

Symptoms of Spiritual Crisis and the Therapeusis of Healing

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Spiritual crisis and healing is a huge area. In the time available, I am going to share some reflections on spiritual crisis and the therapeusis of healing from a Church of England perspective with regard to deliverance ministry.

Is there such a thing as a spiritual crisis? What might be its causes and its manifestations? What could be appropriate therapeutic responses in terms of the Church's ministries? Answers to those questions depend on one's world view and one's beliefs: for example, whether one is an atheist or an agnostic, or someone who believes in a spiritual world view, a strictly material world view, or the world view of those who believe in traditional religions, where the spiritual and the natural co-exist.

The Christian world view is revelational, Trinitarian and redemptive. It is within this world view and theology of faith, hope and love that Christian priests and lay people minister.

Christian advice about how to respond to spiritual crises can be found in St Paul's letter to the Ephesians, written nearly 2000 years ago:

Finally, be strong in the Lord and in the strength of his power. Put on the whole armor of God, so that you may be able to stand against the wiles of the devil. For our struggle is not against enemies of blood and flesh, but against the rulers, against the authorities, against the cosmic powers of this present darkness, against the spiritual forces of evil in the heavenly places. Therefore take up the whole armor of God, so that you may be able to withstand on that evil day, and having done everything, to stand firm.' (Ephesians 6. 10-17)

That robustly combative text can be greatly comforting to a Christian. However, a common problem in cases involving paranormal phenomena and deliverance issues is that the world view and beliefs of the client are not the same world view and beliefs of the priest, the diocesan deliverance ministry adviser, or of the healthcare professionals involved.

Much depends upon the client's health of body, mind and spirit, the narrative and the context. For example, a spiritual crisis could be understood positively as in spiritual emergence and personal transformation, or as a living nightmare of paranormal phenomena and spiritual torment. Whether or not the crisis is understood as a positive experience or a negative one, the client may experience drastic challenges and changes to their personal meaning system and sense of purpose, world view and beliefs, their own identity and their relationships.

Spiritual crises can also involve further challenges to the client through what appear to be paranormal phenomena: for example, psychologically projected apparitions of dead people linked with unresolved bereavements issues, or actual paranormal phenomena such as

poltergeist activity generated unconsciously in response to suppressed mental and spiritual distress.

In some cases the client has interpreted the spiritual crisis through a personal cultural filter, or revised it through repeatedly revisiting the memory, which may be embedded or reformatted: this sometimes becomes evident in the retelling of the experience. Similar processes of filtering, revisiting and reformatting the information associated with a case can affect others who are involved, including priests, healthcare professionals and agencies.

From the Church's perspective, the crisis, the prompt and the point of contact with the Church, are often the individual's suffering and dis-ease, with self, with God and with others. This personal inner dissonance is rooted in the unavoidable knowledge that all is not well, all is not reconciled and peaceful, that none of us is entirely healthy, physically, mentally nor spiritually, and none of us is an entirely healthy influence on the people around us or on our environment.

Besides, evil can affect the people within a context and that evil can attach itself to them. Many priests encounter individuals or situations where evil is at work, where people are oppressed by evil, or where a disturbed person appears, or claims to be afflicted by a power of evil or evil spirit.

In responding to people experiencing spiritual crises, it is helpful to acknowledge that there are many views about the reality of evil. Evil is manifested in society in such things as racism, corruption, and deliberate abuse of vulnerable children and adults. It is also experienced by individuals who feel personally afflicted by spiritual evil and who turn to the Church for ministry.

Two views widely held concerning the nature of evil are i) the dualist proposal which sets the devil in confrontation with God and ii) the proposal that only God is truly real. Furthermore, some people see spirits, demons and spiritual warfare everywhere, whilst others refuse to acknowledge anything more than an absence of good. Christian theology and experience over 2000 years supports the concept that some individuals do experience a strong sense of evil, either within a location or in connection with themselves.

Spiritual crises can be brought about in many ways. From the perspective of deliverance ministry I will now refer briefly to four types of spiritual distress or crisis.

