusional Disorders,” *Psychopathology* 32, no. 5 (1999): 252-253.

⁸W. Brad Johnson and William L. Johnson, *The Ministers Guide to Psychological Disorders and Treatments* (New York: Routledge, 2014), 2.

Generally speaking, pastors or clergy members have not received training in mental health care and treatment; instead, they focus on the spiritual side of human beings, the area in which they are most familiar. A lack of individuals in the local church with experience as mental health professionals set the church further back in knowledge, training, preparation, and understanding.

Because the church is no longer connected to the national, state, and district convention leaders of the past who did not foster mental illness education, there is an opportunity to educate SMBC members. The pastoral care tradition in Christian ministries is always associated with the image of the shepherd. For clergy called to the profession of preaching, pastoral care involves caring for the whole community, including members with all types of emotional distress, problematic behaviors, and even acute mental illnesses.⁹

Today, a considerable number of people work in pastoral care, and not all of them are clergy. Church leaders must examine the communities they serve so they can better meet congregation members' needs. To join their members and make a real communal impact, pastors must understand what their community members need most. To help those looking for guidance, church leaders must obtain a view beyond individuals' spiritual sides. Scripture indicates that people are a combination of mind, body, and soul; accordingly, church models and leaders must change how they present mental illness.

With the shifting times and the conditions of churchgoers, congregation members need more than just biblical theory and Scripture. Churchgoers at SMBC must become open to integrating psychology and Christianity. Science and spirituality are not contradictory. Although some scientists are outspoken critics of religious beliefs, some contemporary scientists promote

⁹Ibid.

the idea that science and Christianity are compatible.¹⁰ An increased number of Christians believe in evolution, something almost unthinkable years ago. Mental health disorders are prevalent in the United States, and up to 21% of people are affected by mental health disorders within a 12-month span (USDHHS, 1999). People with mental health disorders experience a wide range of symptoms, including sadness, anxiety, hopelessness, guilt, the desire for self-harm, persecutory beliefs, hallucinations, and delusions.¹¹

Tradition is a significant part of the church. Many SMBC members hold to the traditional methods and values of the founders. SMBC is a 73-year-old institution in which church members have passed down the same rituals and rules for generations. Any sign of change causes concern because churchgoers call into question the existing methods. To challenge existing practices is to say there is an error in maintained traditions. Some church members view change as a personal attack.

An example of SMBC tradition is the altar call. Church members expect to conduct altar call prayer in a specific way. The Bible indicates that prayer is always in order when in church. For example, during the altar call, people only come and gather if they hold hands in the shape of a cross. At times, congregants took part in laying hands on the altar or lifting hands for freedom of expression in prayer and worship.

Established church members may see change as an attack on the church's culture rather than an attempt to open their eyes and minds to other avenues that may provide better results. Church members are not willing to sacrifice tradition. For example, traditional thinking is that

¹⁰David N. Entwistle, *Integrative Approaches to Psychology and Christianity: An Introduction to Worldview Issues, Philosophical Foundations, and Models of Integration* (Eugene: Cascade Books, 2010), 30.

¹¹Justin L. Harley, "Pentecostal Christian view toward causes and treatment of mental health disorders" (PhD diss., Regent University, 2007), 1.

the only way to pray is through a physical connection with others, something that may not always be true. Although holding hands is a suggestion of unity, churchgoers should consider this motion optional and not mandatory.

Many SMBC members operate in silos, want to work only with the people they already know. These silos are unwelcoming environments for newcomers and outsiders. What many members of the older generations have held onto is now changing. Whereas established churchgoers may find it comfortable to stay in silos, this lack of mobility presents opportunities for increased love, growth, and spiritual development. When no one challenges ways of thinking or looks beyond “normal” conditions, cognitive reasoning becomes limited. No churchgoers, not even members of SMBC, can expect to make a meaningful impact if they do not know about the world around them. To fulfill the Great Commission, pastors must present education about mental illness to face the new challenges at SMBC.

Some people value isolation or relationships with themselves. Although isolation may not be favorably perceived, it is often a means of self-care and self-love. Ideally, a person in isolation tries to avoid the drama and disarray of others. However, isolation may present some problems, especially when it is a component of psychological distress or disorder. Sitting alone and reciting Scripture does not indicate the presence or absence of emotional concern. Knowledge of the Bible is helpful only when an individual appropriately imparts the information they have received. What matters most is knowing how to differentiate spiritual and mental issues.

If a person appears psychologically distressed, the people of SMBC would say, “That is a spirit.” However, no factual information exists that indicates a spiritual conflict. Primary causes of mental disorders are childhood trauma, genetic predisposition, neurotransmitter imbalance, or

traumatic brain injury. Churchgoers may assume a person is possessed because they do not have points of reference for the individual's past, thus assigning an inaccurate or invalid label. An individual with psychological distress could be experiencing depersonalization or a derealization disorder. Isolation occurs when individuals feel detached from themselves, those around them, and their surroundings. Individuals with depersonalization or derealization disorder may appear stiff and unfeeling toward others and experience great inner pain and detachment from the outside world.¹²

When rules of governance dictate how people should handle one another, people tend to clash. SMBC churchgoers, like those of many churches, can repeat many Bible verses but might not adequately put their words into action; as such, members may struggle to see one another and treat each other as they should. Many SMBC members have had associations for generations, such as those connected to one of the three previous pastors. Churchgoers comprise a close-knit group, although, at times, it does not appear so.

SMBC members are not so much wrong as they are behind the times, not reaching their full potential as a congregation. If SMBC members can move past antiquated ideas, they can increase their potential to embrace what is next. Often, churchgoers' most significant obstacle is past practices. SMBC members are futilely attempting to force a mindset unsuitable for modern times. The beauty of science and theology is that they continually evolve according to the needs of the current era. Scientists and theologians build on past successes and eliminate what no longer fits.

SMBC is a perfect fit for this project. The church is in East Detroit, a rough area rife with abandoned homes, prostitution, and drugs. Churchgoers must have a passion for and love people

¹²American Psychiatric Association, *Understanding Mental Disorders: Your Guide to DSM-5*, 130.

to minister successfully in East Detroit. The people in East Detroit frequently suffer mentally, spiritually, and emotionally. Many individuals cannot afford professional help. Struggling people then turn to SMBC, which provides aid for their spiritual concerns but not their mental needs.

If congregation members at SMBC are better informed about possession and mental illness, they can meet people where they are and provide for their needs as best as they can, knowing that, although prayer is powerful, it is not always enough. James said that “faith without works is dead.”¹³ Knowledgeable and understanding church members must have both works and faith. Church members who want to help vulnerable populations should be open and willing to accept new ideas and learn what they do not know. SMBC has minimal engagement because there is not enough understanding, and people fear what they do not understand.

Because there is nothing in SMBC’s history or traditions on mental health and mental illness, this study is groundbreaking for the members of the church. SMBC members must change the way the church operates; changing a belief system requires people to identify where they were wrong and what they have missed or not entirely understood, which can drive them to want more. This project showed that some people at SMBC might have mental illnesses, and some could show signs of demonic possession. The goal of this study was to provide a foundational understanding and knowledge to church members.

There is a growing need in the community for revitalization and an understanding of the differences between mental illness and demonic possession. For instance, a person who wanted food and clothing came to a Sunday service, where not getting those requests led the individual to use inappropriate language in the presence of young children. The individual was asked to

¹³James 2:14-26 NKJV—Bible Gateway, <https://www.biblegateway.com/passage/?search=James+2:14-26&version=NKJV> (accessed September 16, 2019).

leave and not return to the church. Church members present at the event stated that the devil used that person to cause disruption right before the Sunday morning service. Although demonic control was neither confirmed nor denied, this same person had a reputation throughout the community for acting this way, perhaps due to a mental disorder. If church members had recognized the signs of mental illness, they could have offered alternative services and perhaps connected with and provided the person with the needed help. Learning about mental illness is new ground at SMBC; some members are eager to learn, and some members are fearful because they do not know what to expect. Many congregants feel that learning about mental illness is changing the church's culture because it matches the needs of the people.

There is a program at SMBC called Sharing Our Savior (S.O.S.). With S.O.S., church members take the time to sit and talk to people about their needs, not just those that are spiritual needs. The goal of S.O.S. is to foster caring conversations where program members are concerned for the well-being of others. One of the challenges of helping a person with psychological struggles is building a bridge of trust.

In addition to S.O.S., SMBC often provides lectures in which biblical principles are not the main focus. The goal of these lectures is to provide a holistic view of humanity and one's responsibility as part of humanity. People only go as far as the information they hold, which is only as valid as the source. Therefore, there is a need for a well-crafted program with information and side-by-side comparisons of mental illness and demonic possession. SMBC members can participate in and learn from such a program. Research on mental illness and demonic possession is vital for the church's development, and church members must ensure that education does not stop.

There was a small budget to help with the material costs of research. There was not an exact calculated cost, but there were plans and concessions for financial support for research. Several mental health professionals contacted agreed to assist with information gathering and program formation to create as accurate and unbiased a program. With support gathered, congregation members stated interest in the project. Time was not a concern because of an established plan of action for shifting duties and responsibilities to ensure devoted time toward this project.

The ministerial staff members covered the weekly bible study, and there was a monthly preaching rotation for Sunday morning worship. SMBC is a church in the community and of the city. The impact of the project was more significant based upon the church's location in East Detroit. The East Detroit area is changing, and many citizens are suffering, needing help daily. This project provided opportunities to maintain the influence of SMBC and its leaders in the community as well as for SMBC members to become more compassionate, understanding, and helpful. There is a push to connect with other pastors to hold and host these workshops and programs on mental illness versus demonic possession at their churches.

Problem Presented

The problem is SMBC members' lack of understanding of mental illness and demon possession. SMBC church members are unable to differentiate between mental illness and spiritual warfare (demon possession). SMBC congregation members have learned to see only through a spiritual lens; as such, there is a need for reeducation to consider the holistic side of human behavior. SMBC church leaders must address the lack of education on mental illness and the demand for mental health services to address the issues and concerns in the local community.

Statement of the Purpose

The purpose of this research was to present SMBC church members with an understanding of the differences between demonic possession and mental illness so they could move away from a one-sided view when responding to people with mental illness. To live up to the church motto “The Lighthouse on Mack Ave.,” church members must be versed in that which is attracted to the light when it shines. SMBC church members want to minister to people no matter their situations; therefore, congregants can use this research to achieve that goal.

Basic Assumptions

Too many individuals in the church automatically think it is the work of the devil when something appears to be wrong with a person. Church leaders do not talk about or present information on the other side of humanity. SMBC church members can use this research to become more educated not only in Scripture but also in the foundational areas of mental illness so they can become more well-rounded assets to the church and community.

Definitions

The terms defined are mental illness, possession, mental health, counseling, therapy, pastoral counseling, psychology, and spiritual warfare. The definitions are from the researcher and not a dictionary.

Counseling is the process of advising and guiding a person on how to deal with the concerns and situations faced in daily life.

Mental health is making sure that one is mentally healthy and taking care of mental well-being by learning how to deal with issues to live healthily and rationally.

Mental illness is a disorder that causes a fractured and distorted way of thinking and perceiving. Abnormal behavior may become a usual way of functioning without proper cognitive functions.

Pastoral counseling is a service provided when an individual goes to a clergy person for guidance, help, and direction for personal and spiritual matters. The clergy person, however, may not be a licensed counselor in the state in which they serve.

Possession is control by an outside force that makes a person do things that are out of the individual's control and against the person's will.

Psychology is the study of the mind to understand the "why" behind the reasons that individuals do what they do and make the decisions they do.

Spiritual warfare is a constant battle between believers and Satan, addressing the spiritual side of life unable to define in the natural or physical world.

Therapy is the process of seeking help from a professional licensed by the state who may or may not be a Christian but who understands how to guide a person through the healing process in one-on-one meetings.

Limitations

The researcher worked with church members between the ages of 35 and 70 years, examining their basic understanding of mental illness and demonic possession for exploration and research. One limitation was the distribution between male and female participants. Although the researcher wanted to work with an equal number of each gender, the majority of the congregation was female, which impacted the sample proportions. Another limitation was not going outside of the ministry, as individuals would have liked to participate who were not connected to SMBC.

Delimitations

This project was delimited to SMBC congregation members. Congregation members ranged from ages 5 to 94 years. Another delimitation of the study was that outside clergy who could add valued insight, such as senior pastors and ministers, were not eligible to participate. The subject matter of this research may cause additional questions, lessening the narrow focus of this project.

Thesis Statement

If members of SMBC increase their understanding of the differences between mental illness and demonic possession, they will gain a better working knowledge of how to identify, engage, and help church members in need.

Chapter 2

Lecture Review

Research was necessary to gain a better understanding of demonic possession (spiritual warfare), mental illness, counseling, and the study's foundation. A literature search provided an overview of the topics of study with regard to individuals' understanding of demonic possession, mental illness, and counseling. The only way to fully engage the topic was to take a look at other established works to further education and bring about enlightenment. The literature review section includes studies on demonic possession (spiritual warfare), mental illness (disorders), and counseling.

Spiritual Warfare

David Powlison has done a great job in blending the ideal and concept if the theology of spiritual warfare and the pastoral ministry role. The pastoral role that ties into biblical counseling and having the ability to understand better the working of spiritual warfare and how competent counsel and prayer words and goes hand in hand. He introduced what is called Ekballistic (EEM); this comes from the Greek word *ekballo*, which means to cast out. This is the critical assumption that daemons of sin reside within the human heart. According to EEM advocates, people undergo a moral demonization. Such as rage, lewdness, terror, pride, rebellion, and accusation.¹⁴

Another key that David Powlison points out that helps to add to the study os the term EEM focuses on the mode of ministry, suggesting a particular form of pastoral activity.¹⁵ This helps to pint out how there is a part of pastoral ministry that does have to deal with spiritual

¹⁴ David Powlison, *Power Encounters: Reclaiming Spiritual Warfare* (Grand Rapids, MI: Baker Books, 1995), 28-29.

¹⁵ *Ibid*, 29

warfare, but that is not all there is. Just like pastors need to be trained in casting out demonic influence, they must be trained in providing biblical counseling and know how to tell when it is a bible or spiritual issue or a mental or psychological one.

Derek Prince described the various areas in which a person, especially a believer, engages in spiritual warfare. Spiritual warfare does not start and stop on earth. It began in heaven, and the soldiers in the army are committed to fighting a war, having effects on every part of the globe. Even the word *global* does not show the scope of this conflict. The spiritual battle occurs not only on earth but extends into the heavens.¹⁶ As a global conflict, there is more than one approach and strategy to use and consider.

Jerry and Carol Robeson continued the conversation on spiritual warfare concerning the attacks and various spirits that fight against a person. According to Revelation 12:4, God cast Satan and other spiritual beings out of heaven. Spirits cast out with Satan work for him and are fallen angels and demons. These spirits manifest and interact with humanity in various ways. Because of their fall from heaven, demons roam the world and manifest in many ways, and one common way is in humans.

When helping a person battle demonic influence, it is essential to remember that spiritual warfare is just that: warfare conducted in the spirit realm. People more often envision warfare in the physical realm; in comparison, spiritual warfare usually takes time to manifest from the spirit realm before becoming visible with the natural eye.¹⁷ Just like it takes time for things to reveal in the natural world, it takes time to show some of the spirits that people deal with during their daily lives. Change is not instant, and neither is the manifestation of demonic influence or

¹⁶Derek Prince, *Spiritual Warfare*, 7.

¹⁷Jerry Robeson and Carol Robeson, *Strongman's His Name... What's His Game?* (Woodburn: Shiloh Publishing House, 1994), 3.

possession. Jerry and Carol Robeson discussed many different spirits and described some spirits that show a link to mental illness.

When working to understand demonic actions, Frank and Ida Mae Hammon shed light on how demonic possession occurs. Demonic possession was the focal point of their work as they built on what church members know and understand as healthy. Demons have evil personalities, and they are spiritual beings. They are the enemies of God and humans, having the objectives to tempt, deceive, accuse, condemn, pressure, defile, resist, oppose, control, steal, kill, and destroy human beings. Demons enter through “open doors” and must have an opportunity to possess someone.¹⁸ Open doors are psychological access points that people often do not realize they have even unlocked and include unforgiveness, hatred, and racism.

Television shows and films often portray demons as either impersonal evil forces or make-believe. Demons are not only personal beings; they are spiritual beings. Demons do not have physical bodies, but they can inhabit the bodies of humans, which is how they possess a person. Demons engage the personality and willingness of a person to take part in ungodly and immoral behavior. According to Derek Prince, Satan assigns demons three primary goals: to torment and afflict, to prevent people from knowing Christ as Savior, and to prevent people from serving Christ effectively.¹⁹

John Yates believed that spiritual warfare is a practice of which the essence is authoritative prayer. There is a deep stratum behind the visible: The conflict between good and evil is ultimately a family likeness. The struggle that began in Eden is more than a clash of

¹⁸Frank Hamond and Ida Mae Hammond, *Pigs in the Parlor: A Practical Guide to Deliverance* (Kirkwood: Impact Christian Books, 2010), 33.

