Spirituality in Clinical Practice

Accounting for the Demonic: Helpful and Unhelpful Factors Associated With Belief in Demonic Etiologies of Mental Illness Among Evangelical Christians

Christopher E. M. Lloyd, Joshua Cathcart, and Maxinne C. Panagopoulos

Online First Publication, December 7, 2023. https://dx.doi.org/10.1037/scp0000354

AMERICAN PSYCHOLOGICAL ASSOCIATION

Spirituality in Clinical Practice

ISSN: 2326-4500

https://doi.org/10.1037/scp0000354

Accounting for the Demonic: Helpful and Unhelpful Factors Associated With Belief in Demonic Etiologies of Mental Illness Among Evangelical Christians

Christopher E. M. Lloyd[1], Joshua Cathcart[2], and Maxinne C. Panagopoulos[3]

[1] Centre for Psychological Sciences, University of Westminster

[2] School of Psychology and Neuroscience, University of Glasgow

[3] Department of Psychology, University of the Highlands and Islands

Demonic etiologies of mental illness (e.g., demonic attack, oppression, or possession) promoted by some evangelical Christians groups may lead to the isolation and stigmatization of those experiencing mental ill-health. Yet belief in demonic etiologies can also serve psychological functions, helping people to construct meaning in response to adversity and suffering. This research seeks to explore the factors associated with a demonic etiology of mental illness that are considered both helpful and unhelpful to evangelicals experiencing mental ill-health. A convenience sample of 50 evangelical Christians completed a qualitative survey regarding the relationship between the supernatural and mental health. A contextualist thematic analysis identified three main themes: (1) *conceptualizations of mental illness*, (2) *demonic conceptualizations of mental illness as helpful*, and (3) *demonic conceptualizations of mental illness as unhelpful*. Findings suggest that while spiritual etiologies of mental illness are widespread, these may frequently also coalesce with a nuanced recognition and appreciation for biopsychosocial factors. Demonic etiologies of mental illness may be experienced as helpful by affording individuals meaning in their suffering and enabling positive spiritual coping. Conversely, demonic etiologies may be experienced as unhelpful when they discourage access to secular mental health support and lead to stigmatization and isolation. These findings underline the complexities of studying etiological accounts of mental illness in religious communities and confirm the limitations of a dichotomized approach to psychological illness in evangelical Christian communities whereby spiritual accounts are rendered as pathological or unhelpful.

Keywords: Christianity, evangelicalism, demons, mental health, qualitative

Religiosity, which refers to one's commitment to a transcendent being and involvement in the associated ritual practices (Cohen et al., 2017), influences health outcomes (Page et al., 2020), perceptions of health, illness etiologies, and treatment among adherents of religions (Mercer, 2013). Numerous reviews have identified the dualistic capabilities of religion to both support

Christopher E. M. Lloyd https://orcid.org/0000-0001-9659-0890

Joshua Cathcart https://orcid.org/0000-0003-1831-6700

Maxinne C. Panagopoulos https://orcid.org/0000-0002-8546-8889

The authors are grateful for the participants who took the time to share their views and experiences in this study. The authors declare no conflicts of interest.

The data that support the findings of this study are available from the corresponding author, Christopher E. M. Lloyd, upon reasonable request. This project received full university ethical clearance.

Open Access funding provided by University of Westminster:

Correspondence concerning this article should be addressed to Christopher E. M. Lloyd, Centre for Psychological Sciences, University of Westminster, 115 New Cavendish Street, London W1W 6UW, United Kingdom. Email: C.Lloyd3@westminster.ac.uk

and undermine mental health (Lloyd et al., 2023; Park & Slattery, 2013; Schieman et al., 2013; Weber & Pargament, 2014). Engagement with religion offers individuals a number of benefits in relation to mental health. First, religious groups may provide individuals with a sense of belonging, social identification, and social support from like-minded adherents (Mavor & Ysseldyk, 2020; Starnino, 2016; Sullivan, 2009). Second, religions may benefit mental health in that they offer systems for global and situational meaning-making and worldviews that facilitate positive coping (Newton & McIntosh, 2013; Park, 2005, 2011), particularly in relation to mental well-being (Bonelli & Koenig, 2013; Lloyd et al., 2023). Religious coping, the process of utilizing one's religious teachings and traditions as a support against the difficulties of life, can be effective in maintaining positive mental health (Abu-Raiya & Pargament, 2015).