Spiritual temptation is to be tempted, but not to be sinful: it is the most ordinary every-day type of spiritual pressure and because it is often banal and subtle, it can be surprisingly dangerous. When a person cannot resist temptation, it may result in obsession. Spiritual obsession refers to the person's thoughts being affected, such as guilt, preoccupation with evil linked with demonic or occult interference. Spiritual oppression is continuous occult or demonic attack such as in dreams, sustained fear and foreboding or a periodical strong compulsion towards evil courses. A client may have been cursed, or think that they have been cursed.

True demonic possession describes a person being taken over by an intruding alien entity which is usually referred to and known as a demon. Almost all of the symptoms of apparent demonic possession, which are often portrayed in highly dramatic ways in films and 'mockumentaries' about deliverance and exorcism (including aversion to religious symbols, changes in voice, multiple personalities, and uninhibited rage) can be attributed to factors other than the demonic. In fact, true demonic possession is extremely rare. Most cases of

spiritual crises, which are presented and assessed in the context of deliverance ministry, range between spiritual temptation and spiritual oppression.

Although deliverance ministry is set within the broader range of the Church's healing ministry, there is a serious need for caution. The Church has much to offer people experiencing spiritual crises by way of prayerful support, pastoral care, spiritual counsel and direction, in other words, normal parish-based ministry firmly rooted within the wider ministry of healing and its disciplines, and priests are expected to avoid colluding with urgent and sometimes dramatic requests for deliverance ministry and exorcism.

The House of Bishops' guidelines on the deliverance ministry, which were established in 1975, state:

The following factors should be borne in mind:

1. It should be done in collaboration with the resources of medicine.
2. It should be done in the context of prayer and sacrament.
3. It should be done with the minimum of publicity.
4. It should be done by experienced persons authorized by the diocesan bishop.
5. It should be followed up by continuing pastoral care'.ⁱ

Furthermore, a parish priest should only be involved in a deliverance ministry case if working with the diocesan deliverance ministry adviser and according to the advisor's advice, in order to help as effectively as possible those who think they need deliverance ministry.

In Christian terms, deliverance is defined as release from evil spiritual influences which oppress a person or hinder the individual's response to God's saving grace. Set within the healing ministry, deliverance ministry delivers people suffering from degrees of possession into God's tender care as part of being restored into a right relationship with Him. The prime aim of the Church's deliverance ministry from the Church's perspective and theology is to bring someone into a relationship: a closer relationship with Jesus Christ. It is not to look for a reason to carry out an exorcism.

Christian exorcism could be defined as the rite of casting out evil spirits, based on the example of Christ and the apostles. It is the specific act of binding and releasing, performed on a person who is believed to be possessed by a non-human malevolent spirit.

The term exorcism is sometimes used in general terms: in some circumstances however it is more tightly defined as minor or lesser exorcism and major or greater exorcism. Some people wonder what the difference is. Minor or lesser exorcism is a supplicatory form of exorcistic prayer, in which the exorcist or authorized priest prays supplicatory prayers to God asking God to remove the spiritual or demonic influence on or around the client. Supplicatory exorcistic prayers are used when the exorcist or authorized priest believes that there is some spiritual or demonic force oppressing the client, but not actually possessing the body of the client.

Major or greater exorcism is the imperative exorcistic prayer. It may be used if the exorcist and bishop are convinced beyond moral doubt that the client's body is demonically possessed and the bishop has given his authorization for the exorcism. It is important to note that a demon does not possess the person's soul.

In the major exorcism, the exorcist commands the spiritual or demonic force to depart from the client, in the name of our Lord Jesus Christ and to go to the place appointed by Almighty God for that evil spirit or demon, doing no harm on the way and never to return.

Both minor and major versions are exorcisms and in the Church of England, both should only be done by a priest authorized by the bishop, after the client has had a thorough multi-disciplinary assessment and the wider context of the case has been evaluated. It is important to rule out or deal with other causes for the spiritual crisis, such as mental illness or cultural demonization. In the meantime, there are many forms of normal parish ministry and pastoral care which can be given to the client.

One of the challenges of contemporary deliverance ministry is that most clients - the people who approach the Church for advice and help with problems to do with paranormal phenomena and deliverance ministry issues - are not members of the local church's congregation. This usually means that first, the parish priest and other members of the ministry team know little or nothing about the client and there is no pre-existing pastoral relationship on which to build. Second, the client often knows little or nothing about the Christian faith, world view and ministry.