¹⁹Derek Prince, *They Shall Expel Demons: What You Need to Know About Demons—Your Invisible Enemies* (Grand Rapids: Chosen Books, 1998), 165.

kingdoms (Col 1:13); most foundationally, it is a conflict between two “families.” One of these families is so dysfunctional that it is almost unrecognizable as a family, but in its very aberrance, members from this family continually seek to conform to all God’s created children (Luke 3:34; Acts 17:28) to their corrupted images. The rivalry between the family of evil (Satan and his hosts) and the household of God (the Church) is commonly called “spiritual warfare” (Matt 10:25; 11:14-23). When believers look at spiritual warfare through this lens, they begin to understand that spiritual warfare is about wisdom before it is about power.²⁰

The religious (spiritual) and the natural (mental) work together. Judith Bonzol studied the families of the English gentry, where the majority of the documented cases of demonic possession occurred, and found that doctors played significant roles in interpreting strange and unusual illnesses. It was first necessary to rule out natural causes in suspected supernatural affliction, with physicians needed to make the distinction. Numerous published accounts of demonic possession frequently showed physicians consulted in the early stages of a perceived wicked illness.

Whereas writers on witchcraft in England, such as Henry Holland, advocated consulting “learned physicians” to find “the cure of any man, poisoned by Satan,” people more often turned to physicians for interpretations rather than cures. Justices of the peace and grand jurymen followed the advice that physicians were best qualified to distinguish between maleficium and natural diseases. University-educated physicians were at the forefront of the diagnosis of demonic possession in an era described as “the golden age of the demoniac,”²¹ with doctors

²⁰John Yates, “Spiritual Warfare as Family Wisdom,” *Zadok Perspectives* 138 (2018): 8.

²¹Judith Bonzol, “The Medical Diagnosis of Demonic Possession in an Early Modern English Community,” *Parergon* 26, no. 1 (2009): 117-118.

called to operate in areas out of their expertise because their training did not provide for illnesses of a spiritual nature.

Mental Illness

Mental illness is a condition and not the result of demonic possession; however, some symptoms of mental illness may mirror acts of demonic possession. Because demons use people and influence them, some individuals believe people with personality disorders to be under demonic possession. According to the American Psychiatric Association, personality is how people behave, their thoughts and views, and how they relate to others. Individuals with personality disorders are often rigid, extreme, and intense in their thoughts and actions as they struggle to respond to the changes and demands of life in healthy ways.²²

One of the things that need to be touched on when looking at this ministry context is how mental illness is viewed in the African American community. The general view is that if one does need help, they will not seek it because there is a stigma associated with mental health services. To say that one is going to see a therapist, then they will be labeled as “crazy,” and that is not a label anyone wants. More often than not, in this community, mental health services are never labeled as counseling, which suggests that one has a struggle that they are working through. No, it is always labeled as therapy, which suggests that some serious problems are going on with this person.

There is a level of distrust in the African American community and mental health professionals. The main reason is that some barriers have not been worked through. The main barrier is the fact that many of the mental health professionals are caucasian. There are not many in the field who look like the ones who require help and proper diagnosis. Because this

²²American Psychiatric Association, *Understanding Mental Disorders*, 261.

population is underrepresented, they will not seek services because of the cultural barriers and the labels that have been placed on these services. It is hard to have faith that a person can adequately help you navigate your experience when they do not understand what it is like to live in your context. Then there are the socioeconomic concerns because throughout history, the African American community has always been treated as the test subjects for experiments from psychological testing to medical testing.

According to Keith Dempsey, S. Kent Butler, and LaTrece Gaither:

African Americans and mental health professionals have long been opposing forces in America. This is especially harmful if you consider African Americans have the highest severity of untreated mental illness, more than any other racial group. Rather than seeking help from mental health agencies, African Americans often rely upon churches and other faith-based entities for support and to help them cope with life's pressures. The Black church has been a pillar of the African American community, often tackling unmet mental health obstacles not addressed by agency providers who have expertise in treating mental illness. While a partnership between churches and mental health agencies might seem logical, Black church leaders may sometimes be reluctant to collaborate with agencies because historically, they have operated with inattentiveness to cultural values, and the profession seemed to have little to no African American representation. In addition, historical mental health misdiagnoses of African Americans and cultural mistrust contribute to this apprehension.

Furthermore, leaders of community-based mental health agencies have not persistently sought the wisdom of leaders in the faith community. Black clergy and leaders of mental health agencies may collaborate to create and sustain culturally appropriate mental health services for African Americans.²³

For the African American community, the church has always been a place that they would feel safe because they people there looked like them, and the pastor was looked upon as the professional to help a person deal with the mental issues that one was facing. Although the pastor had no formal education in most cases to even deal with psychological concerns, because

²³Keith S. Dempsey, Kent Butler, and LaTrece Gaither, "Black Churches and Mental Health Professionals: Can this Collaboration Work?" *Journal of Black Studies* 47, no. 1 (2016): 73-74.

of this limited knowledge, the pastor would say that the issues were not even psychological but spiritual, and they would not even think to suggest seeing a mental health professional.

Bipolar disorder is another mental illness some people have considered demonic. Bipolar disorder is a brain disorder that causes marked shifts in a person's mood, energy, and ability to function. People with bipolar disorder experience extreme and intense emotional states that occur in distinct periods called mood episodes.²⁴ Many signs of demonic possession could be classifiable as mental disorders, including symptoms common among individuals with bipolar disorder. In many cases, the effects of traumatic events are not due to demonic possession but to mental illness.

Glenn R. Schiraldi stated that personality changes might result from traumatic events. A person can experience substantial personality changes when circumstances are severe, repeated, or early in life.²⁵ Schiraldi described a revealing study by Vincent Felitti, MD, and colleagues of more than 17,000 adults seen in health maintenance organizations (HMOs). Approximately two-thirds of patients had experienced at least one adverse childhood experience (ACE), defined as physical, sexual, or emotional abuse or emotional or physical neglect. Examples of ACE include witnessing domestic violence, growing up without one or both biological parents, or having an imprisoned, mentally ill, suicidal, or drug-abusing household member.²⁶ Allen Rubin and David W. Springer discussed psychoeducation in which the clinician and client discuss the common reactions to trauma. Professionals who conduct psychoeducation can identify and describe the

²⁴American Psychiatric Association, *Understanding Mental Disorders*, 45.

²⁵Glenn R. Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth* (New York: McGraw-Hill Education, 2016), 46.

²⁶Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook*, 46.

impact that trauma and trauma response symptoms have on clients' lives and relationships.²⁷

Professionals who understand trauma and mental illness can better identify what has occurred in a person's life from childhood to adulthood. Dr. H. Norman Wright pointed out that empathy requires the ability to go beyond factual knowledge and become involved in the counselee's world of feelings.²⁸ Empathy is needed when trying to understand what a person is facing to identify the issue correctly.

As noted by Charles Allen Kollar, the *DSM* indicates that the essential symptom of borderline personality disorder is a pervasive pattern of unstable interpersonal relationships. Self-image and its effects and marked impulsivity in early adulthood are present in a variety of contexts. Borderline personality disorder consists of eight separate personality disorders. These designations may grow or be dismissed as new scholars study them. Since it is not established, the labels present actual diseases and must be treated as descriptive terms only.²⁹ The main objective of gaining a better understanding of demonic possession and mental illness is to help individuals heal and improve. Knowing what to look for and how to provide services allows people to understand that both mental illness and demonic possession causes alienation. When people feel hopeless, and beyond help, this cycle of separation shows the broken image of humanity. Our inheritance of sin results in humans that are capable of evil and good still contained in the broken image.³⁰

²⁷Allen Rubin and David W. Springer, *Treatment of Traumatized Adults and Children* (Hoboken, NJ: John Wiley & Sons, 2009), 48.

²⁸H. Norman Wright, *The Complete Guide to Crisis & Trauma Counseling: What to Do and Say When It Matters Most!* (Minneapolis: Bethany House, 2014): 44.

²⁹Charles Allen Kollar, *Solution-Focused Pastoral Counseling: An Effective Short-Term Approach for Getting People Back on Track* (Grand Rapids: Zondervan, 2011): 261.

³⁰Andrew Comiskey, *Strength in Weakness: Healing Sexual and Relational Brokenness* (Westmont: InterVarsity Press, 2009): 34.

Family members can pass down mental disorders through the generations. Just as the Bible presents generational curses, the same occurs in the natural realm.

For this reason, individuals with mental illnesses must follow a foundation and a process, such as family counseling. In family counseling, the goal is to provide assistance and understanding for the entire family.³¹ Many of the problems experienced by children and youth result from the deteriorating conditions of the family. For example, according to the Center for Child Abuse and Neglect, at least 1.3 million cases of abuse and neglect occur each year among U.S. families. Sixty thousand juvenile prostitutes are reported annually in the United States, and 80% of these are runaways. Each year, 1.8 million young people run away from home, and 10% of those who return home report being victims of sexual exploitation while they were gone.³²

A person cannot heal a mental condition caused by family dynamics through prayer alone. People go to their pastors if they have one because pastors may have a better knowledge of the family, and family members feel more comfortable with them. Dr. Tim Clinton and Dr. Ron Hawkings provided practical tools for meeting with Christians.

Depression is a group of mood disorders with differences in symptoms and degrees of severity. There is both normal and abnormal depression. Many depressive recurrences are typical because they are caused by everyday existential problems. People take these symptoms in stride, with the majority of individuals not becoming overwhelmed because the symptoms do not last. On the other hand, clinical depression has a severe impact, causing emotional whiplash and misery such that a person can no longer function.³³

³¹Archibald D. Hart, *Counseling the Depressed* (Waco: Word, 1987): 44-45.

³²George Alan Rekers. *Counseling Families* (Waco: Word Books, 1988).

³³ Hart, *Counseling the Depressed*, 44-45.

Mental illness often becomes apparent in relationships. Mentally ill people active in the church may struggle to tolerate the opinions of others, get along in committees, or accept limits. Other individuals with mental illness may exist in the periphery of the church, a churchgoer's spouse or child who is often the subject of prayer requests, for example. There are differences between mental illness, sin, and demonic influence. Treatment must occur after a thorough assessment and careful diagnosis.³⁴ The need for this research is vital for an understanding because people and their behaviors are no longer only classifiable under sin. The church has a plan for demonic possession, but the church also requires an effective plan for dealing with mental illness.

Gerard Leavey said that clergy in the United Kingdom provide health and social care services. However, a collaboration between mental health professionals and clergy members may be problematic, particularly when attempting to resolve conflicting beliefs and therapeutic modalities. For example, many members of ethnoreligious communities still hold beliefs that demonic possession and other supernatural influences cause mental illness; secular medical practitioners support these beliefs. Thus, diagnoses of illnesses by clergy people within health systems may be crucial for appropriate intervention for people with mental illness.³⁵

Examining the link between mental illness and counseling presents the biblical side of the conversation. David Capps suggested that ministers are critical advocates for the mentally ill and their families. In the congregational setting, ministers can encourage openness to persons who are mentally ill, making them feel welcome. Ministers can also inspire church members,

³⁴Timothy E. Clinton and Ronald E. Hawkins, *The Quick-Reference Guide to Biblical Counseling* (Grand Rapids: Baker, 2009), 163.

³⁵Gerard Leavey, "The Appreciation of the Spiritual in Mental Illness: A Qualitative Study of Beliefs Among Clergy in the UK," *Transcultural Psychiatry* 47, no. 4 (2010): 571–90.

especially family members, in their care of a mentally ill loved one.³⁶ Ministers who offer biblical counseling or pastoral counseling strengthen the link between clergy people and parishioners, since they are, more often than not, the ones to whom people turn first.

Counseling

Heath Lamber says that: Counseling is a conversation where one party with questions, problems, and trouble seeks assistance from someone they believe has answers, solutions, and help.³⁷ It is important that it is clear that in counseling, there is no requirement that the person providing the counsel have correct answers, faithful solutions, or effective help.³⁸ Which is why many people who go to church prefer and seek biblical counseling over regular counseling with hope that if nothing else, they will get help to increase their faith. Biblical counseling is not going to disappear but requires a clear definition because there is a constant crossing of concepts. Because mental illness is both natural and spiritual, counseling practices must be natural and spiritual, as well. Biblical counseling must be understood, not just dismissed.

People seek out biblical counseling because there is an understanding that counseling requires some vision of life is crucial to understanding the theological nature of counseling. The reason is that such a vision of reality is always theological. God defines what it is to be a human being, and he describes that in his Word. God knows what is wrong with us and diagnoses the problem in the Bible. God prescribes a solution to our problems – faith in Christ – and reveals him to us in the Scriptures. God Authorizes a process of transformation and shows us what it

³⁶Donald Capps, “The Minister and Mental Illness,” *Pastoral Psychology* 63, no. 1 (2014): 16.

³⁷Heath Lambert, *A Theology of Biblical Counseling: the Doctrinal Foundations of Counseling Ministry*. Grand Rapids, MI: Zondervan, 2016. 18

³⁸Ibid, 20

looks like in the pages of the Old and New Testaments.³⁹ This is why biblical counseling and psychology still require research because the concepts are not always in accord with one another. Biblical counseling and those who practice it will stand solely on scripture because God is the source and giver of life. So it stands to reason that mankind should seek him and him only. Also, there are some issues that have developed that will need science and scripture to help a person get through. Which is why it is acceptable if a pastoral counselor is also versed in secular counseling to help individuals deal with their mental concerns and illnesses. Chris Leins, who used OCD as his basis, said:

A Christian kind of counseling self-identified as Biblical Counseling hypothesizes the relative impotence of so-called secular psychology. Saying, “The world’s philosophy [psychology] is deceptive because it cannot deliver what it promises” “The competing explanations for OCD coming from the secular world are unsatisfactory because they are based on the ever-shifting opinions of man. Only one approach can claim authority. “Thus says the Lord” “Because [a psychologist or a professional counselor or a ‘secularist’] has theological commitments that place him at odds with the living God, he never had a shot at actually being able to help...[This] is precisely what Christians should expect from the counsel of unbelievers.” Although the specific “myths” or “opinions” or “theological commitments” asserted by these and other writers within Biblical Counseling. The movement is not expounded to any meaningful degree, a common, albeit baseless, the claim is that psychological theory is oppositional to Christian theology. With a sort of atheistic fervor, psychology “promises” to be a savior from or a cure for the human condition. And to stand as an empirically-supported alternative to the Christian faith. Talking of psychological theories and evidence-based modalities, writes, “The Bible’s ‘theory’ for personal ministry mediates actual Truth, claiming that other conceptual systems give expression to variants on ‘the lie.’ Different modes of thought systematically suppress awareness of our dependence on and accountability to God.”⁴⁰

Counseling is a valued asset and resource, one that people do not receive as much as they should. Counseling is helpful in the physical realm as well as the spiritual realm. People may

³⁹Lambert. *A Theology of Biblical Counseling: the Doctrinal Foundations of Counseling Ministry*. Grand Rapids, MI: Zondervan, 2016.21

⁴⁰Chris J. K. Leins, “The Psycho-Hamartiological Theory of Symptom-Etiology: A Critique of Biblical Counseling as an Intervention for Obsessive-Compulsive Disorder,” *Journal of Psychology and Christianity* 37, no. 4 (2018): 324-325.

seek help from either clinical professionals or clergy. No matter their orientation, counselors provide care for people who believe in God and people who do not. One of the best agents against any mental disorder or illness and spiritual warfare is a good, reliable counselor.

An early step in getting help is understanding what a person sees and how they perceive what they see. Wilfred A. Cassell and Bankey L. Dubey showed how this process and practice should go:

Eons ago, master practitioners of yoga, courageously explored intangible inner world seas, seeking as their mystical destination Brahman, the universal consciousness. Their courageous explorations of nature's secrets enabled them to expand volitional control over essential physiological functions. To their credit, they did so without the aid of inkblot projective procedures or modern neurophysiologic monitoring technology. The practice of SIS guided Yoga daily can nourish as yet, unknown underlying body-mind neural networks. Scientific research now indicates that the daily practice of Yoga improves brain function leading to improved overall health; once this meditation training has begun, it will be necessary to adopt a "thick skin" mental attitude. Anyone planning to accept this challenge should be prepared for lifelong criticism. SIS imagery exercises and clinical practice may serve to expand the consciousness of serious students. They present otherwise elusive information on complex mental processes, including the ambiguous nature of symbol interpretation.⁴¹

Pastors who provide spiritual guidance make a difference. Although there are many different religions in the world, the common theme is that all people need help. People need a place to go to cope with the issues of life and find hope. Many people trust in God and say that they serve Him. Saged et al. elaborated on this concept:

The religious footing a person has is what will help to guide them in many aspects of their life. According to the research, the Holy Quran has great influence and effect in curing patients suffering from physical, psychological problems and mental disorders. Many cases are proving the fact that those having psychological issues and mental disorders are failed to be cured by a physician, who may have used very advanced technology in knowing the source of his patients' problems. The physician would be forced to decide to advise his patients to seek a psychiatrist's help, who also finds himself unable to help after having made necessary examinations over the patients.

⁴¹Wilfred A. Cassell and Bankey L. Dubey, "Spiritual Warfare and SIS Spiritual Symbols," *SIS Journal of Projective Psychology & Mental Health* 19, no. 2 (2012): 81.