Conversely, religious beliefs and communities have been observed to negatively impact mental well-being. Religion may encourage maladaptive forms of religious coping, leading to worsened mental health outcomes (Abu-Raiya & Pargament, 2015; Schieman et al., 2013; Weber & Pargament, 2014). Adherents of religion may experience religious struggles in relation to the experience of suffering, sin, or supernatural attack (Exline & Rose, 2005); relatedly, experiences of spiritual distress (Caldeira et al., 2013), pain (Delgado-Guay et al., 2011), and crisis (Agrimson & Taft, 2009) may present challenges to the health and well-being of religious adherents. In a Christian setting, Wesselmann and Graziano (2010) reported that religious attitudes were positively associated with stigmatizing views in relation to mental distress. Over 30% of Stanford's (2007), 293 participants reported a negative interaction in regard to their mental distress in a church context. More recently, the prevalence of stigmatized perceptions of mental illness in Christian settings has been supported (Lloyd, 2021, 2023a; Lloyd & Hutchinson, 2022). As such, religious individuals experiencing mental ill-health can be misunderstood, ignored, and isolated (Lloyd et al., 2023) which may impact help-seeking behaviors (Lloyd et al., 2022). Recognizing these conflicting accounts, the experience of mental ill-health among Christian individuals is complex, incorporating religious social systems and frameworks of meaning that can work to both benefit and disadvantage the mental well-being of the individual.

This complexity is emphasized in the Christian characterization of mental health as reflective of one's spiritual life (Cook & Hamley, 2020; Webb, 2017). Lloyd and Waller (2020) noted the historical divide between secular understandings of mental ill-health, which emphasize naturalistic etiologies of illness, and religious understandings, which emphasize spiritual etiologies (Iosif, 2011). This rift has generated mutual distrust between secular and Christian psychotherapies (Kay & Parry, 2009), especially in evangelical communities (Beck, 1997). As such, religious communities that emphasize a spiritual understanding of mental illness (e.g., evangelicals), may cause adverse social, spiritual, and emotional outcomes among those experiencing mental ill-health (Lloyd, 2021).

Evangelicalism and Demonic Etiologies of Mental Illness

With over 600 million global members (Pew Research Centre, 2015), evangelicalism is described as a transdenominational movement in Christianity that emphasizes personal conversion, biblical authority, original sin, and proselytization (Bebbington, 2003). Evangelicalism highlights that salvation occurs through faith in Christ (Lloyd et al., 2021) and depicts the natural world as being influenced by supernatural agents of both God and Satan (Nie & Olson, 2016). Relevant to mental health, evangelical groups also emphasize divine healing as central to their belief systems (Dein, 2020), positioning them to adopt spiritualized etiologies of mental illness (Lloyd & Hutchinson, 2022). This understanding of mental illness may lead some to question or reject biomedical treatment as an appropriate treatment for mental illness (Dein, 2020; Mercer, 2013).

