

# *Three levels of Satan's activity*

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**Level 1: Consequences of the Fall:**  
weakness, decay, sinful nature  
"flesh", affects *all*  
Rom 7:18-25, Rom 8:5, 20-21

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**Level 2: adversity, temptation**  
Job 1:6 -12, Luke 22:31,  
Ephesians 6:11

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**Level 3: forbidden occult activities**  
Acts 13:8ff, Acts 16:16-18

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*Conclusion:* Satan is not only active when a person has willingly yielded to occult activities. Even people who have not dabbled with the occult at all, can suffer from mental and bodily weakness (which could - theologically - be interpreted as a satanic adversity).

# „Occult Bondage“

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## Definition:

„Occult bondage“ is understood as demonic influence on a person, which exceeds the „natural“ influence of Satan but does not reach the degree of possession in the more narrow sense.

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Frequently, Christians draw a direct line between a history of „occult involvement“ and mental problems.

If you look thoroughly enough into a person’s individual or family history, you will find occult involvement in the widest sense.

*The deduction: A person has a mental problem because there is a history of „any occultic, cultic, or non-Christian religious practices“ (\*).*

Biblically, this causal attribution is not justified. (cf. John 9:2)

\* Neil T. Anderson, *The Bondage Breaker*, p. 247 ff.

# *Biblical pairs of opposite terms ?*

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- God - Satan**
- Angels - Demons**
- Light - Darkness**
- Good - Evil**
- Righteousness - Sin, Guilt**
- Spirit - Flesh**
- Health - Disease**
- Freedom - Bondage**
- Peace - Anxiety**
- Joy - Depression**
- Confidence - Timidity**
- Strength - Weakness**
- Victory - Failure**

# *„Therapy“*

## Counseling those who have a history of occult involvement

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1. Turn over your life to Jesus Christ John 8:36
2. Realize that occultic practices are sinful Deut. 18:10-12
3. Inner separation from occultic /cultic involvement:
  - bring your sins to the cross Colossians 2:15
  - claim the victory of Jesus 1 John 3:8

Usually, these intentions are expressed in prayer by the counselee, and supported by the counselor's prayer asking for deliverance and God's blessing. This has to be followed by the next three steps:

4. External separation from all cultic / occultic objects, books, amulets, healing devices, relations etc. Acts 19:18
5. Full and unanimous dedication to God 2. Chron. 33:16  
Resting in the promises of the Bible Romans 8:31-39
6. Sanctification: Walking in the Spirit Gal. 5:25  
Eph. 6:10-17

***Such a procedure is not a magical ritual, which liberates a person from all problems. Even after a conscious separation from past cultic / occultic involvement, humans in their fallen and weak condition, will remain susceptible to temptations, adversity and weakness (mental and general health).***

# „Diagnosis“

## ***What is the role of occult involvement?***

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### **1. *Personal History:***

- personal involvement with obviously occult practices
- Family history: only when overtly supported by evidence (not just hunches, or charismatic „imaging“)
- Therapy history: a) Did the symptoms respond to medication? – b) Have there been previous prayers for deliverance?

### **2. *Symptoms***

- Mental problems (anxiety, depression, hearing voices, chronic doubts, tantrums etc.), sleep disorders and other undesirable behaviors are not sufficient!! They can usually be explained through the nature of fallen humanity.
- Medial gifts (precognition etc.)??
- Effects on the spiritual life: a) Conscious continuation of obvious cultic / occultic involvement. – b) Resistance against Bible, God, prayer, Christian counseling and the name of Jesus, while at the same time functioning normally.
- Possession (very rare!): only on the basis of cultic / occultic involvement: trance conditions, foreign voices, poltergeist phenomena (***exclude other explanations!!***)

### **3. *Exclude mental illness!!***

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|---------------------------|-----------------------|
| - Schizophrenia           | - (Temporal) Epilepsy |
| - Hysteria                | - Depression          |
| - Organic Brain Disorders | - OCD                 |

## *Demons of the church fathers (4<sup>th</sup> century A.D.)*

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- ◆ ***Demon of debauchery***
- ◆ ***Demon of fornication***
- ◆ ***Demon of greed***
- ◆ ***Demon of sadness***
- ◆ ***Demon of anger***
- ◆ ***Demon of Acedia (laziness)***

„The battle with the demons is primarily fought in a battle with their own thoughts. These are emotionally loaded and not merely intellectual in nature.