Having sought different ways of getting necessary treatment, the patients of this study have finally decided to try a treatment solution from the Holy Quran by which they get cured. To emphasize the importance of the Holy Quran in curing mental disorders, a Muslim scholar, Shaikh Ali Altameme, has stated in one of his lectures at Aleman University in Yemen that he has an Arabian friend who was severely suffering from irritable bowel syndrome. After the patient had tried all possible ways and procedures of examining the source of the pain, the patient had no implications in his irritable bowel syndrome.

Because the patient was feeling much pain, the patient sought my help (the researcher of this study), and therefore, I examined the patient's situation; as a result, I discovered that the patient's pain is due to Jinn's possession. Having discovered the pain source, I decided to treat the patient by reciting some verses of the Holy Quran over the pain source for 5 min. Hence, the patient was cured and is being safe and sound up to now.⁴²

Practitioners must understand and clarify the techniques of biblical counseling. Biblical counseling is not all Scripture, nor is it all science; it is a delicate balance of both. One of the struggles in the modern church is that believers believe only in Scripture, but times have changed, and church members must change their ways of thinking and catch up. Science can provide many aids to fulfill Scripture and a better understanding of mental illness.

Thomas R. Insel, MD, and Philip S. Wang, MD, showed why church members must change from exclusive methods of thinking to more open and inclusive ways of thinking about mental illness:

Genomics and epigenomics already point to diverse molecular pathways that confer the risk of mental illness. What binds these distinct molecular mechanisms together to yield clusters of symptoms recognized as the syndromes of psychiatric disorders? Increasingly, clinical neuroscientists are identifying specific circuits for significant aspects of illness. But just as the genetic variants do not map selectively onto current diagnostic categories, so, also, channels seem to be associated with cognitive and behavioral functions, without one-to-one correspondence to diagnosis. For instance, the neural basis of extinction learning, which was first mapped in the rat brain, appears to be conserved in the human brain, with critical nodes including the ventromedial prefrontal cortex, amygdala, and hippocampus. Rather than defining the biology of a rare illness, extinction is an essential

⁴²Ali Ali Gobaili Saged et al., "Impact of Quran in Treatment of the Psychological Disorder and Spiritual Illness," *Journal of Religion and Health* (2018): 3.(I stand solely on the premise that the Holy Scriptures are sufficient, valid and truth. This is used only as a parable to show how others have used truth of Gods word to build and help people of other religious standing.)

feature of post-traumatic stress disorder, obsessive-compulsive disorder, and various phobias.

Two noteworthy points are emerging from systems neuroscience. First, there seem to be developing relationships between genetic variation and development of neural circuits that mediate complex cognition and behavior, from reward to emotion regulation. Second, the current diagnostic categories, based on clinical characteristics, do not seem to align well with findings from genetics and neuroscience. The National Institute of Mental Health recently launched the Research Domain Criteria project to reformulate psychiatric diagnosis according, in part, to emerging biology rather than the current approach, which is limited to clinical consensus.⁴³

Because science is evolving at a rapid rate, it is vital to find a strategy for aligning Christian thoughts with clinical methods for practical methods of counseling. David N. Entwistle noted:

Although genuine integration of psychology and Christianity must begin with an affirmation of Christian orthodoxy, it is undoubtedly the case that people can integrate psychology with neo-orthodoxy, Buddhism, Hinduism, Islam, Judaism, or any number of worldviews. We should affirm such a quest. The freedom that we have to approach psychology from a uniquely Christian perspective Requires that we recognize that other people have the freedom to acknowledge their assumptions and beginning points. By doing so, we allow for honest dialogue. In our beginnings, though, we need to be clear about the contours of the Christian faith, and we need to develop the theological and psychological skills that are required to do good integrative work.

If we are to integrate psychology and Christianity, we must develop some guidelines about how we should proceed. As we have already seen, Christianity provides context for all of life. Christian theology, on the other hand, is a discipline that provides a knowledge base that explicitly draws on divine revelation. Psychology likewise is a discipline. Thus, we attempt to relate psychology and theology; we need to develop sound methodological skills – knowing how to evaluate the adequacy of psychological theory and the merits of psychological research.⁴⁴

Understanding how to interpret psychology and Christianity is necessary to connect research to the need for understanding mental illness and demonic possession. Early church members believed that Christians would not touch psychology; now, members are in the same

⁴³Thomas R. Insel and Philip S. Wang, “Rethinking Mental Illness,” *Jama* 303, no. 19 (2010): 1970-71.

⁴⁴David N. Entwistle, *Integrative Approaches to Psychology and Christianity: An Introduction to Worldview Issues, Philosophical Foundations, and Models of Integration* (Eugene: Cascade Books, 2010), 225-226.

place and have been for years. Mark R. McMinn, PhD, identified an appropriate way for Christians to view the world. Dr. McMinn stated that people must believe in the *process* of counseling for effective counseling to occur. A confiding, trusting relationship with a counselor is an indicator of recovery. The process of counseling provides help, and people will eventually get better. Clinicians can use a counseling road map for an efficient method.⁴⁵ First, the practitioner must correctly diagnose the person's concern, next selecting a suitable type of therapy.

Counselors choose their specializations during training, choosing from a wide variety of techniques and philosophical assumptions. Some counselors like psychodynamic therapy, which is thought to be thorough and comprehensive. Other practitioners use scientifically based behavior therapies. Humanistic therapy is another avenue, based on assumptions of human goodness and others on the premise of human depravity.⁴⁶ Church members can use these therapies to explore and understand if an individual has a mental illness or is demonically possessed. The symptoms of mental illness and demonic possession are similar, but there is a small fraction that many overlook that will cause them to miss out on the fine details. The goal is not to group all symptoms under one label but to correctly diagnose a person.

W. Brad Johnson and William L. Johnson focused on clergy people having road maps similar to the planned paths of clinical professionals. Ministers may have one of the most challenging jobs in the world. Pastor Paul Tripp called the minister's life a dangerous calling,

⁴⁵Mark R. McMinn, *Psychology, Theology, and Spirituality in Christian Counseling* (Carol Stream: Tyndale House Publishers, 2014), 38.

⁴⁶Mark R. McMinn, *Cognitive Therapy Techniques in Christian Counseling* (Dallas: Word Publishing, 1991), 3.

with its unrelenting personal and spiritual demands. Ministers must be active and wise pastoral shepherds to a wide range of flawed and fallen human beings.⁴⁷

Pastors themselves are mortal, imperfect, and naturally limited in their capacities to understand and solve parishioners' every problem and situation. In addition to preaching, teaching, evangelizing, and generally ministering to the local church, pastors spend a great deal of time counseling individuals and families who come to them with the broadest array of personal problems. At times, psychological disorders present obstacles to parishioners' health and happiness.⁴⁸

Psychological disorders are not all spiritual, but mental as well, and that is why local church members need to understand mental illness. Once the pastor believes and shares that not all mental illnesses are of the devil, the mindsets of congregation members will follow. Pastors can address issues and concerns in counseling sessions to determine if the matter is mental or spiritual. There are several forms of counseling; as such, pastors must choose carefully because conditions can be demonic or psychological. The members of Black churches prioritize the healing of mental ills. Much of this healing occurs in liturgical rituals in which participants identify specific psychological symptoms that are eased or are replaced by positive feelings. However, very little is known about the quieter healing ministry of pastoral counseling work by Black clergy.⁴⁹

⁴⁷Paul David Tripp. *Dangerous Calling: Confronting the Unique Challenges of Pastoral Ministry*. Wheaton, IL: Crossway, 2015, 25

⁴⁸W. Brad Johnson and William L. Johnson, *The Ministers Guide to Psychological Disorders and Treatments* (New York: Routledge, 2014), 3.

⁴⁹John L. Young, Ezra E. H. Griffith, and David R. Williams, "The Integral Role of Pastoral Counseling by African-American Clergy in Community Mental Health," *Psychiatric Services* 54, no. 5 (2003): 5.

As David G. Banner noted, contemporary counseling developed alongside general psychological counseling, with both new and general psychological counseling fruits of the 20th-century “triumph of the therapeutic.” There is often tension between the pastoral and the psychological when attempting to define pastoral counseling. Some forms of pastoral counseling are more similar to modern psychotherapy than to historic Christian soul care. Other pastors seek to distance themselves entirely from psychological counseling, opting to offer only biblically based spiritual counsel.⁵⁰

Many individuals who need either spiritual or mental counseling tend to delay treatment until they can no longer deal with their problems. Murat Balkis stated that psychodynamic tradition, a school of psychology that indicates that childhood experiences are influential factors in an adult’s personality, provided the earliest theories of procrastination. The psychodynamic tradition indicates that unconscious mental processes have an influence on everyday behavior and that internal conflict is the underlying root of most behavior. Psychodynamic literature primarily shows that procrastination is a problematic behavioral manifestation of underlying domestic psychic drama, or feelings about and toward one’s family. Based on their extensive clinical experience working with procrastinators. Dispute and restructure their irrational beliefs, self-defeating cognitions to bring about desired behavioral and emotional changes.⁵¹

Scott Floyd sought to learn how to examine the different stages and how to engage them. Dealing with demonic attack, possession, or mental illness is a crisis, although there is a list of things that are covered, such as crisis, trauma, loss, grief, and even caring for the caregiver. Scott

⁵⁰David G. Benner, *Strategic Pastoral Counseling: A Short-Term Structured Model* (Grand Rapids: Baker Academic, 2004), 13.

⁵¹Murat Balkis, “The Evaluation of the Major Characteristics and Aspects of the Procrastination in the Framework of Psychological Counseling and Guidance,” *Educational Sciences: Theory & Practice* 7, no. 1 (2007): 377.

Floyd described intervention strategies. Recognizing stress requires becoming aware of the ordinary, everyday stressors of life changes as well as unexpected stressors. Stressors may have an impact on functioning, and if too many stressors coincide, problems often result.⁵²

An excellent example of this is in Mark 9:17-24:

¹⁷ And one of the multitude answered and said, Master, I have brought unto thee my son, which hath a dumb spirit;

¹⁸ And wheresoever he taketh him, he teareth him: and he foameth, and gnasheth with his teeth, and pineth away: and I spake to thy disciples that they should cast him out, and they could not.

¹⁹ He answereth him, and saith, O faithless generation, how long shall I be with you? How long shall I suffer you? Bring him unto me.

²⁰ And they brought him unto him: and when he saw him, straightway the spirit tares him; and he fell on the ground, and wallowed foaming.

²¹ And he asked his father, How long is it ago since this came unto him? And he said, Of a child.

²² And ofttimes it hath cast him into the fire, and into the waters, to destroy him: but if thou canst do anything, have compassion on us, and help us.

²³ Jesus said unto him, If thou canst believe, all things are possible to him that believeth.

²⁴ And straightway, the father of the child cried out and said with tears, Lord, I believe; help thou mine unbelief. (KJV)

This situation occurs in many churches where members are dealing with spiritual concerns. Scott Floyd based his work on knowing how to face and deal with a crisis that can change into other expressions. Another focus of counseling is treating depression. Are depressed people just unhappy with life, or are they being attacked and pushed by satanic influences?

D. F. Walker, R. L. Gorsuch, and S. Y. Tan researched how therapists view the spiritual sides of their own lives and the impact of therapists' spiritualities on how they approach others.

⁵²Scott Floyd, *Crisis Counseling: A Guide for Pastors and Professionals* (Grand Rapids: Kregel Academic & Professional, 2008), 125-126.

Most of the surveyed therapists (over 80%) rarely discussed spiritual or religious issues in training. In mixed samples of religious and secular therapists, therapists' religious faith was associated with frequently using religious and spiritual techniques in counseling, willingness to discuss religion in therapy, and theoretical orientation.⁵³ The therapists' goal was to help people achieve healing and wholeness, whether they were experiencing demonic issues that required spiritual warfare or mental illness that needed counseling.

Much of the counseling thought in biblical and secular can be looked at in this fashion. The twentieth witnessed the ascendancy of a theological vision of reality characterized by a disavowal of the authority of God in counseling. This approach to counseling was marked by a nearly complete rejection of the Godward nature of counseling practice. By the 1900s, Christians had been largely excluded from the work and were defensive about the task. Secular counseling practitioners failed to appreciate that they were engaging in theological work and did not appreciate that efforts at instructing people about how to live in God's world are eminently theological.⁵⁴

Theological Foundations

In a recent study, Stanford (2007) recruited Christians who were involved in online mental illness discussion groups. Using an anonymous web survey, participants responded to a series of questions describing their interactions with churches around mental health issues. Most respondents reported positive interactions with the church. However, approximately one-third indicated that the church had viewed their mental illness as "a result of personal sin;" a third also

⁵³Donald F. Walker, Richard L. Goursuch, and Siang-Yang Tan, "Therapists' integration of religion and spirituality in counseling: A meta-analysis," *Counseling and Values* 49, no. 1 (2004): 69.

⁵⁴Lambert. *A Theology of Biblical Counseling: the Doctrinal Foundations of Counseling Ministry*. Grand Rapids, MI: Zondervan, 2016. 22

reported that the church had “suggest[ed] that [they or their] loved one did not really have a mental illness,” despite a prior diagnosis by a mental health professional. In some cases, respondents indicated that negative interactions with churches had weakened their faith, or had served as the impetus for them to discontinue involvement altogether with religious organizations.⁵⁵ From here, one can see why it is vital to have a theological understanding of the battle that is taking place. Is it demonic, or is it mental? No, matter what side it is on; it will be physical.

With a physical battle, people have to know who they are fighting. The enemy is Satan, a fallen angel from heaven. Although cast out of heaven by God, Satan still has access to heaven. The phrase “the heavenly realm” causes Christians to raise a particular question: If Satan was cast out of heaven long ago, how can he still occupy a place in the heavenly realm?⁵⁶ The Scripture shows in Job 1:6-7:

⁶ One day the angels came to present themselves before the Lord, and Satan also came with them.

⁷ The Lord said to Satan, “Where have you come from?”

Satan answered the Lord, “From roaming throughout the earth, going back and forth on it.” (NIV)

Believers must know how to dress and prepare for spiritual warfare. Spiritual warfare is not a typical kind of battle. The struggle is not only in heaven but also on the earth in the physical realm. Christians need proper attire for spiritual warfare and knowing what to wear, how to wear it, and how to use it is just as important as understanding the battle itself. Believers need to put on the armor of God. In Ephesians 6:10-17, the Apostle Paul stated:

⁵⁵Marcia Webb. “Toward a Theology of Mental Illness,” 2009. 9-10

⁵⁶ Prince, *Spiritual Warfare*, 15.

¹⁰ Finally, be strong in the Lord and in his mighty power. ¹¹ Put on the full armor of God so that you can take your stand against the devil's schemes. ¹² 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.¹³ Therefore put on the full armor of God, so that when the day of evil comes, you may be able to stand your ground, and after you have done everything, to stand. ¹⁴ Stand firm then, with the belt of truth buckled around your waist, with the breastplate of righteousness in place, ¹⁵ and with your feet fitted with the readiness that comes from the gospel of peace. ¹⁶ In addition to all this, take up the shield of faith, with which you can extinguish all the flaming arrows of the evil one. ¹⁷ Take the helmet of salvation and the sword of the Spirit, which is the word of God." (NIV)

The biblical tone is that Christians should care about all of humanity and help people live as wholly and completely as possible. One of the common issues in Scripture is people and their suffering. Most of the problems individuals face are due to either Satan and his devils wreaking havoc in the form of demonic possession or depression in believers who serve God because they feel they are not good enough. Several biblical figures show why believers must understand mental illnesses and disorders, demonic possession, and the need for counseling.

It is necessary to look at the human side of biblical characters who faced the same, everyday problems plaguing many people today. Although this study does not include a list of Scripture verses, an outline of biblical people and their histories is necessary for a better understanding of the situations, feelings, and moods such people experienced. Many concerns in Scripture show the need for knowledge. The Prophet Elijah, for example, experienced issues due to his fear that caused him to hide in a cave and want to die (1 Kings 17:3, 9; 18:1).

Elijah was standing completely alone and defenseless against the ungodly people and forces that threatened to overpower him. He was on the run from someone who threatened his life. Although Elijah discovered that he was not the only one left of all of the faithful people, he still felt alone. Interestingly, Elijah spoke only of the Lord's murdered prophets; he made no mention of Baal's 450 priests whom God had struck down. Fear and discouragement caused him

to see only the dark side.⁵⁷ A sure sign that one is struggling with a mood disorder is a shift in mood. Just that quick, Elijah could not see the good he had done.

King David endured depression because of his actions. Most of what people suffer is blamed on Satan, when depression, most of the time, is people paying for the decisions that they made. In Psalm 42, David asked God why he had to continue suffering physically and emotionally (mourning). He reminded the Lord that his enemies taunted his faith continually. By offering up his prayer, David hoped to motivate the Lord to answer.⁵⁸ Scriptural examples show that not all issues are demonic.

Even though prayer believers need to pray, prayer does not always change the disposition of the suffering person. Many things are the result of willful actions, and when people cannot cope with the results, they look for something or someone to blame for their actions. People must be able to describe and identify their symptoms to address any disorders. For example, depression can result from traumatic experiences, such as loss and grief. When an individual experiences trauma, the individual's mood, perception, and thoughts can change.