Spiritual etiologies of mental ill-health have historically been characterized by inadequacy of faith (i.e., a lack or loss of faith, living with sin) or influence of the demonic (see Lloyd et al., 2023; Mercer, 2013). Notably, demonic influence of an individual is characterized as being made possible by the inadequacy of the individual's faith or their departure from standards of Christian living (Lloyd & Hutchinson, 2022). Describing this phenomenon, Lloyd (2021) coined the term *spiritual reductionism* to explain the process by which Christian communities, particularly those with literalist readings of the Bible and evangelical

beliefs, explain mental illness through a spiritual etiological system, often neglecting the social, psychological, and physical influences on mental well-being (Lloyd, 2023a; Scrutton, 2020). In evangelical communities, faith leaders may encourage spiritual treatments for mental illness (Lloyd & Hutchinson, 2022) and discourage exclusively psychomedical treatments (Leavey, 2008). Treatments for mental illness understood through a spiritual etiological system relate to religious practices such as prayer, fasting, divine healing, and deliverance (Lloyd, 2021; Lloyd & Hutchinson, 2022; Stanford, 2007). With specific reference to the demonic, deliverance therapies and exorcisms seek to spiritually heal the mental or physical suffering of an individual by freeing them from the influence of or possession from the demonic (Exline et al., 2021). Though experiences of demonic etiologies of mental illness and spiritual therapies have been reported as negative and distressing (Mercer, 2013), some have noted the benefit of participating in these practices (Exline et al., 2021).

Demonic Etiologies: Helpful or Unhelpful?

Nie and Olson (2016) observed that belief in demons is associated with poorer mental health, though poor mental health did not predict belief in demons. Lloyd (2021) argued that believing in a demonic etiology of mental illness may negatively impact mental well-being, especially where demonizing others also introduces risks of interpersonal conflict and harm. Similarly, experience of demonic struggle (i.e., demonic influence or attack) has been linked to emotional distress (Exline et al., 2014) and a higher mortality rate among medically ill older adults (Pargament et al., 2001). Furthermore, it has been identified that demonic etiologies of mental illness may encourage externalization of both the cause (e.g., demonic influence) and treatment (e.g., God) of mental illness, undermining the individual's recovery (Exline et al., 2021). This concern may be especially pressing in evangelical settings that emphasize the power of divine healing (Dein, 2020). While externalization due to demonic etiologies holds clear negative barriers to recovery, so too does the internalization and spiritual reductionism that is associated with belief in the demonic. As Lloyd and Panagopoulos (2023) outline, spiritual reductionism often places the individual as responsible for their illness through inadequate faith or sinfulness allowing access to the demonic. Such positions have been linked to excessive shame and diminished treatment seeking (Lloyd et al., 2023; Lloyd & Panagopoulos, 2022, 2023; Lloyd & Reid, 2022).

Conversely, there are indications that a demonic etiology of mental illness may be helpful to those experiencing mental ill-health. Routledge et al. (2016) note that belief in supernatural evil can aid meaning-making in relation to danger. Moreover, Exline et al. (2021) recognize that by attributing evil acts perpetrated by humans to demons, an individual may develop a simpler yet more gratifying explanatory framework for the complexity of human nature. Specifically, conceptualizing life as *spiritual warfare*, as described by evangelical groups (Nie & Olson, 2016), may provide an individual with a sense of strength and purpose (Exline et al., 2021). This hypothesis, however, is yet to be tested. Though less prevalent in the literature, positive accounts of spiritual therapies are evident. While predominantly reporting negative outcomes, Bull (2001; Bull et al., 1998) noted that eight of 47 participants who had undergone exorcism described positive experiences; a further seven reported both positive and negative experiences. Similarly, Pfeifer (1994) noted one individual experiencing mental distress who positively regarded their experience of an hour-long session of deliverance prayer. These studies, however, are limited in that the descriptions of the experiences of spiritual therapy lack detail. Rowan and Dwyer (2015) observed demonic deliverance among Pentecostal participants, noting feelings of gratefulness, freedom, and rebirth.