The film *The Exorcist* has probably been the single strongest influence on popular ideas and assumptions about Christian deliverance ministry for the last 40 years. After watching that film, deliverance ministry as done within the Church of England, might seem to be an anti-climax. But the wider deliverance scene has changed greatly in recent years, with a phenomenal explosion in information about the paranormal, spiritual warfare, deliverance and exorcism on the internet.

Many clients approach the Church only after having tried diverse routes in other directions for answers, reassurance and a good outcome. The client's searches and experiences to date will almost certainly influence or shape his or her expectations about the Church's deliverance ministry and the possible outcomes. A key point I try to get across to parish priests is that every client is unique, each client's spiritual crisis is unique and how the person arrived at it is unique: there is no one and only standard response which fits all cases in this ministry.

From the perspective of the parish priest and the deliverance ministry adviser, initial enquiries should include asking the client 'What have you already tried? Where did you go and who ministered to you? What did they tell you it would do for you and how has it affected you?' Our initial pastoral responses often include dealing with misinformation and confusion, giving reassurances and explaining what we do in order that the client can make informed decisions.

Some routes which the client may have tried could have intensified or even caused the client to experience a spiritual crisis. Deliverance ministry advisers are aware of such factors, of which I will now mention just four examples:

- a) the client has effectively invited spiritual entities or worse (demonic forces) to come to them, to become involved in their life, or the lives of others, in order to get information or help from these forces, or power or control over others
- b) the client has sought help from independent organizations or individual practitioners, who have persuaded the client that he or she is troubled or possessed by evil spirits. It is worth noting that there is no regulation of these organizations or practitioners: anyone can set themselves up in such ways and on a commercial basis

- c) an unauthorized and inappropriate exorcism which was not needed at all has been done in some other context. True demonic possession is extremely rare so, when there was actually nothing demonic to be exorcised, unsurprisingly the person's problems have continued and in some cases, worsened
- d) the media, internet, and films offer frightening terms of reference for spiritual crisis, the demonic and possession, which could contribute to the client's anxieties

Clients often lack stable terms of reference to help them understand their state and the contributing factors. Many clients' terms of reference are a muddle of bits of spiritualities and world views, beliefs and superstitions. Their attitude may be consumerist, including curious dabbling in various ways, such as in arcane practices, whilst disregarding any contradictions arising or any reliably informed risk assessment. Many clients have limited awareness of contributing factors and deliberate choices, such as towards evil actions or summoning spirits. Some clients resist suggestions that, for their spiritual health's sake, they need to make different choices. The therapeutic response through Christian ministry may well include helping the client to acknowledge and address those issues, and to make positive changes according to the Christian world view and faith.

When they meet with parish priests and diocesan deliverance ministry advisers, clients often struggle to express their spiritual distress and their journey towards healing and wellbeing. They often refer to previous difficulties in finding someone prepared to take them seriously. Yet few clients appreciate the complexities for the priest, the deliverance ministry adviser and the healthcare experts involved, in sifting through narrative which may change from one account to the next, and through which the client has already self-diagnosed his or her spiritual dis-ease. In fact, some paranormal experiences and spiritual crises are presented by the client in ways which, if taken at face value and without further research or a multi-disciplinary assessment, can only point to one conclusion: the most desired, or the most feared by the teller, such as demonic attack or possession.

In deliverance ministry, the client is offered an opportunity for a pastorally forensic approach to discern and confirm the truth. Listening ministry is an important therapeutic approach, although it should not be confused with professional counselling. Provision of continuing pastoral care also helps to bring to the surface factors which underlie the client's symptoms and could help or hinder 'recovery' or in Christian terms, 'healing and wholeness'.

Within the Church of England, usually the parish priest is expected to be the first in line to respond pastorally to these types of enquiries and requests for help. Even so, deliverance ministry is not usually regarded as normal parish ministry. The House of Bishops has stated that 'the ministry of exorcism and deliverance may only be exercised by priests authorised by the bishop, who normally requires that permission be obtained from him for each specific exercise of such a ministry.'ⁱⁱ

This is how the Church of England discreetly oversees and ministers in this sensitive area. It is recommended that every diocese should have a diocesan deliverance ministry group or team: a group of people who are appointed and authorized by the bishop, to advise him, his senior staff and parish priests. The Church of England's approach to this ministry is prayerful and pastoral, gently forensic and multi-disciplinary, taking care to avoid collusion and the labelling as diabolical of that which cannot yet be explained scientifically.