The biblical character Job showed that suffering can result from a demonic attack but that believers must still consider the story from a human viewpoint. Job suffered a family crisis, although he had done nothing wrong. The story of Job showed that people could do all the right things, such as pray, go to church, and tithe, and still find themselves at the crossroads of unexpected crises. Tragedy in families can cause people to lose not only tangible items but their marriages as well. Job is a prime example of how to know when to use spiritual warfare and

⁵⁷John F. Walvoord and Roy B. Zuck, *The Bible Knowledge Commentary: An Exposition of the Scriptures* (Wheaton: Victor Books, 1985), 528.

⁵⁸Ibid, 826.

when to seek counseling. In the case of Job, both spiritual warfare and counseling would have been effective.

What Job did is what others must aim to do, and that is recognizing God's sovereign rights (the Lord has given, and the Lord has taken away). Job praised the Lord. Remarkably, Job followed adversity with adoration and woe with worship. Unlike so many people, he did not give in to bitterness; he refused to blame God for the evil he endured (Job 2:10). Job's amazing response showed that Satan was wrong in predicting that Job would curse God. Devotion is possible without dollars received in return; people can be godly apart from material gain. Job's divine worship at the moment of extreme loss and intense grief showed that God was correct about Job's holy character.⁵⁹

Both men and women have suffered, albeit with each gender viewed differently. The Bible still shows the need for understanding. Naomi blamed God for her sorrow and stated that God caused her bitterness. It is essential to understand that although God does not always prevent suffering, it does not mean that he created suffering. Many people feel depressed and sad because God does not stop a tragedy, believing that He is not always innocent, as in the case of Job.

Where Naomi ended up was not her doing, but it was due to a command that was before her. There were several issues and causes of her depression. God allowed the famine in the land in the judgment of His sinning people. Divine control of the crops was a significant factor in the development of events in the Book of Ruth. During the period of the Judges, many Israelites worshiped Baal, the Canaanite God of fertility (Jud. 2:11; 3:7; 8:33; 10:6, 10) believed to own

⁵⁹Walvoord and Zuck, *The Bible Knowledge Commentary*, 720-721.

the land and control its fertility. Baal's worshipers believed that Baal and Ashtoreth, his female counterpart, had sexual intercourse to regulate the potency of the earth and its creatures.

God commanded the Israelites under Joshua's leadership to purge the land of the Canaanites and their idols (Deut. 7:16; 12:2-3; 20:17); however, the Israelites failed to do so (Josh. 16:10; Jud. 1:27-33), leaving themselves open to the temptation of looking to idols rather than to God for an agricultural blessing.⁶⁰ Many church members say that a lack of trust in God is why people end up suffering for things that are not their fault. However, the truth is that God has the right to exercise judgment. In this case, unlike many people today, Naomi was able to see who did it and why. If people can understand and identify the context of the problem, then many times, they can trace back and, in doing so, find the answer.

Not only has the Bible provided proof of depression, but also evidence of the mental fitness that can result in a demonic attack, such as anger. Anger is a mood that can cause tension in a relationship; anger could cause blockages to the point that a person cannot advance or excel. Jonah showed how anger could lead people to be rebellious and ignore all they know is right and true. Mental illnesses do not always result from traumatic events. Many times, mental illnesses can occur as the result of people deciding they do not like being told to do something that they feel is not in their best interests.

The reason for Jonah's anger requires a closer look, emerging as a form of a personality disorder. Jonah blatantly rejected and repudiated the goodness of God to the Ninevites. Jonah's self-interest was a reminder to the Israelites of their lack of concern for the ways and mercy of God. The story shows the contrast between God's compassion and Jonah's displeasure and between God turning from His anger and Jonah turning to anger.

⁶⁰Walvoord and Zuck, *The Bible Knowledge Commentary*, 418.

Jonah became angry at God for sparing Nineveh, and that anger stemmed from his unbalanced patriotic fervor. Jonah probably knew from Amos and Hosea that people from Assyria would destroy Israel. Jonah was inconsistent toward God, and his attitude was remarkably abrupt and variegated (disobedience, chap. 1; thanksgiving, chap. 2; obedience, chap. 3; displeasure, chap. 4).⁶¹

Jonah was unbalanced and showed how people feel they must be in control because they believe they know better. Not all aspects of mental illness are from the inside, where a person cannot control how they are. In this case, some mood disorders are personal choices. Demons did not lead such sufferers to dark places; instead, they released what was really inside them because of the things beyond their control. Many of the troubles people face result from how they respond to conditions they cannot control.

Jeremiah is another biblical character who had a mental disorder. In a sudden change of emotion, Jeremiah plunged from the height of confidence to the depths of despair. Perhaps he realized that the justification he sought could only occur through the destruction of the city and nation he dearly loved. In his agony, he cursed the day he was born, thus wishing he had never been born (Jeremiah 15:10; Job 3:1–19). Had he died in the womb, he would not have experienced such trouble and sorrow. In his self-pity, however, Jeremiah could not change that God had selected him “in the womb” (Jer. 1:5).⁶²

Jeremiah’s story indicated that, like many people today, Jeremiah needed continual validation and approval. Much of what church members label as a spirit is not always a spirit but the effect of internal issues or chemical imbalances in the brain. Internal issues or chemical

⁶¹Walvoord and Zuck, *The Bible Knowledge Commentary*, 1470.

⁶²Ibid, 1155.

imbalances in the brain can have an impact on a person's control of emotion and feelings. When perception is unbalanced, the rest of the person is unbalanced, as well. If people do not explore beyond the normal, even when looking at biblical accounts, they will only see the spiritual and not the natural side of a person. There are also spiritual and biblical accounts that show and fulfill the ideal upon which the church was founded. Many biblical accounts show the need for an unbiased view of mental disorders and demonic possession.

An examination of biblical or theological accounts of demonic possession should start with King Saul. King Saul had an evil spirit that would torment him, thus necessitating spiritual warfare as a response. Spiritual warfare occurs in many ways; Saul drove away this particular spirit with music. When the Spirit of God departed from Saul, God permitted an evil spirit to torment him. It is unknown whether this spirit had sinful or only harmful characteristics, but it was a demonic, evil instrument (Job 1:12; 2:6; 1 Kings 22:19–22). In his troubled state, Saul could find relief only in music, so he commanded his people to find a musician for him (1 Sam. 16:15–17).⁶³

Even with all of the praying done in the church to get rid of evil spirits and keep people from demonic possession, what does it mean when God allows the spirit to come, such as in the case of Job? There is a need for clarity on what is a disorder and what is demonic. Although every spirit is subject to God, not knowing how to differentiate mental illness and demonic possession causes a person who is distressed to stay distressed.

Many examples in the biblical text show the movements of Satan and his demons. There was the man with a legion of demons and the young boy with a dumb spirit that would toss him into the fire to cause harm, according to Mark chapter 9. The evidence from Mark chapter 9

⁶³Walvoord and Zuck, *The Bible Knowledge Commentary*, 448.

indicated that demonic possession could occur even in childhood. In Matthew 8:28-34, Jesus told the parable of the strong man whose house was taken over. If people have had demons cast out of them but do not maintain holy lives, the demons can return, often leaving the people worse off than before.

The Apostle Judas exemplified how influence can cause a person to avoid getting help because other people will shame them. Shame can cause depression, and depression can result in suicide. Even Jesus dealt with evil spirits when Satan tempted Him in the wilderness. In the case of Judas, it was more than just the devil entering him: It was the aftereffects of demonic possession. Many times during a demonic attack, the demon does not just go after the possessed person. The demon is usually going after a different person and will use whoever possible to get close if the intended target is too strong to face head-on. Demons will likely choose a person who was already open and able to be used.

Jesus was troubled in spirit. The word “troubled” is *etarachthē* (“stirred” or “agitated”), the same word used to describe Jesus in Matthew 11:33 and 12:27 (also used by Jesus in Matthew 14:1, 27). As a human, Jesus felt troubled by Judas’s betrayal of His love and friendship. As God, Jesus knew in advance that Judas would betray Him. Jesus sensed the spiritual hardness and deadness that sin had produced in Judas. The words “testified” and “I tell you the truth” indicated the solemn announcement of Jesus’ words.⁶⁴ Demonic attacks and demon possession occur, but not everything that happens is a result of demonic attacks or possession.

Clinical needs and spiritual concerns are often inextricably intertwined among people of faith. People of faith who have a mental health condition may experience distressing spiritual

⁶⁴Walvoord and Zuck, *The Bible Knowledge Commentary*, 321.

concerns (for example, Has God forsaken me? Why doesn't God heal me? Is taking medication evidence of a lack of faith?). They may also express distress in a spiritual term consistent with a DSM-5 Religious or Spiritual Problem that is not a mental health condition (for example, prayers not answered, possession by an evil spirit, anxiety over an unforgivable sin, and so on).⁶⁵

There is a need for a re-appraisal of how we use the Bible on this topic. Rather than focusing on limited accounts of explicit mental illness within the biblical story, or on demonic possession as a growing number of UK Christians appear to be doing, we need to develop an authentic Christian language of mental health from the perspective of sufferers. Where many Christian resources currently focus on raising awareness of different mental health issues there is more to be done in terms of helping sufferers find a biblical language to verbalize their own experiences.⁶⁶

Individuals who know the Bible need to see how these conditions are biblical and learn how to identify them to take the proper course of action or address the issue. There is nothing human beings face that is not in Scripture. This research aligns with the theological framework of Scripture so people can see that the foundation already exists. The foundation is evident but requires clarification in the teaching and execution of the subject matter. In closing, this section lets take a look at one last biblical truth and points on the theology of mental health. When looking at the theological landscape, one of the things that come to mind when dealing with this subject is Genesis 3, which deals with the fall of man.

⁶⁵American Psychiatric Association Foundation. *Mental Health: a Guide for Faith Leaders*. Arlington, VA: American Psychiatric Association Foundation, 2018. 18

⁶⁶Ryan, Ben. *Christianity And Mental Health: Theology, Activities, Potential*. Theos, 2017. 24

The reason for this is the theology of mental health. Better yet, the need to have validation even once the truth was spoken and given. While in the garden, entertain and ideal from another source (the serpent) who has never done anything for Eve. But yet she allowed what he said to make her began to doubt and question what she was already told and had previously accepted as truth. One area people struggle in their mental ability is knowing how to settle their thoughts and rest in what is known as truth. What Eve presented was a personality disorder, which reflects deeper, more server problems that can greatly impair how someone thinks, feels, lives, works, and perceives, and love others.⁶⁷ Looking at the fall of man in Genesis, chapter three is a glaring picture of this reality.

Eve allowed the serpent to change her perception, thus changing the course of life, and she took no ownership of the role she played in the process. And that is one area that many do not do, and that is they do not work to be an active participant in the healing they are seeking when they have had an issue that has caused problems and concerns. Ownership is vital in mental health because it allows the individual to identify the real issues and then gives the counselor a sense of the understanding of the individual as to why they are where they are. It also lets them know how to help and aide them going forward. Adam nor Eve took any kind of responsibility, but yet they insisted on blaming someone else for their condition, which falls in line with a personality disorder. This mental health condition requires ownership.

Then there is Romans the eighth chapter, which now offers hope, and this is also stimulation to mental health theology. Because it stands on the premise that there is hope and that one does not have to stay in a condition that seems to offer only pain and misery. This is a

⁶⁷ American Psychiatric Association Foundation. *Mental Health: a Guide for Faith Leaders*. Arlington, VA: American Psychiatric Association Foundation, 2018. 261

concept that counseling does try and provide to those who are clients of counseling practitioners. The way Paul talks in Romans eight would be considered psychotherapy. Psychotherapy (talk therapy) refers to any type of counseling based on the exchange of words in the context of the unique relationship that develops between mental health care providers and a person seeking help.⁶⁸ If you pay attention to this letter, you see the Apostle Paul acting as the provider by talking the believer through the process of hope of restoration that all stemmed from the fall of man. The aim is to get a person to believe (perceive) that change is possible so that change can be possible.

Theoretical Foundations

The researcher conducted a review of the literature on demonic possession and mental illness. Researchers can use literature to aid or eliminate theories, ideas, and thoughts. In *The Appreciation of the Spiritual in Mental Illness: A Qualitative Study of Beliefs Among Clergy in the UK*, Gerard Leavey of the Northern Ireland Association for Mental Health noted that the U.K. clergy provide health and social care services. However, a collaboration between mental health professionals and clergy members may be problematic, particularly in the resolution of conflicting beliefs and therapeutic modalities. For example, secular medical practitioners do not believe that demonic possession and other supernatural forces cause mental illness.⁶⁹

Thus, interpretations of mental illness by clergy within health systems may be crucial for appropriate intervention for people with mental illness. The literature on Christian clergy people's beliefs and attitudes indicated a need for discussion on the collaboration of Christianity

⁶⁸ Ibid, 294

⁶⁹Leavey, "The Appreciation of the Spiritual in Mental Illness," 571.

with psychiatry in the context of a rapidly changing religious and cultural landscape.⁷⁰ Believers in the United Kingdom cope with the same mindsets and differences faced by Christians in the United States. The idea that mental health practitioners and religious practitioners cannot work together is not surprising. The separation of mental health and religion occurs in both church and medical settings.

In some circumstances, religious beliefs and dispositions can create help-seeking pathways, relationships, and outcomes. For instance, Greenberg and Witzum described the complexities of mental health care among ultraorthodox Jews. Religious healing often provides where medical care is lacking. Researchers who studied poor neighborhoods in São Paulo, Brazil, examined the experiences of young people with psychosis who used religious resources to both communicate and transform their suffering in both positive and negative ways.⁷¹

The Seventh-day Adventist (SDA) Church believes that during Christ's earthly ministry, Jesus had victory in all his encounters with Satan and his demonic forces. Adventists argue that although "spiritual wickedness in heavenly places" (Ephesians 6:12) still exists with Satan roaring today like a lion seeking whom he may "devour" (1 Peter 5:8) or operating with discretion and subtlety like a snake seeking whom he may "deceive" (Genesis 3:1, Matthew 10:16, Revelation 12:9), every disciple of Christ can be empowered by the Holy Spirit to have victory over the deceptive, destructive power, and malice of Satan and demons.⁷²

The issue is that people believe in either secular or religious care, but not both. The purpose of this project was to show how secular and religious practitioners can work together by

⁷⁰Ibid, 571.

⁷¹Leavey, "The Appreciation of the Spiritual in Mental Illness," 572.

⁷²Bade, Michee B. "A Biblical and Theological Foundation for a Seventh-Day Adventist Practical Approach to Deliverance Ministry." *Journal of Adventist Mission Studies*, 10, 11, no. 2 (2015): 1–24. 1

providing mental health services as well as religious services. The study came from a post-enlightenment perspective. Deliverance or exorcism rituals may appear archaic; nevertheless, they remain part of the religious armamentarium. The dominant secular, rationalist, and materialist view, at least in late-capitalist Western societies, is that ecclesiastical authority has eroded.⁷³

The method for this study was qualitative. Semistructured interviews were the most appropriate approach for developing a rich understanding of how clergy people perceive, interpret, and respond to a phenomenon commonly understood as psychiatric. Data collection and analysis were interrelated dialectical activities, which provided the advantages of flexibility and the development of fresh insights and cumulative theory building. Initial data collection and analysis also provided direction for further recruitment of participants identified through faith directories and contacted by letter and telephone.⁷⁴

For this project, the researcher intended to use the same method for a more direct and honest response. Pre- and post-surveys were the means to gauge participants' growth and understanding. Leavey noticed extreme division between religious and secular practitioners in the United Kingdom, mostly because religious and secular practitioners see themselves as independent of the other. This project used the basis of counseling as a connector to show how to combine pastoral counseling and therapy for spiritual or natural wholeness.

Leavey's sample consisted of 19 Christian clergymen between 37 and 68 years old. Participants came from a range of religious and ethnic backgrounds, including English, African, African-Caribbean, and South Asian. The term "mainstream," when applied to clergy, indicated

⁷³Ibid, 573.

⁷⁴ Leavey, "The Appreciation of the Spiritual in Mental Illness," 573.

the larger established churches, such as Anglican and Roman Catholic. The six participating Pentecostals were of African descent, with one White U.K.-born exception. Although predominantly from deprived inner-city areas, clergy from a range of socioeconomic settings took part. Two of the Christian clergy participants were medically trained and qualified doctors and one had been a psychiatrist. Two other clergymen had nursing backgrounds in mental health and learning disabilities; others had chaplaincy experiences in psychiatric hospitals and counseling training.⁷⁵

This study was specific to SMBC. The study had a sample size of approximately five to seven male and female participants ranging in age from 35 to 75 years, selected according to the generations in SMBC. Some participants worked in mental health, some in the medical field, and others as clergy. SMBC is a multigenerational church; as such, many members have received the same teaching over the years due to their time as church members and their relationships with one another.