The Present Study

Currently, little is known about how Christian groups who believe in spiritual agents as causative in mental illness perceive and make sense of mental illness in their own terms. In addition, the paucity of research concerning the demonic within evangelical Christianity coalesces with evidence that belief in the demonic may hold negative effects for individuals, namely: increased levels of mental illness (Nie & Olson, 2016), stigmatization (Lloyd, 2021), delayed, or impacted help-seeking (Lloyd & Kotera, 2021; Lloyd et al., 2021) and relational dismissal (Lloyd & Hutchinson, 2022; Weaver, 2014). Furthermore, much of the existing research has assumed that belief in the demonic represents a negative experience for individuals and groups without fully exploring the meanings these beliefs and experiences hold

for individuals and groups. Consequently, in this qualitative study, we set out to explore how the demonic may be positioned as intersecting with mental illness, and the particular ways in which participants may experience demonic accounts as helpful or unhelpful.

Method

Research Design Overview

A qualitative online survey design was used to explore the ways in which evangelical Christians make sense of mental illness, including the role of the demonic and whether this might be experienced as helpful or unhelpful. In view of the paucity of qualitative studies exploring the first-hand perceptions of Christians who maintain active belief in the demonic, a contextualized thematic approach to analysis, rather than the delineation of cause and effect variables, was considered most suitable (Lloyd, 2023b). A qualitative online survey design was utilized in order to provide initial exploratory qualitative evidence regarding participants perceptions and experiences, in their own terms. According to Braun et al. (2021, p. 3): "qualitative surveys offer one thing that is fairly unique within qualitative data collection methods—a 'wide-angle lens' on the topic of interest that provides the potential to capture a diversity of perspectives, experiences, or sense-making." An online qualitative survey was prioritized over qualitative interviews at this stage, as it was felt that it would be more feasible for participants to complete a survey in their own time. Furthermore, it was felt that a survey design would reduce the influence of social desirability effects upon participant response.

Morrow (2005) argued that qualitative researchers should reflect on the philosophical assumptions that ground their research. The present study is embedded within a contextualist epistemological framework. Participant data are therefore read and interpreted as giving partial access to "truths," perspectives, or experiences—but it is also recognized that interpretation of participant data is always contingent on the individual, social, and spiritual milieu in which they are held.

Reflexive Statement

Within qualitative research, reflexivity refers to the process whereby the researcher acknowledges how their own subjective position, history and individuality may permeate the research process (Willig, 2019). The first author in this study (CL) was raised in an evangelical Christian home which promoted charismatic forms of spirituality, theology and miraculous healing, sometimes reductionistic. He is motivated to explore the negotiation that ensues between faith, lived experience, and mental illness, and how particular theodicies, theologies, and social contexts shape how an individual might respond to their own and others' mental health. The second author (JC) was raised in a Presbyterian Christian home and, while no longer an adherent of any religious group, has positive experiences of church membership, faith, and a personal relationship with God. He is interested in the social role religious communities play among their members. The third author (MCP) is a Christian scholar working in the field of psychology of religion. She was raised in an evangelical environment and as such holds an understanding of evangelical rhetoric. While recognizing her bias as a Christian, she aims to critically explore the intersection between Christianity, identity and mental health.

Study Participants

A convenience sample of 50 participants were recruited. The average age of the participants was 50.62, with 28 identifying as male and 22 as female. The majority were White Caucasian ($n = 43$), though other participants identified as Asian ($n = 1$), Black African ($n = 1$), Native American ($n = 1$), or did not disclose their ethnicity ($n = 4$). The participants were located in the United Kingdom and Ireland ($n = 26$), United States ($n = 23$), and Europe ($n = 1$). Participants reported on how often they attended church as several times weekly ($n = 23$), weekly ($n = 20$), monthly ($n = 4$), seasonally ($n = 2$), and yearly ($n = 1$). The majority had experienced mental illness ($n = 43$). Over half reported having a personal encounter with the demonic ($n = 27$), with some reporting that they might have ($n = 12$) or have not ($n = 11$) had an encounter with the demonic. Demographic data of the participants are outlined below in Table 1.