I also recommend that parish priests who are involved in local cases are told about eight 'golden rules'ⁱⁱⁱ regarding cases which involve enquiries about paranormal phenomena and deliverance ministry issues:

1. Always look for a natural or psychological explanation before going for the supernatural or paranormal one.
2. Bring love and reassurance. The *quality* of care often does more to help the situation than doing all the right things.
3. Do not collude with other people's prejudices or demonologies, but be sympathetic.
4. Always overcome evil with good and avoid any hint of Christian 'magic'.
5. Proclaim the victory of Christ in what is said and done: preach the gospel in every situation.
6. Seek help, advice and supervision.
7. Remember that deliverance ministry is only one area of ministry and don't give it prominence it doesn't deserve.
8. Avoid too narrow a view of evil - and don't be blinded to the real evils in society and the battle for peace and justice.

This brings us to the wider perspective. In the context of an increasingly complex multi-cultural and multi-faith society, the Church is ever more challenged to support and develop these ministries in order to enable parish priests and diocesan deliverance ministry advisers to respond most appropriately, whilst respecting boundaries and to know why, to whom and when to refer the client.

In deliverance ministry, greater awareness is emerging of the client's cultural, religious and spiritual concerns and the need to respect the individual's free will and responsibility for self. There are also wide ranging views of the relationship between true demonic possession and mental dysfunction and their treatments by the Church and by the healthcare professions. In practice, this can mean psychiatrists, priests and diocesan deliverance ministry advisers sometimes coming under pressure to work with belief systems they do not hold personally.

From the Church's perspective the priest and the diocesan adviser are usually expected to be providers of comfort and pastoral care, rooted in the Christian faith, confident in its doctrine, able to help the client to make sense of the spiritual crisis, and to move forwards to become the person who God is calling them to be. So what does that mean in terms of a good outcome?

In psychiatry, there is growing interest in the concept of recovery. While not discounting the possibility of cure, recovery has much in common with the notion of healing. From a Christian perspective, healing could be defined as '....progress towards health and wholeness. The process through which an individual develops a physical, mental, spiritual, economic, political and social state of well-being, in harmony with God, with others and with the environment.'^{iv}

I encourage priests and diocesan deliverance ministry advisers to ask the client early on: 'What are *you* hoping for out of this spiritual experience? What is *your* idea of the best possible outcome?' Even so, the prime aim of the Church's deliverance ministry from the Church's perspective and theology is to bring someone into a relationship: a closer relationship with Jesus Christ.

With regard to the procedure, in simple terms, when the priest has gathered basic information about the client and the context, the priest should contact the diocesan deliverance ministry adviser and follow the advice of the adviser.

Ministerial responses which involve the diocesan deliverance ministry adviser or team are based upon the specialist training they receive, which includes an overview of mental health issues and cultural factors, plus the cumulative experience of the diocesan group, peer-group supervision and Episcopal oversight.

In cases involving children and young people up to the age of 18 the priest and adviser should also contact the diocesan safeguarding officer, possibly also the bishop and other agencies, according to the advice set out in the 4th edition of *Protecting All God's Children*: the House of Bishops' policy on protecting children. If the client agrees to the priest or adviser having contact with the client's healthcare provider, counsellor or psychiatrist, this means getting everyone's informed consent. Whether it is helpful also depends upon the healthcare provider being willing for the client's sake to cooperate in a multi-disciplinary way with the priests and diocesan deliverance ministry adviser.

In my view, diocesan deliverance advisers need some appreciation of mental health science and its interface with spirituality, including through seminars on neuroscience and pharmacology. I also believe that healthcare professionals, including psychiatrists, psychotherapists and professional counsellors, need a better understanding about the ontology and function of the ordained priest and the ways in which diocesan deliverance ministry advisers could help them with some cases.