Leavey conducted face-to-face interviews at the ministers' places of worship using a topic guide developed for the study based on spiritual and mental health issues identified in the literature. Topics from the literature included (a) explanatory models of mental illness, (b) discernment of mental illness, (c) mental health training, (d) aspects of pastoral care, and (e) contact and collaboration with mental health practitioners. Each interview lasted between 60 and 180 minutes, with an average duration of 90 minutes.⁷⁶

The procedure for this project was semilinear because all participants were SMBC members. All members met in the fellowship hall, during which time the researcher presented

⁷⁵Ibid, 573.

⁷⁶Leavey, "The Appreciation of the Spiritual in Mental Illness," 575.

the project in detail. Once all the individuals consented to participate, they completed a pre-survey with questions about their understanding of demonic possession and mental illness. Participants also answered whether they thought the church should provide counseling services or if people should seek professional mental health therapy only.

Upon completion of the pre-surveys, the research presented was in a bible-study format so that participants could ask questions. The expectation was for the project presentation to occur in a single setting to give participants enough time to engage fully. Upon completion of the presentation, participants filled out post-surveys to gauge if they had increased their knowledge and understanding. The hope was that participants had a greater understanding of demonic possession and mental illness so they could use that knowledge to change the way SMBC church members looked at mental health and demonic possession.

Other research served as a basis, including *Demonic Possessions and Mental Illness: Discussion of Selected Cases in Late Medieval Hagiographical Literature* by Carlos Espí Forcén and Fernando Espí Forcén and *Deliverance, Demonic Possession, and Mental Illness: Some Considerations for Mental Health Professionals* by Jean Mercer. Although the authors stressed the need for more understanding, their works helped to show just how valid and lacked the kind of research required.

Carlos Espí Forcén and Fernando Espí Forcén researched cases of demonic possession from the Middle Ages to the present, showing demonic possession to have been an issue for centuries. Demon possession was never a myth, but mental illness has never been linked to demonic possession or even considered as an alternate theory. During the Middle Ages, demonic possession was an explanation for erratic behavior. Exorcism was the treatment generally applied to demoniacs and appeared to result in some alleviation in the suffering of the mentally

distressed.⁷⁷ In addition, there are instances when mental illness and demonic possession occur at the same time.

Many times, clergy face a fine line in discerning if a person is demonically possessed or has a mental illness. There is often a biblical text appropriate for the situation as well as a psychological explanation. For example, scholars in the modern secondary literature presented the Gerasene demoniac in the Gospel of Mark as having acute “mania.” Using current psychiatric nosology to describe his pathology indicates several symptoms of a mood disorder instead. For instance, his supernatural strength could signal increased energy with psychomotor agitation. The demoniac spent days and nights in tombs, which could indicate a decreased need for sleep. He would cry out in the hills and cut himself with stones; self-mutilation is a symptom of an emotional state. The biblical story further showed a man who, after losing his judgment, chose to live isolated from society, withdrawn and inadequate to his contemporaries.⁷⁸

Those who only look at the biblical text might ignore and not even consider that some people experience other issues. The pathologies thought caused by demonic possession included mental illness, epilepsy, common sins such as lying or stealing, and the ability to predict the future. Demonic possession was, therefore, both an explanation and a solution for unacceptable behavior in society.⁷⁹ Even today, many church members, particularly at SMBC, continue to blame adversity on demonic possession as an easy explanation for odd behavior.

Jean Mercer pointed out that religions contain the seeds of psychologies in the form of statements about the natures of human beings and right or wrong conduct. These seedling psychologies include views of mental illness, its causes, and its treatments and may present

⁷⁷Espí Forcén and Espí Forcén, “Demonic Possessions and Mental Illness,” 258.

⁷⁸Espí Forcén and Espí Forcén, “Demonic Possessions and Mental Illness,” 261.

⁷⁹Ibid, 262.

either supernatural or natural causes for mental disturbance. In the Western world, mainstream Christians and Jews generally consider natural factors in mental illness and mental health interventions despite their acknowledgment of the importance of spiritual or supernatural phenomena. Pentecostal believers, on the other hand, emphasize the role of the supernatural in both the causation and healing of mental and physical disorders. Pentecostals believe these disorders result from demonic possession.⁸⁰

The view that the Christian church has is this is a true statement, but the overall goal is the understanding that is it through the power of Christ and his death on the cross that there is nothing natural or supernatural that cannot be solved through Christ. The condition of man is all the result of the fallen state of Adam in the garden, and because that condition sin came and once sin came, it opened the door to all the issues that humanity is plagued with today. Which is why God had to send his son to become the remedy for that condition.

Despite all of the research, many members of the religious sector seem to rely on old beliefs and practices. The literature shows that mental illness and demonic possession are related. Demonic possession and mental illness are not the same, and believers should not treat them as such. An estimated 80 million Pentecostals in the United States, as well as the rapid growth of this belief system in Latin America and Africa, indicates that psychologists and counselors need to understand Pentecostal deliverance beliefs.

Some older literature indicated significantly higher six-month and lifetime rates of depression, anxiety, and other mental health disorders among Pentecostals than among mainline Protestants. Deliverance beliefs and practices may have serious implications for the treatment of

⁸⁰Jean Mercer, "Deliverance, Demonic Possession, and Mental Illness: Some Considerations for Mental Health Professionals," *Mental Health, Religion & Culture* 16, no. 6 (2013): 595.

mental health problems in Pentecostals.⁸¹ Some researchers reported that many believers who serve as clergy suffer from depression and may have suicidal thoughts.

There is an essential need for counseling, as indicated by the research that helping people requires more than just “praying it away.” There are many techniques for helping people cope with life’s challenges. For individuals to receive effective treatment, believers must be open to learning the mental or human sides of others. Many believers only hold on to what they accept as true and may even prevent themselves from healing and receiving help. For some Christians, especially in the Black community, therapy is taboo; to receive treatment is an admission that something is wrong.

Mercer added that among Charismatic Christians (not all of whom are Pentecostals), opinion varies about the need for psychological or psychiatric training or other education for people working with individuals with mental illness. Anglicans and Roman Catholics make deliverance the task of ordained clergy people and expect them to consider psychological and psychiatric concepts before taking a supernatural approach. Pentecostals, however, generally have little hierarchical organization. In addition, although Pentecostals may use psychological terms and concepts, they do not consider professional treatment essential for casting out demons, nor do they think people require any ordination or training.

Any Christian (according to Pentecostals) can deliver an individual from demons, and thus from mental illness, although individuals have differing abilities for this work. Mainstream mental health professionals working with Pentecostals need to understand deliverance principles to tolerate these views, which are so different from most of their perspectives, and to anticipate

⁸¹Mercer, “Deliverance, Demonic Possession, and Mental Illness,” 595.

their influence.⁸² It would benefit those who work in mental health to understand their clients' spiritual foundation and their beliefs. Practitioners who understand individuals' spiritual foundations can provide the best care possible by showing them alternate theories without trying to sway them from their faith.

This theoretical foundation showed the need to expand the thinking of Christians at SMBC. Members of traditional churches can struggle to stay current because of traditional rituals and thinking; it is challenging to introduce a new theology or concept. Church members must break through the barrier, with church leaders challenging the minds of the people. The literature showed this is not a new issue but one that requires more investigation and conversation. A person's rich view of the world and mental illness within that world results in a better understanding of that individual's mental illness, including its meaning to the individual, the expected recovery meaning to the individual, and the individual's expected recovery process.⁸³

People might not admit that something is wrong or describe what they are facing because they fear how they will appear to others. This study was needed because people will not say what is going on so they can receive help. Findings showed that people want and need help, but many times do not know how to get it. As a result, some individuals who have been suffering for a long time may feel hopeless and helpless. At SMBC, the preachers say that God can and will help with all problems if an individual has faith and prays; however, if the individual does not experience any changes, that same person might ask, "When will it change?" The ability to know when help is coming provides hope and a timeframe for how long one has to suffer.

Edward P. Shafranske and Richard L. Gorsuch said:

⁸²Mercer, "Deliverance, Demonic Possession, and Mental Illness," 595.

⁸³Bhui and Bhugra, "Explanatory Models for Mental Distress."

American psychology has rarely focused its theoretical: research or clinical attention on religious experience or spirituality. Malorty (1972) reported that 1.1 % of the American Psychological Association members, which he sampled listed within their biographical data interest in religion. The relative inattention to the religious or spiritual and the eschewing of study in this area may have its roots in the historical precedents of the profession. In its urgency to dissociate itself from philosophy, to earn its credentials and respectability as an empirical science as opposed to a speculative discipline, the dimension of spirituality was ushered out of the legitimate purview of psychology. Freud's seminal influence on clinical psychology and the more recent predominance of behavioral approaches in psychology have contributed to the lack of research in the area. It may be posited that the personal beliefs of psychologists may have also influenced the profession's attitude towards the spiritual dimension. Lehman & Witty (1931) and Leuba (1934) found that psychologists were not as religious as compared to natural scientists. Ragan, Malony & Beit-Hallahmi (1976) in a more recent study of members of the American Psychological Association reported that 43% of the sample stated a belief in a transcendent deity, 47% were members or were at least infrequent attenders of a religious institution, and 27% attended half the time or more. These findings support the perception that psychologists as a group are less religious as compared to the general population, as reported by Ragan et al. (1976); however, the results do not support the popular contention that psychologists, in toto, are irreligious or anti-religious. Factors within the development of psychology and the personal beliefs of psychologists are posited to have influenced the profession's limited attention to religious and spiritual experience.⁸⁴

Oppressive occultism is an initial, preparatory phenomenon of oppression that precedes demonic possession. A missionary described oppressive occultism:

Experientially [occult oppression] is realized as a general, negative dynamism, an oppressive influence upon the mind and emotions, and creating distrust. It generates a counteracting repelling social and mental environment. While its presence is felt, it is most difficult to define and describe. It rests like a massive cloud upon the community. There is a feeling of discomfort, uneasiness and restlessness, uncertainty, and insecurity. Often there is irrational fear to the degree that it generates terror and phobia. Suspicion and animosity are very common phenomena and make life wretched for the whole community.⁸⁵

The theoretical framework could comprise many works that show the connection of the spiritual realm to mental health, including *Faith and Mental Health: Religious Resources for*

⁸⁴ Shafranske and Gorsuch, "Factors Associated with Perceptions of Spirituality and Psychotherapy," 231-232.

⁸⁵ Mark Crooks, "On the Psychology of Demon Possession: The Occult Personality," *The Journal of Mind and Behavior* 39, no. 4 (2018): 261.

Healing, Religion, and Mental Health: What Are Psychiatrists Doing and Should Do by H. G. Koenig. A listing of other relevant works appears in the bibliography. The literature on the spiritual realm and mental health served in the foundation and formation of this project. Members of SMBC will now have access to works to increase their knowledge and understanding.

Chapter 3

Methodology

This thesis project presents the differences between demonic possession and mental illness. The qualitative method was a means to examine participants' thoughts, opinions, and trends in thinking. This project, presented to the members of SMBC, included one clergy member, one deacon, one person with a Master's in Social Work, and three lay members as participants. This chapter will provide a range of information, including the means for conducting the research, participant selection, and what participation entailed.

The participants completed surveys with questions on their views and opinions of mental illness and demonic possession. Participants explained their understanding of mental illnesses or mental disorders. Then, participants described their views and knowledge of demonic possession. Next, participants discussed whether they thought demonic possession and mental illness were the same or different and why. After participants completed the pre-survey questions, the researcher presented the researched information in a detailed manner and asked if the participants understood the information.

The participants completed the post-surveys after the presentation, with their responses subsequently analyzed for improvement or changes in thinking. Comparing the post-survey results to participants' pre-survey answers was a means to identify a shift or change in thinking. The objective was to determine if the presentation showed the participants new information that they had not seen or thought about regarding demonic possession, mental illness, and counseling. Participants received a reminder that there were no right or wrong answers for the surveys and to answer based on their perceptions and understanding. The goal was to give participants documented material and information to enlighten each individual.

In the project, there was a need for time, openness, and honesty in all responses. A time commitment of about 2 hours was necessary so that the presentation could begin on time.

Participants needed to be open and transparent when engaging in dialogue about the research, asking questions when they lacked understanding. Also, there was a need for openness in areas in which they may have had firsthand knowledge of the subject through personal experiences.

The only cost to participants was their time and energy. The researcher provided everything else to ensure unbiased data collection and reporting. Participants needed to participate with integrity, not because there was an unknown vested interest for biased results. Participants were not to disclose any of the research until the project's completion to keep the study private for those in the sample group. The project did not commence until receipt of final IRB approval.

The age range for the participants was 35 to 70 years in accordance with the age distribution in the church. Some SMBC members had not heard that mental illness and demonic possession were related. What many SMBC members knew came only from what they had heard in sermons or Bible study. Established SMBC members who had been in the church for many years added context and pushed for more in-depth conversation and explanations. The sample of six people in various church roles, from leaders to members, provided sufficient representation of the church as a whole.

Data collected came from the pre- and post-surveys. An initial hope was that participants would have gained a clear understanding of the differences and similarities between mental illness and demonic possession. The sessions were open only to participants in the focus group, so the information was private. The researcher was the only one who viewed the survey results,

subsequently sharing them with the participants and discussing whether participants' overall views had changed or stayed the same.

The presentation occurred in the church fellowship hall of SMBC, a controlled environment in which all participants felt comfortable. A sign notified other people that the area was off-limits for the designated time. The Intervention Design section provides more information on the setup of the church fellowship hall. Participants gave their permission for the researcher to video-record the session, enabling subsequent review for accuracy.

There was a timeframe of 2 hours for conducting the presentation, post- and pre-surveys, face-to-face interviews, and participant feedback. If more time had been necessary, more sessions would have occurred during the week. The plan was to review the information presented and engage in conversation for a minimum of 2 hours. The researcher gave clear information each time.

Had any individuals wanted to quit or been unable to finish the study, the researcher had secured individuals as backups to ensure an adequate sample size. If a person wanted to stop, the researcher would ask why. There was every effort made to ensure that all participants felt comfortable and received upfront information about what their participation entailed. The researcher did not force anyone to stay, and participants were free to leave at any time. The researcher made all efforts to select participants who would remain with the process.

Anyone who, for whatever reason, could not remain would have received a request to keep the project private. Using a qualitative study method was the best way to obtain the necessary data for this project, allowing the researcher to be as clear and concise as possible while maximizing the participants' time. The researcher triangulated the data from the presentation, surveys, and interviews to create a system for checking the data more than once.

All new information and concepts underwent comparison against what was the individual had previously stated, allowing the researcher to see whether the participant was developing and growing, or perhaps not growing or regressing.

Intervention Design

Chapter 1 presented the problem of the lack of understanding among SMBC members of mental illness and demonic possession. Participants completed a pre-survey to assess their understanding of mental illness and demonic possession. Questions in the pre-survey included: How do you view mental illness? Is the devil responsible for all of the problems that people face? Is there a difference in having a mental illness and being possessed by the devil? How can one tell the difference? What is the difference? The responses to these questions underwent exploration in one-on-one interviews to better understand the reasons for participants' answers.

After the pre-survey and one-on-one interviews, participants attended a presentation of the research in a lecture format. Participants were able to ask questions to gauge their understanding. Also, the lecture-style format enabled the inclusion of individual survey responses to give more validity to the project as well as show how the project did not provide the expected results, as applicable. The presentation lasted 2 hours. After the discussion ended, participants completed another questionnaire with follow-up questions, including: Did the view you started with change? What is your present view and understanding? Is more information needed? and Can this individual continue?

The researcher maintained a file on each participant to keep track of dialogue, responses, and reactions. The researcher used the files to gauge participants' understanding and record a shift in participants' thought processes. Minds change slowly; therefore, one must be patient in expecting change but also deliberate in action when presenting the information. A patient and

deliberate researcher allows participants to get more personal if they choose and share what they cannot share or do not want to share in the group.

The post-survey took place at the end of the presentation. Before the research concluded, the participants were able to request face-to-face meetings. The researcher went over the results with participants to learn if they changed how they felt, saw, and thought about the subject. Each participant answered a final question: Do you think you can adequately identify the difference between mental illness and demonic possession? Participants were to explain their responses and share what they thought would have made the presentation better. Participants' responses showed the effectiveness of the research and the presentation. The goal was for the participants in the sample test group to be able to tell the difference and also teach others based on the received information.

The learning styles of the church members were a consideration when giving the presentation. Although participation was on a volunteer basis, inclusion criteria were needed as a measure to select individuals appropriate for the study. Although SMBC is a church with a vast-ranging generational gap, not all members were fit to participate. Participants' levels of understanding and their learning styles were factors. It was also necessary to ensure participants could read and write at a ninth-grade level or higher.

The project was not computerized, but rather a hands-on process with pen and paper and time for interviews. Therefore, understanding the level of participants' education and comprehension was necessary during this process. Participants needed basic comprehension skills and the ability to communicate for themselves. This way, the information was not biased, as it came directly from the individual. Participants needed to sign consent forms and meet the minimum age requirement to participate.

After the interviews, participants completed pre- and post-surveys. The process was a sufficient way to gather and collect data and track the progress of the study. All meetings, interviews, and presentations occurred at SMBC. Although the presentation itself was private, the fellowship hall had a window through which people could see in, thus protecting against misconduct or ethical issues. All participants affirmed their understanding of the study and their voluntary decision to participate by signing the consent form. To keep the study as private and unbiased as possible, participants were not to share the process or talk about the research.