Participant Recruitment and Ethics

Ethical approval for this studied was granted by the University of Derby Ethics Committee

Table 1
Demographic Characteristics of Sample (n = 50)

Characteristic	Frequency
Age	
M	50.62
SD	14.56
Gender	
Male	28
Female	22
Ethnicity	
White Caucasian	43
Asian	1
Black African	1
Native American	1
Not disclosed	4
Geographical location	
United Kingdom and Ireland	26
United States	23
Europe	1
Frequency of church attendance	
Several times weekly	23
Weekly	20
Monthly	4
Seasonal	2
Yearly	1
Experience of mental illness	
Yes	43
No	7
Self-reports of personal encounters with the demonic	
Yes	27
Maybe	12
No	11

(ETH2122-3703). The inclusion criteria required participants to be over 18 years old, to self-identify as an evangelical Christian, and believe in spiritual influence or supernatural agents (e.g., angels, demons, generational curses, evil spirits). Recruitment was undertaken through an advertisement posted on online Christian social media groups, which read:

> This study aims to explore perceptions of the demonic in relation to mental illness. You will be presented with open-ended questions to respond to in your own time. There are no right or wrong answers. Anyone who is 18 years and over, an evangelical Christian, and maintains a belief in spiritual influences or agents, such as; angels, demons, evil spirits, generational curses are eligible to take part.

The data were collected using Microsoft Forms software in 2022. Participants were not compensated for their participation. Upon accessing the survey, participants were invited to read the participant information sheet before providing informed consent. Participants completed a demographic information questionnaire before answering 14 questions relating to supernatural agents and mental illness. The authors performed an extensive literature review to ensure they were well-informed in the research area (Krauss et al., 2009) and developed both the relevant demographic questions and survey questions based on prior research (Åstedt-Kurki & Heikkinen, 1994). Guidance on the wording and placement of the questions was guided by Braun et al. (2021) to ensure accessibility and clarity. Exemplar survey questions included: "What does the demonic, or spiritual realm, mean to you in relation to mental illness? Why do you feel this way?" and "Are there instances when you think a demonic explanation of mental illness might be helpful? Please tell us more with examples? Why do you feel this way?" Table 2 lists the questions included in the online survey. All data were extracted, anonymized, and stored securely in General Data Protection Regulation-approved software at the close of the survey.

Data Analysis

After survey closure, data were downloaded into a Microsoft Excel document in preparation for analysis. A contextualist informed thematic analysis was undertaken, which encompassed six phases of coding and iterative theme development (Braun & Clarke, 2006).

First, horizontal analysis of the data (i.e., the identification and mapping of consistent themes) was undertaken (Clarke et al., 2017; Gaudet & Robert, 2018). The first phase required repeated re-reading of the data, such that the authors were immersed in and gained familiarity with the data. Systematic, inductive coding allowed for the identification of key features of the data in phase two. This stage was conducted by two authors independently (CL and JC). In phase three, a process of numeration (themes graded in terms of their frequency across the data set) allowed for the categorization and grouping of identified higher level themes. At this stage, five themes and 19 subthemes were identified, which were then subject to independent scrutiny and auditing by the third author (MCP). The fourth and fifth phase consisted of a process of refining and defining these candidate themes. This involved all authors revisiting the themes and identified quotes to explore points of convergence, repetition, and underrepresentation in the data. Disagreements regarding the themes were argued to consensus. As part of the refinement

Table 2
Qualitative Survey Questions

Questionnaire
1. What does the demonic, or spiritual realm, mean to you in relation to mental illness? Why do you feel this way?
2. Have you, or a loved one, encountered or experienced the demonic in relation to mental illness? Please tell us about this in as much detail as possible. What were your experiences? What happened?
3. How do you believe the demonic or spiritual realm influences mental illness? Tell us more? How?
4. When (and how) did you come to understand about the role of the demonic in mental illness?
5. Can you tell us about any examples of how the demonic may have affected yours, or others mental illness? What was the outcome?
6. How would you approach/manage your own mental illness?
7. Are there instances when you think a demonic explanation of mental illness might be helpful? Please tell us more with examples? Why do you feel this way?
8. Are there instances when you think a demonic explanation of mental illness might be unhelpful? Please tell us more with examples? Why do you feel this way?
9. How do you feel your belief in demons or the spiritual realm has influenced your reaction or approach to your own, or others mental illness? Why do you feel this way?
10. Have you experienced spiritual intervention, or healing, in relation to your mental illness? Tell us about this in as much detail as possible.
11. Can you tell us about your experiences of mental illness in relation to your faith? What does this mean to you? What does it mean to be a Christian with mental illness?
12. What is the position of your church on mental illness and the demonic? How do you feel about this?
13. How do you feel about medical, psychological or other explanations of mental illness? Why is this?
14. Please tell us anything else you would like to share or add?