For example, if pharmacotherapy is being considered as the first-line treatment, is there risk of suppressing spiritual symptoms before they can be assessed using spiritual discernment? Besides this, many clients need help in developing their own spiritual discernment. There are criteria which can be taught along the lines of the Ignatian guidelines: put simply, consolation brings the client closer to God and desolation draws the client away from God. The client can be helped to discern what influences them in these two key ways.

Most deliverance ministry takes place within the parish or the local Christian community. It involves practical pastoral care, prayer support, encouragement and fellowship. This is why the well-informed involvement of the parish priest is so important. Sacramental ministry is usually available through the parish priest too. Deliverance ministry is also multi-disciplinary within the Church through various forms of related ministries and pastoral care, including:

- spiritual companionship
- spiritual counsel, which should be clearly differentiated from professional counselling
- spiritual direction and discernment
- the ministry of reconciliation, which can help the client to discern what the guilt involves, whether it is psychological or spiritual guilt etc., and to acknowledge and better understand the problem through spiritual counsel, expression of contrition, confession, absolution and blessing
- the Church has liturgies and rituals, some of which may be tailored to the needs of the individual client and the context. There are many resources already available as part of normal parish ministry including the Church of England's *Common Worship* series of 'Prayers for Protection and Peace', which can be found on the Church of England's website.

It is reasonable to acknowledge that there are some areas of potential tension. I am going to mention just two of these:

Firstly, a key challenge for client, priest and diocesan deliverance ministry adviser and others, including healthcare professionals who are involved in a case, is to discern what is

spiritual and what is not. An American comedienne once observed that we call it 'praying' when we talk to God and 'schizophrenia' when God talks back to us!

Deliverance ministry involves also discerning what is paranormal, that is to say, beyond generally accepted and scientifically proven phenomena, and evaluating what is due to other factors such as organic factors, pharmacological side-effects and mental disorder. At the darkly cynical end of the spectrum, diocesan advisers also have to deal with capricious claims and attempted manipulation, abuse and fraud.

A priest's expertise should include spiritual discernment: however, whilst that is expected or hoped for, it is not a morally neutral basic human capability or scientific skill. Spiritual discernment is a charism: one of the gifts bestowed by the Holy Spirit upon Christians for the purpose of building up the Church, including wisdom, knowledge, faith, healing, miracles, prophecy, discerning of spirits, speaking in tongues, and interpretation of tongues (1 Corinthians 12:8 – 10). Similar lists appear in Ephesians 4:7 – 13 and Romans 12:3 – 8. Priests and healthcare professionals need to be aware that clients who are mentally unwell, may also be genuinely spiritually distressed or in spiritual crisis: otherwise there may be a risk that the client's spiritual condition may be masked, or disregarded as just another facet of his or her mental condition.

The second area of tension arises when a priest or diocesan deliverance ministry adviser or chaplain is asked to consider performing an exorcism on a person who is spiritually troubled or in spiritual crisis but who is not demonically possessed. Many questions arise for the priest and the deliverance ministry adviser. What needs are calling to be met and whose are these needs? Do healthcare professionals feel they have to intervene and suggest an exorcism, or risk appearing disinterested, disbelieving or ineffective? Does the client's family, friends or faith community expect an intervention, or does the client want the intervention? Some clients think that an exorcism is all they need, preferring to pin their hopes on an exorcism than face a life-time of medication and therapy.

A bishop will not authorize a major exorcism just because a client wants one, or because the healthcare professionals have reached the limits of conventional mental healthcare for the client. Before authorization for an exorcism is contemplated, it is expected that there will be no moral doubt that the client is truly demonically possessed.

A major exorcism is not a medical placebo to be ministered to a patient/client who is not truly demonically possessed. To do so would be to collude with false spiritual discernment by demonizing what is not demonic. In turn this would devalue true exorcism, reducing it to a psychiatric tool to be used as a mental healthcare response. It would also signal that exorcism was available to those who did not need it but who wanted it.

Collusion with such an approach could be interpreted more widely as permissive of any unnecessary or unauthorized exorcisms. In fact our deliverance ministry guidelines are designed to discourage and minimize the risk of unnecessary and authorized exorcisms within the Church of England. Although diocesan deliverance advisers seek to work with healthcare professionals to find the most appropriate ways to help the client, including those who think that exorcism spells some kind of 'recovery', we also need to uphold good practice in the Church.