No matter how far they had gone in the process and no matter what they saw, participants were to function normally during church gatherings, including Bible study sessions and Sunday morning gatherings. Neither the researcher nor the participants did anything to affect the research or cause biased results. Only the researcher handled all the information and data from the interviews. After the presentation, the researcher collected paperwork, placed it in the file and locked the file in a cabinet.

The researcher took all steps necessary to ensure privacy and integrity during the study, submitting all final documents to Liberty University for acceptance. Unless participants wanted their information shredded and deleted immediately following the study, all information would remain accessible for a given amount of time. The researcher followed and enforced all policies and guidelines for research with human subjects. Had anyone been unwilling to follow or to have violated guidelines, they would have had to leave the group.

Implementation of the Intervention Design

During this process, the researcher ensured that all responses were properly accounted for. It was vital to collect information the same way each time. To ensure that proper cross-checking occurred, all participants placed a number on their forms. Only the researcher knew

each participant's number to maintain confidentiality. Participants received a sheet of paper to record their responses. Upon review of the completed surveys, the researcher looked for common themes among the participants.

When common themes emerged, the researcher examined the areas to gain an understanding of the themes. Qualitative data collection and analysis entailed a review of the collected data based on the presentation and discussion. Participants completed a pre-survey of their general knowledge and understanding of the subject matter, with this knowledge used as the baseline for their measurements of growth. The researcher also considered that there might have been some participants who were aware of the difference between mental illness and demonic possession.

The participants completed post-surveys to see if they gained a new understanding and if they had received information they did not know before. The researcher collected information from the pre-surveys and post-surveys, comparing the results of the pre-surveys to the results of the post-surveys to see if participants' knowledge increased. Participants completed basic knowledge tests of the information presented in the project. The tests were also used in the data collection process to monitor improvement. Grading of participants' responses occurred each week, with the results presented during one-on-one interviews when participants answered questions about their growth. The researcher took care to ask the questions and present the information uniformly for all participants.

Because no set system is free from issues during the research process, the researcher prepared for any potential problems, one of the issues considered was that participants might share information with other participants, as well as with uninvolved church members. Information sharing could have been an issue because it might have caused participants to have

mixed views based on opinions instead of information. The researcher emphasized that this project was not a challenge to church members' theology but rather an addition to their theology. Although the presentation of research was in a Bible study format, the presentation was not a Bible study and thus not approached in that way.

Although there was a theological framework, the study was not based on the biblical aspect of the framework. The research purpose was not to find evidence of demonic possession or mental illness. Instead, the goal was to show how mental illness and demonic possession may have similar symptoms but are not the same. The researcher asked questions not to persuade participants to abandon their beliefs, but so participants would be willing to consider an alternate, researched theory. SMBC church members adhere to their belief systems, which dictated the design of the questions to cause participants to think beyond what they deemed normal.

Because questions are essential to accurately collecting and analyzing data, they needed to be clear and easy to understand. The questions were not a means to guide the participants to a desired outcome; instead, they were to allow participants to be open about what they thought and had learned about mental illness and demonic possession. Survey questions served to create an open dialogue and identify any flaws in the data and research that required clarification. The questions were based on the presentation of the study and the participants' understanding of the presented information.

Each week's presentation covered the questions of the study. Participants answered the following questions:

Pre-Survey

1. What is your understanding of mental illness? Please explain.
2. What is your knowledge of demonic possession? Please explain.

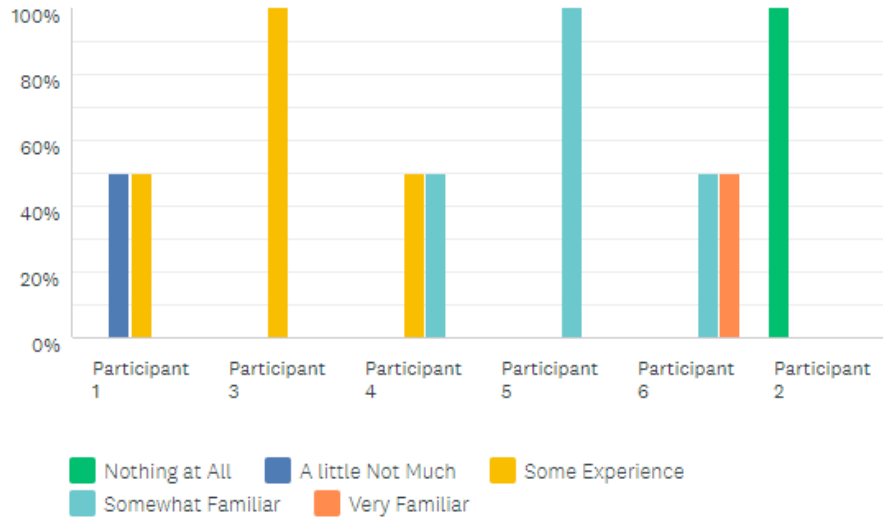
3. What is your view of counseling? Please explain.
4. Which do you prefer, therapy or pastoral counseling? Please explain.
5. Has the Bible informed your opinion of demonic possession? Please explain.
6. Has the Bible informed your view of mental illness? Please explain.
7. Have SMBC pastors taught the differences between demonic possession and mental illness? Please explain.
8. Do the pastors at SMBC have a good understanding of this subject matter? Please explain.
9. Do you feel there is a difference between mental illness and demonic possession? Please explain.

Post-Survey

1. What is your understanding of mental illness after the study? Please explain.
2. What is your knowledge of demonic possession after the study? Please explain.
3. Can SMBC members benefit from this study? Please explain.
4. Has your biblical knowledge and view of mental illness and demonic possession been enhanced? Please explain.
5. Was the content helpful? Please explain.
6. Do you feel more empowered to identify the difference? Please explain.

The hope was that after an adequate presentation and in-depth conversations on demonic possession and mental illness, members of SMBC would have an improved working knowledge of the subject matter. The researcher tried to find as many leaders as possible to participate in the study to execute the overall change needed. The goal was for enhancement in the current ministry context in which SMBC members serve. Questions served as a guide to enter into

conversation and learn about the views of church members. A church as old as SMBC will have many members who share the same opinions and theology on many subject matters.



Figures 3.1 Participants Understanding of Subject before Presentation Bar Graph

| | NO CHANGE | A LITTLE NOT MUCH | BETTER UNDERSTANDING | INTERESTED IN THE SUBJECT | WANT TO LEARN MORE | TOTAL | WEIGHTED AVERAGE |
|---------------|------------|-------------------|----------------------|---------------------------|--------------------|-------|------------------|
| Participant 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 100.00% 1 | 1 | 5.00 |
| Participant 2 | 0.00% 0 | 0.00% 0 | 100.00% 1 | 0.00% 0 | 0.00% 0 | 1 | 3.00 |
| Participant 3 | 0.00% 0 | 100.00% 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 1 | 2.00 |
| Participant 4 | 0.00% 0 | 0.00% 0 | 100.00% 1 | 0.00% 0 | 0.00% 0 | 1 | 3.00 |
| Participant 5 | 0.00% 0 | 0.00% 0 | 100.00% 1 | 0.00% 0 | 0.00% 0 | 1 | 3.00 |
| Participant 6 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 100.00% 1 | 1 | 5.00 |

Figures 3.2 Participants Understanding of Subject before Presentation Percentage

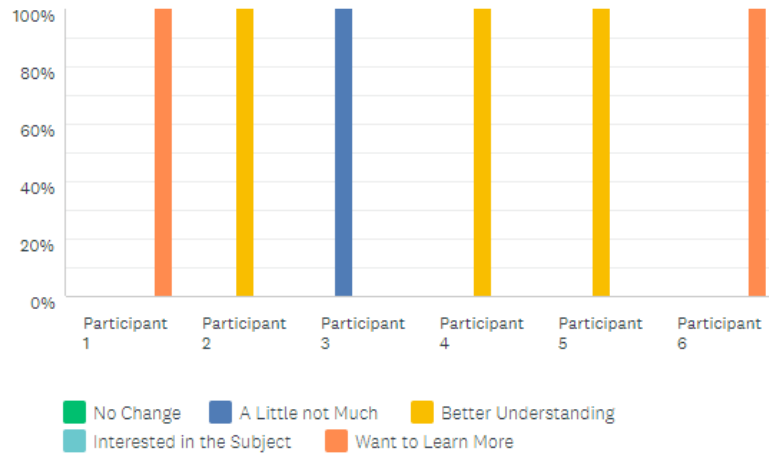


Figure 3.3 Participants Understanding of Subject after Presentation Percentage Bar Graph

| | NO CHANGE | A LITTLE NOT MUCH | BETTER UNDERSTANDING | INTERESTED IN THE SUBJECT | WANT TO LEARN MORE | TOTAL | WEIGHTED AVERAGE |
|---------------|------------|-------------------|----------------------|---------------------------|--------------------|-------|------------------|
| Participant 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 100.00% 1 | 1 | 5.00 |
| Participant 2 | 0.00% 0 | 0.00% 0 | 100.00% 1 | 0.00% 0 | 0.00% 0 | 1 | 3.00 |
| Participant 3 | 0.00% 0 | 100.00% 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 1 | 2.00 |
| Participant 4 | 0.00% 0 | 0.00% 0 | 100.00% 1 | 0.00% 0 | 0.00% 0 | 1 | 3.00 |
| Participant 5 | 0.00% 0 | 0.00% 0 | 100.00% 1 | 0.00% 0 | 0.00% 0 | 1 | 3.00 |
| Participant 6 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 100.00% 1 | 1 | 5.00 |

Figure 3.4 Participants Understanding of Subject after Presentation Percentage

Chapter 4

Results

The problem addressed was the lack of information on demonic possession and mental illness within SMBC. Based on the sample group from the church, the results were about as expected when looking at participants' backgrounds. The purpose was to show that there was a difference between mental illness and demonic possession. The goal was to provide information so participants could expand their minds, be more open to individuals with mental illness, and improve how they help individuals with mental illness.

Six participants completed pre-surveys and post-surveys. The pre-surveys were the means for gaining a baseline of each individual's thoughts on the subject matter, and the researcher knew that there was a chance that some participants would not believe that mental illness was a concern. Most of the research was to provide participants with more information on mental illness so they could better understand and consider exploring the topic. Providing additional information was necessary because many SMBC members have more traditional mindsets when it comes to the church; congregants tend to hold onto traditional thoughts of what they know and understand about the church and the devil.

An examination of the pre-survey indicated some of the responses as expected; however, participants did show more openness to learning than initially anticipated. Participants' openness could have been a result of the teaching on mental illness that has occurred in the church over the past few years. Participants met the predetermined criteria for participation. The sample comprised one clergy person, four lay members, and two leaders; of these individuals, only two had a college degree, one in social work and the other in hospital administration.

Church members have seen people display symptoms of both mental illness and demonic possession, often viewing the two concerns as identical. SMBC members believe that when individuals show the same signs and symptoms, prayer is the only way to address what is plaguing a person. Church members believe that God can and will make a difference and that the outcomes of seeing a therapist or a pastoral counselor are the same if the individuals displaying the symptoms do not approach problems from a spiritual perspective. The clergy members at SMBC might believe that the people of the world do not understand the church. If church members understand the world, and if the people of the world deal with demonic possession and mental illness, church members must align themselves with a church with an understanding of spiritual warfare.

The participant who was a mental health professional was very open and did not see mental illness and demonic possession as the same thing. This participant thought that mental illness was both a spiritual and a natural condition, whereas demonic possession was only a spiritual condition. Although what happens to a person in the spirit realm has an effect on the person in the physical realm, this participant saw mental illness as a chemical imbalance in the brain and not demonic possession. Brain development is not spiritual but natural; individuals' upbringings and genetics are indicators of brain development.

The mental health professional did not believe there was a permanent fix for mental illness and demonic possession; instead, individuals with these conditions needed constant support and guidance beyond the power of prayer. People in the Bible healed of demonic influence did not need further care or treatment. The participating mental health professional felt, however, that there was no way to bring about an absolute cure for demonic possession or mental

illness. The ideal treatments are therapy for mental illness and pastoral counseling for demonic possession.

The participating mental health professional felt that both types of treatment were needed and that counseling was essential. However, the individual thought that pastors and therapists should not cross into each other's areas of focus. Some people may struggle to separate spiritual counseling and therapy because some professionals in the mental health field are Christians who apply biblical-based principles in their therapies. Pastors, on the other hand, are not trained in areas of mental health, in part because much of their education is religious and does not include human sciences. Some pastors have not gone to school at all and do not have formal training.

Pastors without formal training might be ill-equipped to serve as pastoral counselors because they may not know what to look for and when to refer a person for professional help. Some pastors base everything on the Bible and what they know and deem as truth. The mental health professional described the need for both pastoral counseling and therapy, suggesting that both groups receive training because it does more damage to an individual to rely entirely on the church when neither clergy nor congregation can differentiate between demonic possession and mental illness.

According to the participating mental health professional, the new pastor was the only one in the church's history to introduce the subject of mental illness at SMBC. Mental illness, from the participant's remembrance, was never a significant concern because everything was spiritual and caused only by the devil; as such, all church members needed to do to heal a person was to pray, fast, lay hands, and shout. The participant worked in mental health and studied the Bible in-depth, and was thus interested in finding ways to raise church members' awareness. The participant noted that mental illness and demonic possession are not the same, and church

members may not support individuals with mental illness because they do not have a good grasp or an understanding of what they are seeing.

The participating mental health professional concluded that SMBC members were not open-minded enough to embrace this type of thinking and teaching. Church members may feel that change poses a challenge to what they are used to and that a push for change is not something they are willing to do. SMBC church members hold onto their traditions and treat them as the Gospel truth. As a 21st-century church, SMBC must encourage parishioners to face the world in which they live; however, not many people want to engage in change. It was clear that engagement needs to happen inside the church first.

The participating lay members had surprising results because they were more open to the idea that mental illness and demonic possession are different, although they did walk a parallel path. To maintain participants' privacy, the assigned identifiers were Lay Member 1, Lay Member 2, and Lay Member 3. In the pre-survey, Lay Member 1 reported that mental illness and demonic possession were not the same. Lay Member 1 did not see counseling as a permanent fix to problems, but as an additional tool, a person could use for guidance and support to get through difficult times.

The lay participants viewed mental illness as a physical handicap and a condition that only occurs in the natural realm. These respondents did not think there was a biblical connection to mental illness. They chose both pastoral counseling and real-world counseling, which indicated that they did not see the spirit world and the natural world as the same. Lay participants indicated that the approach for treating mental illness and demonic possession should be different, as well.

The lay participants' post-survey results showed alignment in their thinking. Lay participants thought the presentation was helpful, and they reported that they would be a little more considerate before just saying that a person was possessed. After the presentation, the lay participants reported a change in how they looked at some biblical personalities and saw that the devil and demonic influences do not cause all things. It was just inaccurate teaching that the devil was the only cause of what a person faces.

Lay Member 2 was a clear example of how the study was the means for enhancing understanding of demonic possession and mental illness. In the pre-survey, Lay Member 2 did not think that demonic possession and mental illness were the same but felt that they were closely related. Lay Member 2 believed that mental illness was both a natural and a spiritual matter because an individual is part of both realities. In addition, this participant asserted that what a person experience occurs in both realities. The reason for this train of thought was compelling.

Lay Member 2 thought that because mental illness could include demonic possession, a person with mental illness needed to get professional help, something the majority of SMBC church members did not seem to understand. Lay Member 2 thought that, due to similarities between the two conditions, it is hard to differentiate between them; a person with mental illness should see a professional counselor for help. Lay Member 2 felt that medication and therapy could cure many individuals with mental illnesses, but that only God could cure a person possessed by a demon. According to Lay Member 2, God can heal a person through a faith practitioner, a person who understands the faith world and knows how to work in the supernatural realm.

The post-survey results showed that, although the pastor believed in both demonic possession and mental illness, most church members did not. Church members struggle to understand that demonic possession is not the same as a mental illness because it is not normal for them. Participants pointed out that, although the pastor introduced this subject in 2017, church members still looked at mental illness as a foreign topic. Congregants were either intent on not accepting this reality or had been in the church for so long that they were not growing, just coming to church because this is what they knew how to do.

Lay Member 3 did not change beliefs about mental illness and demonic possession at all. The only thing this individual wanted to see and know was where to find mental illness in the Bible. If the Bible did not explicitly state mental illness, Lay Member 3 did not want any part of the discussion. Lay Member 3 felt that the project was a way to make light of demonic attacks and the devil's influence on this earth. This participant did not think that God would allow a person to be in trouble and not respond to the issues. Even after the researcher had a direct conversation with Lay Member 3, the participant's stance did not change.

In the pre-survey, Lay Member 3 reported a belief that mental illness was a deception of the devil to create blindness of the mind so that people would not seek God. According to Lay Member 3, if people do not seek God, God cannot save or help them, which is how the demonic influence remains in their lives to overrun and overtake them. Lay Member 3 thought that spiritual or pastoral counseling was all a person needed and that it was the pastor's duty to help people overcome the spiritual issues of this life.