process, we regarded a theme to be valid if it was represented across 40% of participant responses. We regarded a subtheme to be valid if it was represented across 20% of participant responses. Following this refinement, three themes and nine subthemes were identified. Finally, phase six constituted the writing of the analysis, including the gathering of relevant data extracts, development of analytic narrative, and production of a descriptive theme table. Spelling and typographical errors in the data were corrected to ensure readability.

Results

The thematic analysis undertaken generated three major themes and their related subthemes: (1) conceptualizations of mental illness, (2) demonic conceptualizations of mental illness as helpful, and (3) demonic conceptualizations of mental illness as unhelpful. See Table 3 for a description of each theme along with examples. Each theme and subtheme are explored in depth below.

1. Conceptualizations of Mental Illness

Varying conceptualizations of mental illness were described by 43 participants and are grouped into four subthemes: (1a) *demonic*, (1b) *failure of faith*, (1c) *psychological and medical*, and (1d) *integrationist*. The first subtheme describes demonic etiologies of mental illness. Second, *failure of faith* describes how a deterioration of faith due to sinful acts or non-Christian behaviors can leave one vulnerable to demonic attack. *Psychological and medical* describes the conceptualization of mental illness as exclusively a psychological and/or medical issue. Finally, the subtheme *integrationist* describes a conceptualization of mental illness that integrates psychological, medical, and spiritual components; it describes the characterization of demonic attack as aggravating mental health rather than causing mental illness.

(1a) Demonic

In descriptions of mental illness, 11 participants referred to demons as being causative in mental ill-health. One stated that the cause of mental illness among members of their congregation was due to "the demonic by whispering or doubting or reminding them of their past sins" (p. 21). Another participant suggested that "demons are always at work and the avenue they have is through your head—this can result in mental illness and even

Table 3
Theme Descriptions and Illustrative Quotes

Theme and subtheme	Description	Illustrative quotes
Conceptualizations of mental illness	This theme explores the various conceptualizations and explanatory frameworks of mental illness as described by Evangelical Christians.	
Demonic	This theme outlines demonic etiologies of mental illness and notes these viewpoints are supported through biblical examples of demonic influence.	"My church has many members who have a mental illness-caused by the demonic by whispering or doubting or reminding them of their past sins" (p. 21). "I do believe that the demonic/spiritual realm could be part of certain mental health illnesses such as schizophrenia or paranoia" (p. 2). "I believe that the bible shows in the New Testament that mental health problems can be caused by tormenting demons (Mark 5)" (p. 35).
Failure of faith	This theme explores how failures of faith are perceived to leave an individual vulnerable to demonic attack which is underpinned as a cause of mental illness.	"When we give space to ungodly beliefs like we aren't good enough to be loved we give room for the demonic to take hold" (p. 10). "Knowing you are doing things that do not please God leads to depression and anxiety. For me in my relationship—when it was lowest suddenly this other woman was presented. When I finally broke it off and recommitted to my wife and made a commitment to see the blessings in my life, my depression left" (p. 32).
Psychological and medical	This theme outlines how some adherents discredit demonic conceptions of mental illness in favor of a model of mental illness as having physiological, psychological, and medical explanations.	"I feel strongly that a medical explanation is generally the cause behind most mental health issues. I think we've learned enough about the body to understand how hormones, bodily functions, and the mind work together to explain some of the 'why' behind certain mental illness and conditions" (p. 24). "My church believes that mental health is a medical condition" (p. 3). "Demons are demons, not mental illnesses. Mental illnesses are physical and emotional maladies, not demonic possessions" (p. 48).
Integrationist	This theme illustrates the conceptualization of mental illness as containing interwoven elements of physical, psychological, and spiritual factors in its understanding of mental illness.	"Some things are biological. But all facets should be addressed—physical, mental, spiritual" (p. 32). "I think it is just one way the enemy can get to us. I believe strongly that the devil knows our weaknesses and the best way to attack us and I believe for many this is through our mind" (p. 5).