With regard to the vast majority of cases which do not require an exorcism, how should we increase awareness of the therapeutic contribution of the Christian community? The belief that people can change and be transformed through the grace of God is central to the

Christian faith: its theology is focussed on hope. To help the client to change and to be transformed, a safe environment is needed which fosters this process and encourages the client to feel motivated to become the person he or she has been created to be.

The local church offers this type of environment where the search for spiritual transformation is acceptable, nurtured, and affirmed. Help for the client experiencing spiritual crisis is available in many forms: here are just a few examples of normal parish ministry which can be profoundly helpful for clients who are experiencing spiritual crisis:

- prayer support including prayers addressed to God for protection and deliverance from evil
- opportunities to reflect on spiritual crisis and transformation through the Christian world view and theology, spiritual discernment, liturgy, language and pastoral framework within which the client can be helped understand the spiritual crisis, how it originated and where it might be leading
- pastoral ministry helps people to put life, death and what lies beyond into context. Spiritual suffering and crisis can be given meaning and hope through the Gospel, which otherwise they would not have. In these ways Christian healing ministry and deliverance ministry come into their own where conventional healthcare has reached its limits of efficacy
- Christian fellowship and spiritual companionship offer opportunities for sharing of experiences of crisis, encouraging discipleship, self-awareness and transformation;
- continuing pastoral care provides opportunities for the client to acknowledge and reflect upon factors which underlie the client's symptoms, including those factors which could help or hinder 'recovery'
- spiritual counsel, which should be clearly differentiated from professional counselling, is grounded in Christian theology: it can provide positive motivation to the client to become the person that they were created to be
- sacraments, liturgy and other rituals are a means of grace for sharing and aiding transformation, healing and wholeness, to enable safe expression of profoundly troubling experiences and the laying of them to rest, for the client to receive blessing, and encouragement to move on and have a fresh start in their life.

The Christian community:

- offers a therapeutic ministry by priests and authorized lay people who are accountable to leadership within the Church
- meets needs for safety, belonging, respect and personal development
- seeks to help people on their therapeutic journey by creating a safe place for them to do so, including mentoring one another through difficult issues, and teaching people about the nature of Christian fellowship and relationships.

Becoming a member of the Christian community also involves choice on the part of the client. To mention just three:

- the choice to turn away from those harmful things or relationships which have caused or contributed to the client's spiritual crisis
- the choice to make a personal commitment to Jesus Christ and to seek God's grace
- the choice to enter into a new way of being and living, that is to say, to seek personal transformation, which includes the desire to serve God alongside others, and for the

good of the rest of the community. In other words, the Church is a mutually therapeutic community.

To conclude: the experience of spiritual crisis is one of the universal characteristics of the human condition. Spiritual crises do not respect boundaries! Spiritual crises are not necessarily about evil or demonic spirits, for they can also be regarded as opportunities for life-transforming choices for the troubled client. Each faith or belief system offers its own processes, answers and therapeutic responses. From the Christian perspective, deliverance of the client from spiritual oppression, obsession and possession, into a personal relationship with God the Holy Trinity is integral to both the mission and ministry of the Church. The prime aim of Christian deliverance ministry is to bring the client into a close relationship with Jesus Christ. Even though most cases do not need deliverance ministry or exorcism, good pastoral care is always required. Usually it is the quality of the normal pastoral response within the context of the local Christian community which people find most appreciate and find helpful.

Suggestions for further reading:

Archbishops' Council, The, 2000, *A Time to Heal*, Chapter Nine, London, Church House Publishing.

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Walker, Dominic, 1997, *The Ministry of Deliverance*, London, Darton, Longman and Todd.

ⁱ Archbishops' Council, The, 2000, *A Time to Heal*, London, Church House Publishing, 298.

ⁱⁱ Archbishops' Council, The, 2000 *Common Worship: Pastoral Services*, London, Church House Publishing, 94.

ⁱⁱⁱ Walker, Dominic, 1997, *The Ministry of Deliverance*, London, Darton, Longman and Todd.

^{iv} Archbishops= Council, The, 2000, *A Time to Heal*, London, Church House Publishing, 377.)