The purpose of the study was to provide church members with more understanding of what individuals with mental illness experience and what causes problems in their lives. The study showed that people are born with certain conditions or genetics not caused by spiritual

concerns. SMBC church members believe that anything not included in the Bible is in contempt with the Bible; anything not found in the Bible is dangerous, and believers should not tolerate it at all. SMBC church members believe that accepting something that is not in the Bible is going against church teachings and thus should not be a part of the church's world view.

Some of the results were as expected, but from whom they came was not. Individuals the researcher initially thought to be more open-minded showed that they were not as open as they seemed. One clear finding is how members with strong traditions and belief systems can deny documented proof and evidence. Some participants would not change, which was surprising, as those people always demanded proof. When individuals face a new, challenging, different concept, they may question everything, and many people may not be ready to do so.

Enough participants showed support for the project that presenting the information of mental illness and demonic possession to the church as a whole was warranted. Although one or two participants remained unconvinced, most participants said that they learned something and saw the value of the research. Not all people will agree on everything done and presented, but everyone needs the ability to have a conversation, and at least recognize there are other options to consider. The participants showed that many SMBC church members would benefit from this presentation, not just on a ministry level but on a personal one, as well. On a personal level, participants enhanced their knowledge and thinking with the presented information.

The researcher did not conduct this project to challenge SMBC's traditional church structure and suggest that church members were wrong. Instead, this project was a means to show SMBC church members that they should consider additional factors regarding human beings and human nature. Most mental illnesses are the result of chemical imbalances or traumatic experiences. Chemical imbalances do not indicate anything demonic; however, some

traumatic events are connected to demonic activity, which is why there is such a fine line between mental illness and demonic possession. Many of the participants understood this fine line and were willing to concede that it was possible.

The researcher was not disappointed with the results but instead pleased by the opportunity to get a real sense of SMBC members. The researcher learned that no matter what, if some people feel strongly about something, then that is what they will hold on to. The researcher could not say if church members had closed minds because of their time at SBMC but identified the inability to persuade participants to change easily. The fact that participants came to the presentation indicated that there was room for growth and that people needed more time and proof. The more data that people receive, the more they can expand their thought processes.

The purpose of the project was not to try and present a concept as an absolute but to provide information so church members could add to their understandings of their religious beliefs. Both clergy people and lay members need to be open to learning about mental illness. However, because the participating clergy member had a hard time shifting in thought, the researcher questioned the presentation should have been offered only to the clergy.

Most church members base their thinking on the clergy because when people come to church, they sit and listen to a sermon given by the clergy. Many church members do not go home and study or look up what the minister said; they take the minister's words as truth. If ministers have a different understanding or view about a topic, they will pass that view down through the sermon to the church leaders and the lay members. Many participants could not tell the researcher why they disagreed that the devil did not cause mental illness; all they knew was the teaching that everything must be in the Bible. According to this thought, if the Bible does not present something by name, it cannot be.

Just as teaching the Bible requires informed people, it is the same with how other subject matters relate to the Bible. There must be teachers who can illustrate the relationship and provide a direct connection to the Bible. The researcher's goal was to show that, although SMBC members believe that mental illness is separate from the Bible, they are very closely related. The motive was to show how mental illness and the Bible connect and how church members could gain an understanding not only of mental illness but also of the value and validity of professional counseling. Counseling is essential; as such, those without training should not provide such services.

All participants thought that counseling could be a way to help a person. However, only one participant pointed out that medication is a tool that a person can use to recover. Many participants felt that only a pastoral counselor should handle spiritual matters and that only a therapist should address mental issues. However, the research indicated that pastoral counseling and therapy were not always separate. The participants' responses indicated that people were more comfortable dealing with specialists in one field or the other.

Participants learned from the presentation that many therapists have religious beliefs and often integrate their religious beliefs into their practices. Many pastoral counselors, however, do not have formal training and do not know how to identify and recognize the differences between mental illness or spiritual oppression. Untrained pastoral counselors may do more harm than good if they cannot correctly diagnose symptoms. A suggestion was that SMBC needs mental health professionals who can help respond to the issues for which a pastoral counselor does not have the training to treat.

All participants concluded that a person displaying symptoms of mental illness should seek counseling, whether pastoral or therapeutic. It is helpful for individuals to have at least

some understanding of mental illness and demonic possession because people might deal with and encounter both struggles. Church members must know how to get a person the proper help and guidance. The overall goal of the study was to provide essential knowledge of mental illness, and it seemed that many participants understood that this was an important subject that requires more discussion in SMBC. After the presentation, participants indicated that all church members could benefit from the presentation.

Unexpected Results

Although all participants saw how biblical characters suffered from forms of mental illnesses, some respondents did not change their minds about mental illness. Some participants believed that if they did not see the words “mental illness” in the biblical text, such conditions were not real. These participants stated that it was not a good idea to present this information to SMBC members because it could damage their faith, leading them to question what they know as the truth. These participants worried the presentation indicated that the Bible did not contain the truth of all things, which was not the aim of the research.

The clergy member still believed, despite the information presented, that everything was spiritual and that all forms of counseling were the same. The clergy member’s reaction to the questions about counseling and the subject matter was surprising, considering the participant’s background of working with people, traveling, and facing exposure to many types of people. The clergy member was proof of how a person can get stuck in traditional teachings. The person was not willing to change, which the researcher viewed as problematic.

When asked to explain that perspective, the clergy person responded that it was all SMBC ever taught. The participating clergy member trusted the people in SMBC who had taught and raised the participant. Even after hearing all of the research, the clergy member believed that

mental illness was a deception of the devil because it was not taught in church and not clearly identified in the Bible. When the researcher asked the clergy member to explain why many biblical figures coped with psychological issues, the response was again that it was just a tool of the devil and was thus demonic.

The researcher expected the clergy member to be more open-minded regarding counseling; however, the clergy member believed that pastoral counseling and therapy were the same. The clergy member thought that because demonic possession and mental illness were the same, it stood to reason that all counseling methods were the same; from that, the participant believed that people recover only if they turn away from sin.

The participating mental health professional was more open than expected. It could have been due to the researcher's thinking that this individual would refute anything biblical; however, the mental health professional did see the link, wanted to learn more, and suggested showing the presentation to all SMBC members. Although some participants did not think that SMBC church members were ready to receive the information, more participants were for it than against it. The participants who expressed interest in the topic thought that more SMBC members would participate. However, as the cleric stated, SMBC church members avoid information that differs from their traditional teachings. The researcher expected more of a battle than there was between those who held scientific and theological viewpoints.

Chapter 5

Conclusion

The purpose of the Doctor of Ministry project was to provide information on the differences between demonic possession and mental illness to SMBC members in East Detroit. The project was a means for church members to gain information to improve community engagement and serve as effective witnesses for Christ. The presentation provided information so church members could recognize symptoms of mental illness and demonic possession and avoid quick judgments and the familiar belief that prayer would fix all things. After the project, the hope is that church members would work to help individuals with mental illness receive the proper treatment and tools they need.

Recommendations

Pastors and leaders who are dealing with this type of situation where there needs to be more teaching and training on this subject matter. I would recommend that one would take this research and use it as a starting point to understand the concepts and then begin to have some conversation on how to approach it and introduce it to the membership. What has to happen first is that those who are tasked to lead must have an excellent understanding of how to view mental illness and demonic influence. In doing that, it will then allow them to help teach and train their members on how to recognize some traits.

In addition to this research, it would be recommended to create some conversations and partnerships with a mental health professional who can come into the church and also preset to help answer questions from the clinical side. Having this understanding and these relationships will go along way in the areas of counseling that is often taking place in the church. It will also give pastors a point of reference in which they will know where they need to refer a person to get

the help that is needed. Overall, it is recommended that all pastors take time to look at this as the world is changing, and the problem that people are facing must now be addressed with scriptures and a psychological tool belt.

Best Practices

From my experience, what I have seen as some of the best practices as relates to mental illness and demonic influence. It to make sure that one is well rounded before trying to help and engage in such activity. The reason for that is one has to be mindful that if they are not well versed and have an excellent understanding of this subject, they can do more damage than good. It is suitable for a pastor/leader to have some formal education and training and study how the mind works. This way, a person knowing how to engage them, and they have a good understanding of themselves. I have found that many times people want to help, and their intentions are good, but they lacy the education and qualifications to engage in mental health.

Furthermore, I have experienced that many who are in the church are not versed in areas of spiritual warfare. Spiritual warfare is more than just being able to pray and read scriptures. What has happened is people have gotten locked into what they have always seen in a church setting but have not been trained on how to deal with any form of evil influence. I have seen what happens when a person tries to engage in such things and because of a lack of training and education. Those individuals who have engaged in that area did not fare well at all. It created problems and issues in their life spiritually and mentally. So, therefore, what I can state I have seen as best practices or steps to promote development and understanding.

What would help provide understanding are pieces of training and seminars hosted by mental health programs and churches working in conjunction to break down the barriers of fear when it deals with mental illness. Pastors and leaders need to go and get some formal education

or enroll in CPE (Clinical Pastoral Education) credits. This will allow them to work in a hospital setting and give them a chance to see on the other side of the human experience. Lastly, take time to study the scriptures and psychology side by side and see how it is that God has used both to help his creation navigate life and how there are both and not an either-or.

What Is Next for the Research?

The researcher will conduct further inquiry to learn how mental illness and demonic possession are related. This project was necessary because of a lack of material and information in SMBC on mental illness. Some study participants showed attention and interest, and now there is the opportunity to connect with other groups and agencies to provide more education and understanding. The project presentation will also extend to the rest of the congregation members.

The presented information and the researched literature indicated that mental illness and demonic possession have similar symptoms in some cases. There is a need for more research on the spiritual and psychological arenas because these areas overlap, and some individuals may deal with mental illness and demonic possession at the same time. Some people do not believe in God but do believe in a higher power or the supernatural, whereas others may say that they do not believe in therapy because they fear medication.

In reality, there is always an internal struggle; the goal of therapy is to understand the source and cause of that struggle. It does not matter if people are from SMBC; those people will get the help they need because they have received the information required to make an informed decision about therapy. Depending on the individual, mental illness and demonic possession might not be separate but combined. Individuals can seek proper help if they know how to tell the difference between demonic possession and mental illness and understand their effects on the lives of others.

Beyond SMBC, what is next is to work with local pastors and leaders to help to bring about more awareness and understanding in this area. There has to be some greater collaboration between clergy and mental health clinicians. Only because many of them are seeing the same people, and they are offering varying ways and ideas on how to address the same problem within that person. So, to take the time to work together and build partnerships would be the next logical step. The church, in one respect, has the trust of the community well for the African American community, at least. This then becomes a way to help heal that divide of mistrust because now there will be a connection with people who are part of the church. Now, these mental health professionals will better understand the context of the population they serve.

When one knows what the problem is and how to view it, then there can be resources set up to help them person heal healthily. There is an insurance that will cover an individual who has mental illness concerns but yet noting for those who have spiritual concerns. Therefore creating this network of trained clergy, church leaders, and mental health professionals will allow then to cross over to do a warm handoff. Because not all mental health professionals are versed in spiritual matters, just like not all clergy and church leaders are versed in mental health matters. Therefore building a working relationship is just want is needed.

Literature Review

The literature review showed that people have been debating demonic possession and mental illness for decades. This is not an easy debate because many wanted to separate demonic possession from mental illness. Separating mental illness from demonic possession does not always provide a clear picture of what individuals experience in their lives and minds. There is a conflict about science and spirituality. The research showed that when something spiritual

occurred in a person's life, they did not send the person to the clergyman but instead to the doctor, who would use science and medicine to deal with spiritual matters.

Similar situations occurred when people with psychological problems worked with clergymen who thought that exorcisms would provide healing. The clergymen believed that the symptoms were the results of evil attacks or influences and only knew to call on God. Although their intentions were good, clergymen did not have the proper understanding and knowledge to treat the person. The split between mental illness and demonic possession occurred because, as the literature showed, there was a time when doctors and religious people worked together, yet without much success. Professionals in science and religion can and must work together in the 21st century.

Why must professionals use science and religion together? The literature showed that they are more inclined to rely on their faith. Believers must understand what is going on in people's minds so that they know how to help when people show specific symptoms. The Ministers Guide showed that people are more inclined to talk with their ministers before seeking professional help. Ministers must know when to refer people to professional help, indicating a need for research such as this thesis. The more information ministers have at their disposal, the better equipped they are to help their church members find help and healing.

The literature showed that counseling is a helpful tool because not all issues are demonic or the result of chemical imbalances; some issues are psychological. Some people have experienced trauma that can cause psychological problems or mental illness. Therapy is an excellent tool for healing and help, but many ministers are not certified or trained to work with individuals with mental illness.

There is a need for mental health partnerships between therapists and pastors because they both work with clients with mental illness. Mental health partnerships require pastors and therapists to receive cross-training. Only in understanding each other's perspectives can pastors and therapists work together to help people who feel that they cannot get help or believe that seeking therapy is only about medication.

There is a need for more research in the Black community, the members of whom do not fare well when it comes to receiving counseling. A breakdown of trust with mental health professionals is the reason people are more likely to go to their ministers for help. In the Black community, the churches and their pastors are safe zones. The church is a place where people can trust what they hear and to make decisions based on what their ministers tell them; however, ministers only advise people based on their own knowledge and experiences. Both ministers and mental health professionals must be open to learning about what they do not understand.

Lesson Learned

I had a level of bias while I was working on this because I still adhered to my prior teachings in many areas. It was evident that much of what was considered demonic was psychological, and much of what was psychological was demonic. The main lessons learned were that there is always more to understand; however, people confronted by the truth are not always open to the truth.

The hardest part of learning is understanding that one does not have all the answers; no matter how much a person researches, there will be more questions. At times, people can end up with more questions than answers, but that is what makes research valuable. A person never stops learning in the research process. There is no cure for what occurs in a person's life, but

people can use some tools to deal with their problems, which is possibly why therapy and counseling are not effective for many.

Many people go to counseling and therapy, looking for a cure and feel frustrated when that does not happen. These people must understand that the services provided by ministers and mental health professionals are only tools. Much of the work for healing is in the hands of the people receiving the services; they must gain better control over their lives and their ways of thinking. Some church members believe that prayer is a tool, but prayer is not a cure for all psychological or demonic issues. People can use prayer as an added resource to find peace and solace.

Application of Research

This research is applicable to other areas. The study presents both sides of the human condition. The psychological side includes the mental and physical elements of a person, and the spiritual side consists of the soul and the connection that a person has to either God or a higher power. Although teachers and professionals try to separate the physical and spiritual, they always intertwine. Because teachers try to separate the physical and the spiritual, one suggestion would be for psychology educators also to consider a person's religious beliefs.

How people see and understand their faith has a significant impact on how they see and view the world and things going on within and around them. Psychology is science, and one of the goals of science is trying to prove that not yet verified and find the facts. Some people perceive their religious beliefs as facts; as such, psychologists must have a firm understanding of faith and spirituality when they provide care for people because not every person who receives treatment is without faith.

Consideration should be given to professionals with robust spiritual foundations to ensure well-rounded mental health care providers. Likewise, people in seminary preparing for lives in ministry should also learn about psychological health. The goal of seminary is to prepare people to preach and teach so they can develop, lead, and start congregations. Students may not learn about the psychological side of the individual; as such, seminaries should provide classes on how to psychologically interact with people, as it is necessary to fully understand the person to minister effectively.

There is little research on mental illness in Black churches. However, many clergy members in this area believe that everything about mental illness is demonic. Clergy members could label mental illness as a demonic possession due to a lack of education or out of fear that their faith, preaching, and teaching will come into question. Many clergy members stated that they did not even consider mental illness when a parishioner came to them for help.

There was nothing else that merited further research outside of mental illness and demonic possession. The more research, the better the chances to understand and explain the differences between mental illness and demonic possession. SMBC requires education about the differences between mental illness and demonic possession to stay in existence because the world is changing, and not everyone who comes to the church has a church background. The more that church members understand this subject, the better they can help their fellow congregants.