(*table continues*)

Table 3 (*continued*)

Theme and subtheme	Description	Illustrative quotes
		"Some mental illness is demonic/spiritual, but not all mental illness is demonic/spiritual. Looking at mental illness as an either/or situation in regards to it being all spiritual or all mental doesn't give a full picture of how complex mental health is" (p. 24).
Demonic conceptualizations of mental illness as helpful	This theme explores the ways in which a spiritual and demonic conceptualization of mental illness can be helpful or beneficial to Evangelical Christians experiencing mental ill-health.	
Providing an explanatory framework	Belief in the demonic provided an explanatory framework of mental illness, especially when symptoms persisted despite secular interventions. It also provided an externalized foe and sense of empowerment.	"I don't know ALL of the circumstances when an explanation of the demonic is helpful, but I believe it will often be helpful if there is no natural explanation" (p. 34). "When a person has been seeing a psychiatrist for a long period of time with no acceptable results it would be advisable to explain how demonization may be an issue" (p. 11). "I can imagine for some it might be helpful to think its demonic in nature because there's a more solid "cure" for that vs. a physiologically driven mental illness" (p. 9).
Positive spiritual coping	Outlines useful coping methods available to individuals who hold a demonic conceptualization of mental illness (e.g., faith interventions, angelic protection, and integrationist therapies).	"The Baptism in the Holy Spirit initially healed me of obsessive neurosis and immediately took away side effects of coming off medication" (p. 4). "My spouse has felt that sometimes through her mental illness there have been elements of spiritual warfare and on particular occasions there has been spiritual support and perhaps angelic intervention to protect" (p. 17). "The earthly realm is also impacted and protected, to a degree, by angels" (p. 14).
Demonic conceptualizations of mental illness as unhelpful	This theme explores the ways in which a spiritual and demonic conceptualization of mental illness can be unhelpful or detrimental to Evangelical Christians experiencing mental ill-health.	
Barriers to mental health support	This theme illustrates how demonic conceptualizations of mental illness were harmful when encouraging individuals experiencing mental illness to choose spiritual (e.g., prayer, deliverance) over secular (e.g., therapy, medication) support.	"Focusing on getting rid of demons prevents people from seeking the help they need" (p. 1). "Anyone who presents with an illness that is advised to use prayer as an alternative to medical treatment runs the risk of deteriorating and losing the battle with the illness" (p. 16). "The pressure that is put on those suffering from mental illness to stop taking their medication or listening to their

(*table continues*)

Table 3 (*continued*)