Closer examination of the church fathers view of demons reveals their desire to explain phenomena.“

(Source: Father Anselm Gruen: Der Umgang mit dem Bösen)

## *Hearing voices – five explanations*

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- a) ***Inner dialogue:*** for some people at certain times this dialogue can become so intense that they have the impression of two fractions of themselves talking to each other.
- b) ***Dissociative Identity Disorder*** (formerly: Multiple Personality Disorder, MPD): very rare condition in persons with extreme traumatization in childhood.
- c) ***Psychotic phenomenon in schizophrenic disorders:*** subjectively very frightening and threatening (sometimes also comforting); content: varied, not always psychodynamic conflict, sometimes very unspectacular, thoughts becoming aloud. — Information processing disorder which is typical of a complex dysfunction of certain brain areas and occurs in the context of typical symptoms of schizophrenia.
- d) ***Drug-induced hallucinations***
- e) ***Organic hallucinations:*** repetitive sentences / melodies

### ***Conclusion:***

The variety of natural / biological explanations of hearing voices makes this criterion irrelevant for the „diagnosis“ of occultic phenomena.

## *The process of diagnosis*

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1. ***Self-interpretation of psychological and somatic symptoms*** afflicting the inquirer (especially insomnia, nightmares, anxiety, obsessive-compulsive thoughts and acts, depression, functional somatic symptoms accompanying anxiety as well as symptoms of somatization disorders).
2. ***Application of checklists*** to explore behavioral indicators for demonic influence (cf. Table 2 or Neil Anderson's confidential questionnaire).
3. ***Consultation of an "expert"*** (a person who is said to have the gift of discernment of spirits), who is often using visionary imagery, prophetic declaration and highly suggestive questions to establish the presence of demonic influence.
4. ***Exploratory exorcism:*** On rare occasions, further diagnostic explorations are made during an exorcistic ritual. "Demons" are shouted at and ordered to reveal their names and functions. Psychophysiological symptoms (such as trembling, heat waves, heart burn, tingling sensations etc.) during an exorcism are interpreted as manifestations of the demonic.

# *Rituals of deliverance*

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Whereas the Catholic tradition mainly describes the exorcistic rites according to the "Rituale Romanum" as a form to expel demons, several approaches are to be observed in protestant folk tradition. It has to be emphasized again, that not all of these prayers and rituals are designed as exorcism, but rather as ways to ward off demonic influence. There are four types of ritual prayers, ordered according to their increasing intensity:

1. Simple, quiet prayer for deliverance, spoken by a lay-person or a pastor: God is asked to forgive the person's sins (especially "occult" ones), to relieve him or her of the influence of demonic powers and to keep him or her safe. Often the prayer is only part of extensive counseling emphasizing not only demon-related causality but also practical psychosocial support. Patients are encouraged not to fear evil spirits, even when experiencing further adversity or psychological malfunction.
2. The calling of the elders represents a more formal and thus more intensive form of prayer for deliverance, however still within the context (and control) of the church. Often this is applied when simple prayers for deliverance did not provide adequate symptom relief. Being the center of the attention of a whole group, suggestive factors are probably playing a more important role. Again the prayers can be quite calm, assuring the afflicted, that the bondage is now broken, and that Jesus is now Lord in his or her life.
3. Consultation of "gifted" or "experienced persons" are a further step, finding their parallel in medicine, when a "difficult case" is presented first to the family doctor, then to the specialist, and finally to the professor. Practices of these "experts" vary widely, often containing a substantial suggestive potential in the whole setting. While some of them are rather pragmatic and supportive, others (many of them without close ties to any established church) tend to be authoritarian and idiosyncratic, comparable to other spiritual healers in Western and other cultures.
4. Exorcistic rituals in the strict sense of the word as well as the diagnosis of the full syndrome of possession seem to be rare in protestant patients in Switzerland. However, some patients described extended sessions of intense prayer by several persons, mostly men, shouting at demons, mocking demons, ordering them to leave. These rituals are sometimes combined with the laying on of hands, not only on the head but also on other parts of the body, in order to expel demons manifesting themselves e.g. through pain sensations in the heart or the abdominal region.

# *Three Attitudes*

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*1. Compassion*

*2. Humility*

*3. Comprehensive diagnostics and care*

# *Practical Steps*

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## ***A. Listen carefully***

## ***B. Disentangle the various factors of the syndrome***

## ***C. Help the patient gaining control over the symptoms***

- better ways to deal with everyday stress
- controlling catastrophic emotional reactions (premature demonic explanations)
- redefine acceptable expectations.
- separating out old interfering issues.

## ***D. Support Regaining of a Sense of Self***

- use resources (skills, friends, church etc.)
- strengthen family.

## ***E. Psychopharmacology***

- Preparing a person to consider medication
- self-responsibility for decision
- medication can help you to better cope and control distressing symptoms
  
- changing the alarm threshold
- calming the biological self
  
- Antidepressants
- Anti-anxiety drugs
- sleep drugs