Bibliography

- American Psychiatric Association Foundation. *Mental Health: a Guide for Faith Leaders*. Arlington, VA: American Psychiatric Association Foundation, 2018.
- American Psychiatric Association. *Understanding Mental Disorders: Your Guide to DSM-5*. Washington, DC: American Psychiatric Association, 2015.
- Bade, Michee B. "A Biblical and Theological Foundation for a Seventh-Day Adventist Practical Approach to Deliverance Ministry." *Journal of Adventist Mission Studies*, 10, 11, no. 2 (2015): 1–24.
- Baker, James R. "Golding and Huxley: The Fables of Demonic Possession," *Twentieth-Century Literature* 46, no. 3 (2000): 311–27.
- Balkis, Murat. "The Evaluation of the Major Characteristics and Aspects of the Procrastination in the Framework of Psychological Counseling and Guidance," *Educational Sciences: Theory & Practice* 7, no. 1 (2007): 376–85.
- Belcher, John R., and Steven M. Hall. "Healing and Psychotherapy: The Pentecostal Tradition," *Pastoral Psychology* 50 (2001): 63–74.
- Benner, David G. *Strategic Pastoral Counseling: A Short-Term Structured Model*. Grand Rapids: Baker Academic, 2004.
- Bhui, Kamaldeep. "Gender, Power, and Mental Illness," *British Journal of Psychiatry* 212, no. 3 (2018): 191–92.
- Bhui, Kamaldeep, and Dinesh Bhugra. "Explanatory Models for Mental Distress: Implications for Clinical Practice and Research," *British Journal of Psychiatry* 101 (2002): 6–7.
- Bonzol, Judith. "The Medical Diagnosis of Demonic Possession in an Early Modern English Community," *Parergon* 26, no. 1 (2009): 115–40.
- Capps, Donald. "The Minister and Mental Illness," *Pastoral Psychology* 63, no. 1 (2014): 13–22.
- Cashwell, Craig S., and J. Scott Young. *Integrating Spirituality and Religion into Counseling: A Guide to Competent Practice*. Alexandria: American Counseling Association, 2005.
- Cassell, Wilfred A., and Bankey L. Dubey. "Spiritual Warfare and SIS Spiritual Symbols." *SIS Journal of Projective Psychology & Mental Health* 19, no. 2 (2012): 80–90.
- Clinebell, Howard J., and Bridget C. McKeever. *Basic Types of Pastoral Care & Counseling: Resources for the Ministry of Healing and Growth*. Nashville: Abingdon Press, 2011.
- Clinton, Timothy E., and Ronald E. Hawkins. *The Quick-Reference Guide to Biblical Counseling*. Grand Rapids: Baker, 2009.

- Comiskey, Andrew. *Strength in Weakness: Healing Sexual and Relational Brokenness*. Westmont: InterVarsity Press, 2009.
- Cooper-Forst, Julianne Siudowski, "To rend and tear the bodies of men: Theology and the body in demonic possession; France, England, and Puritan America, 1550-1700" (1992). Doctoral Dissertations. 1702
- Crooks, Mark. "On the Psychology of Demon Possession: The Occult Personality," *Journal of Mind and Behavior* 39, no. 4 (2018): 257–343.
- Dein, Simon, Christopher C. H. Cook, Andrew Powell, and Sarah Eagger. "Religion, Spirituality and Mental Health," *The Psychiatrist* 34 (2010): 63–4.
- Dempsey, Keith, S. Kent Butler, and LaTrece Gaither. "Black Churches and Mental Health Professionals: Can this Collaboration Work?," *Journal of Black Studies* 47, no. 1 (2016): 73–87.
- Entwistle, David N. *Integrative Approaches to Psychology and Christianity: An Introduction to Worldview Issues, Philosophical Foundations, and Models of Integration*. Eugene: Cascade Books, 2010.
- Espí Forcén, Carlos, and Fernando Espí Forcén. "Demonic Possessions and Mental Illness: Discussion of Selected Cases in Late Medieval Hagiographical Literature," *Early Science in Medicine* 19, no. 3 (2014): 258–79.
- Evans, Tony. *Warfare: Winning the Spiritual Battle*. Chicago: Moody Publishers, 2018.
- Floyd, Scott. *Crisis Counseling: A Guide for Pastors and Professionals*. Grand Rapids: Kregel Academic & Professional, 2008.
- Hammond, Frank, and Ida Mae Hammond. *Pigs in the Parlor: A Practical Guide to Deliverance*. Kirkwood: Impact Christian Books, 2010.
- Harley, Justin L. "Pentecostal Christian View Toward Causes and Treatment of Mental Health Disorders." PhD diss. Regent University, 2007. ProQuest Dissertations & Theses.
- Hunt, Stephen. "Managing the Demonic: Some Aspects of the Neo-Pentecostal Deliverance Ministry," *Journal of Contemporary Religion* 13, no. 2 (1998): 215–30.
- Insel, Thomas R., and Philip S. Wang. "Rethinking Mental Illness," *Jama* 303, no. 19, (2010): 1970–71.
- Ivey, Gavin. "Diabolical Discourses: Demonic Possession and Evil in Modern Psychopathology," *South African Journal of Psychology* 32, no. 4 (2002): 54–9.
- Johnson, W. Brad, and William L. Johnson. *The Ministers Guide to Psychological Disorders and Treatments*. New York: Routledge, 2014.

- Koenig, Harold G. "Religion, Spirituality, and Health: The Research and Clinical Implications." *ISRN Psychiatry*, 2012.
- Faith and Mental Health: Religious Resources for Healing*. Conshohocken: Templeton Press, 2005.
- "Religion and Mental Health: What Should Psychiatrists Do?," *Psychiatric Bulletin* 32, no. 6 (2008): 201–203.
- Koenig, Harold G., Linda K. George, Dan G. Blazer, Keith G. Meador, and Peter B. Dyck. "Religious Affiliation and Psychiatric Disorder Among Protestant Baby Boomers," *Hospital and Community Psychiatry* 45 (1994): 586–96.
- Kollar, Charles Allen. *Solution-Focused Pastoral Counseling: An Effective Short-Term Approach for Getting People Back on Track*. Grand Rapids: Zondervan, 2011.
- Kozhimannil, Katy B., and Helen Kim. "Maternal Mental Illness." *Science* 345, no. 6198 (2014): 755.
- Lambert, Heath. *A Theology of Biblical Counseling: The Doctrinal Foundations of Counseling Ministry*. Grand Rapids, MI: Zondervan, 2016.
- Leavey, Gerard. "The Appreciation of the Spiritual in Mental Illness: A Qualitative Study of Beliefs Among Clergy in the UK," *Transcultural Psychiatry* 47, no. 4 (2010): 571–90.
- Leins, Chris J. K. "The Psycho-Hamartiological Theory of Symptom-Etiology: A Critique of Biblical Counseling as an Intervention for Obsessive-Compulsive Disorder," *Journal of Psychology and Christianity* 37, no. 4 (2018): 323–32.
- Link, Bruce G., Lawrence H. Yang, Jo C. Phelan, and Pamela Y. Collins. "Measuring Mental Illness Stigma," *Schizophrenia Bulletin* 30, no. 3 (2004): 511–41.
- Lueger-Schuster, Brigitte, Dina Weindl, Viktoria Kantor, Matthias Knefel, Tobias Glück, Yvonne Moy, Asisa Butollo, and Reinhold Jagsch. "Resilience and Mental Health in Adult Survivors of Child Abuse Associated with the Institution of the Austrian Catholic Church," *Journal of Traumatic Stress* 27, no. 5 (2014): 568–75.
- McMinn, Mark R. *Cognitive Therapy Techniques in Christian Counseling*. Dallas: Word Publishing, 1991.
- McMinn, Mark R. *Psychology, Theology, and Spirituality in Christian Counseling*. Carol Stream: Tyndale House Publishers, 2014.
- Mercer, Jean. "Deliverance, Demonic Possession, and Mental Illness: Some Considerations for Mental Health Professionals," *Mental Health, Religion & Culture* 16, no. 6 (2013): 595–611.

- Nageli-Osjord, H. *Possession and Exorcism: Understanding the Human Psyche in Turmoil*. Oregon: New Frontiers Center, 1988.
- Nichols, Lindsey, and Brandon Hunt. "The Significance of Spirituality for Individuals with Chronic Illness: Implications for Mental Health Counseling," *Journal of Mental Health Counseling* 33, no. 1 (2011): 51–66.
- Pfeifer, Samuel. "Demonic Attributions in Nondelusional Disorders," *Psychopathology* 32 no. 5 (1999): 252–9.
- Powlison, David. *Power Encounters: Reclaiming Spiritual Warfare*. Grand Rapids, MI: Baker Books, 1995.
- Prince, Derek. *Spiritual Warfare*. New Kensington: Whitaker House, 1987.
- . *They Shall Expel Demons: What You Need to Know About Demons—Your Invisible Enemies*. Grand Rapids: Chosen Books, 1998.
- Rekers, George Alan. *Counseling Families*. Waco: Word Books, 1988.
- Richards, P. Scott, and Allen E. Bergin. *A Spiritual Strategy for Counseling and Psychotherapy* (2nd ed.). Washington, DC: American Psychological Association, 2005.
- Robeson, Jerry, and Carol Robeson. *Strongman's His Name... What's His Game?* Woodburn: Shiloh Publishing House, 1994.
- Rubin, Allen, and David W. Springer. *Treatment of Traumatized Adults and Children*. Hoboken: John Wiley & Sons, 2009.
- Ryan, Ben. *Christianity And Mental Health: Theology, Activities, Potential*. Theos, 2017.
- Ryan, Ben. "The Church and Mental Health: Theological and Practical Responses," *Zygon* 53, no. 2 (2018): 409–29.
- Saged, Ali Ali Gobaili, Mohd Yakub Zulkifli Mohd Yusoff, Faizuri Abdul Latif, Syed Mohammad Hilmi, Waleed Mugahed Al-Rahmi, Ahmed Al-Samman, Norma Alias, and Akram M. Zeki. "Impact of Quran in Treatment of the Psychological Disorder and Spiritual Illness," *Journal of Religion and Health*, no. 2 (2018): 1–14.
- Schiraldi, Glenn R. *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth*. New York: McGraw-Hill Education, 2016.
- Shafranske, Edward P., and Richard L. Gorsuch. "Factors Associated with Perceptions of Spirituality and Psychotherapy," *Journal of Transpersonal Psychology* 16 (1984): 231–41.
- Stafford, Betty. "The Growing Evidence for Demonic Possession: What Should Psychiatry's Response Be?," *Journal of Religion and Health* 44, no. 1 (2005): 13–30.

- Stansbury, Kim L., Debra A. Harley, Lois King, Nancy Nelson, and Gillian Speight. "African American Clergy: What Are Their Perceptions of Pastoral Care and Pastoral Counseling?." *Journal of Religion and Health* 51, no. 3 (2012): 961–69.
- Tillman, Douglas R., David D. Hof, Aiste Pranckeviciene, Auksė Endriulaitienė, Rasa Markšaitytė, and Kristina Žardeckaitė-Matulaitienė. "Social Distance from Mental Illness Among Counseling, Social Work, and Psychology Students and Helping Professionals,"
- Tripp, Paul David. *Dangerous Calling: Confronting the Unique Challenges of Pastoral Ministry*. Wheaton, IL: Crossway, 2015.
- Journal for Social Action in Counseling and Psychology* 10, no. 1 (2008): 24–37.
- Walker, Donald F., Richard L. Gorsuch, and Siang-Yang Tan. "Therapists' Integration of Religion and Spirituality in Counseling: A Meta-Analysis," *Counseling and Values* 49, no. 1 (2004): 69–80.
- Walvoord, John F., and Roy B. Zuck. *The Bible Knowledge Commentary: An Exposition of the Scriptures*. Wheaton: Victor Books, 1985.
- Webb, Marcia. "Toward a Theology of Mental Illness," 2009.
- Woolfson, Adrian. "Foundations of Mental Illness," *Nature* 566, no. 7743 (2019): 180–81.
- Yang, Esther. "Increasing Collaboration Between Church Leaders and Child and Adolescent Mental Health Providers," *Journal of the American Academy of Child & Adolescent Psychiatry* 55, no. 10 (2016): S155.
- Yates, John. "Spiritual Warfare as Family Wisdom," *Zadok Perspectives* 138 (2018): 8–9.
- Young, John L., Ezra E. H. Griffith, and David R. Williams. "The Integral Role of Pastoral Counseling by African-American Clergy in Community Mental Health," *Psychiatric Services* 54, no. 5 (2003): 688–92.

Appendix A: Pre-Survey Form

Mental Illness vs. Demonic Possession and Benefits of Counseling Pre-Survey Questions

1. Demonic possession and mental illness are the same. True or False
2. Mental illness is an issue in the natural realm only. True or False
3. Demonic possession only applies to the spiritual realm. True or False
4. Counseling is a permanent fix for both cases. True or False
5. What is your understanding of mental illness? Please explain
6. What is your knowledge of demonic possession? Please explain
7. What is your view of counseling? Please explain
8. Which do you prefer, therapy or pastoral counseling? Please explain
9. Has the Bible informed your opinion of demonic possession? Please explain
10. Has the Bible informed your view of mental illness? Please explain
11. Has Samaritan taught on the difference in demonic possession and mental illness? Please explain
12. Does Samaritan have a good understanding of this subject matter? Please explain

13. Do you feel there is a difference between mental illness and demonic possession? Please explain

Appendix B: Post-Survey Form

Mental Illness vs. Demonic Possession and Benefits of Counseling Post-Survey Questions

1. Demonic possession and mental illness are the same. True or False
2. Mental illness is an issue in the natural realm only. True or False
3. Demonic possession only applies to the spiritual realm. True or False
4. Counseling is a permanent fix for both cases. True or False
5. What is your understanding of mental illness now after the study? Please explain
6. What is your understanding of demonic possession now after the study? Please explain
7. What is your view of biblical counseling or therapy now after the study? Please explain
8. Can Samaritan benefit from this study? Please explain
9. Has your biblical understanding and view of mental illness and demonic possession been enhanced? Please explain
10. Was the content of the presentation helpful? Please explain
11. Do you feel more empowered to identify the difference between mental illness and demonic possession? Please explain

Appendix C: Recruitment Letter

Date

[REDACTED]
Deacon
Samaritan Missionary Baptist Church
8806 Mack Ave.
Detroit, MI 48214

Hello,

My name is Alton Parks. As a graduate student in the School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry degree. The purpose of my research is to study the difference in mental illness vs. demonic possession and the benefits of counseling. I am writing to invite you to participate in my study.

If you have Christian experience, have been a member of the church for two or more years in a leadership role or laity, are between 35-70 years of age, and are willing to participate, you will be asked to complete a pre-survey, listen to the presentation of the project, and complete a post-survey. I estimate the pre-survey and the post-survey should take no more than 15 minutes each, and the time for the presentation is about 1 ½ hours. Your name and other identifying information will be collected as part of your participation, but this information will remain confidential.

To participate, I ask that you reply to me by either phone [REDACTED] or e-mail aparks34@liberty.edu. You will then be given information on the time and location to complete the study.

A consent document will be provided to you at the time of the pre-survey. The consent document contains additional information about my research. If you feel that you are open and comfortable with this type of study and conversation, please sign the consent document and return it to me along with your completed pre-survey. All information provided will be kept private and confidential.

Sincerely,

Alton Parks D. Min Candidate

Appendix D: Consent Form

The Liberty University Institutional
Review Board has approved
this document for use from
10/24/2019 to --
Protocol # 4602.102419

CONSENT FORM

Mental Illness vs. Demonic Possession: Understanding the Difference and the Benefits of
Counseling
Alton Parks
Liberty University
School of Divinity

You are invited to be in a research study on Mental Illness vs. Demonic Possession: Understanding the Difference and the Benefits of Counseling. This study will be used to help Samaritan Missionary Baptist Church increase in knowledge and understanding of the aforementioned subject matter. You were selected as a possible participant because you are between the ages of 35-70, you have been a member of Samaritan Missionary Baptist Church for two years or more, and you have served in leadership role or a member of laity. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

Alton Parks, a Doctor of Ministry candidate in the School of Divinity at Liberty University, is conducting this study.

Background Information: The purpose of this study is to identify the difference in mental illness and demonic possession, and how counseling can help. Knowing how to accurately identify what is taking place in the life of an individual will aid not only the pastor, but leaders, in providing the help that will benefit the individual. On any given Sunday, in any church, there will be people from all walks of life coming for one reason or another. With that comes a diverse group of problems, and everything cannot be placed under one category. When in fact, people are made up of mind, body, and soul.

Procedures: If you agree to be in this study, I would ask you to do the following things:

1. Complete a pre-survey. The survey will take about 15 minutes
2. Listen to a presentation of the research. This will take about 1 ½ hours.
3. Complete a post-survey. The survey will take about 15 minutes.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Benefits: The direct benefits participants should expect to receive from taking part in this study are an increase in knowledge and understanding that will enable the members of Samaritan Missionary Baptist Church to better understand and serve their community and one another.

Benefits to society include an increase in compassion towards humanity and foundational understanding of how to help their fellow man get the assistance they need, rather it be on the spiritual side of an individual or the natural side.

Compensation: Participants will not be compensated for participating in this study.

Confidentiality: The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. All participants will be assigned a pseudonym for privacy. Research records will be stored securely and only the researcher will have access to the records.

- All information from the survey will be placed in a 9x12 inch clasp envelope. Once a survey is complete it will be placed back in the envelope in front of the participants. The researcher will then collect the envelopes as participants leave the study.
- Data will be stored in a locked file cabinet, and all notes will be on a passcode-protected computer. After three years, all electronic records will be deleted, and all paper files will be shredded.

Conflicts of Interest Disclosure: The researcher serves as Senior Pastor at Samaritan Missionary Baptist Church. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate or not participate in this study.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Contacts and Questions: The researcher conducting this study is Alton Parks. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at (██████████) ██████████ or aparks34@liberty.edu. You may also contact the researcher's faculty chair, Dr. Timothy Christ, at tchrist2@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature of Participant

Date

Signature of Investigator

Date

IRB Approval/Exemption

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

October 24, 2019

Alton Parks

IRB Exemption 4002.102419: Mental Illness vs. Demonic Possession Understanding the Difference and the Benefits of Counseling

Dear Alton Parks,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

(iii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,



G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

LIBERTY
UNIVERSITY

Liberty University | Training Champions for Christ since 1971