Theme and subtheme	Description	Illustrative quotes
		doctors and instead seek deliverance is appalling" (p. 50).
Shame and stigma	Outlines the ways demonic etiologies stigmatize mental illness and encourage the characterization of mental ill-health as loss or inadequacy of faith. In turn, individuals experiencing mental ill-health are shamed by their religious community.	"People are blamed for sin when what they need is love, care, and support. A lesser version is saying that mental illness is caused by lack of faith" (p. 44). "I have faced some negative and harmful teachings in the church and told my faith wasn't enough" (p. 10). "Many churchgoers seem to be against any type of medication for mental illness, too. Some who go on it and are helped are shamed by friends and family in church to stop, only to get worse and worse" (p. 25).
Spiritual trauma: Fearful worldview	This subtheme describes the fearful worldview and spiritually traumatic experiences engendered by a demonic conceptualization of mental ill-health and its associated therapies.	"I grew up believing that demons were, indeed, behind every bush and that we were always involved in a cosmic supernatural battle. The fear and oppression that I lived in were literally grooming me for OCD tendencies and other mental illnesses. This 'spiritual world' focus hindered me from making a tangible positive impact on the actual physical work around me" (p. 50). "When suffering from depression while at university, some well-meaning Christians offered prayer and then proceeded to perform a kind of exorcism on me. It was deeply distressing and caused substantial spiritual trauma that took years of therapy and genuine love and support from Christians to overcome" (p. 16). "Demonic interpretation is spiritually abusive of people who are already vulnerable and subjects them to risk of significant harm" (p. 33).

demon possession" (p. 32). Some participants gave specific examples of mental illness caused by demonic influence: "I do believe that the demonic/spiritual realm could be part of certain mental health illnesses such as schizophrenia or paranoia" (p. 2); "I think there are times DID [dissociative identity disorder] could be oppression by the demonic, depression could be an attack that has led to us being separated from God" (p. 10). Such specific examples of mental illness as being related to demonic influence illustrate the ease with which participants prescribe spiritual reductionism to mental illness. The explanations of mental illness were often simultaneously upheld through biblical examples of demonic activity as causing mental distress: "I believe that the bible shows in the New Testament that mental health problems can be caused by tormenting demons (Mark 5)" (p. 35); "we know from scripture that demons can cause physical illnesses and problems such as blindness, epilepsy, as well as mental health issues" (p. 18).

(1b) Failure of Faith

Eleven participants made specific reference to personal failures of faith and sinful or non-Christian thoughts and acts, such as "horoscopes" and "Ouija boards" (p. 30), as having the potential to leave one vulnerable to demonic attack and its associated mental difficulties. One participant described sinful thoughts as having the potential to allow demonic attack:

> By temptation to act outside or live outside the will of God. Knowing you are doing things that do not please God leads to depression and anxiety. For me in my relationship—when it was lowest suddenly this other woman was presented. When I finally broke it off and recommitted to my wife and made a commitment to see the blessings in my life, my depression left. (p. 32)

Similarly, failure of faith through engagement with the occult or generational curses was considered to put one at risk of spiritual attack: "They [demons] enter through sins we engage in or when others perpetrate upon us" (p. 13); "[insomnia and depression] were probably due to the occult activities engaged in by his parents and grandparents" (p. 37). As the aforementioned quotations illustrate, engagement with activities that are considered sinful was perceived as leaving Christians vulnerable to demonic attack. This conceptualization often implies that demonic attack and mental illness occur due to personal failings of the individual.

(1c) Psychological and Medical

Eleven participants impressed upon the importance of considering mental illness as a psychological and medical issue: "I believe there is strong evidence for medical explanations of most mental illnesses" (p. 34); "I feel strongly that a medical explanation is generally the cause behind most mental health issues" (p. 24). In addition, many participants who adhered to a psychological and medical understanding of mental illness explicitly stated that they did not condone exclusively spiritual or demonic explanations of mental illness: "mental illness is an illness, nothing to do with demons" (p. 26). Similarly, one participant remarked: "I think that mental health and the spiritual or demonic realm are two completely different things" (p. 3). While not dismissing the danger and influence of demons in general, mental illness in these accounts was often not considered to be caused by demonic attack.

(1d) Integrationist

Twenty-eight of the 50 participants adopted an integrationist approach in their understanding of mental illness, such that physical, psychological, and spiritual components were recognized: "Some things are biological. But all facets should be addressed—physical, mental, spiritual" (p. 32). In these integrationist accounts, mental illness was characterized as being influenced by multiple factors as one participant outlined: "It's rare that a mental illness has just one contributing factor" (p. 14). In addition to outlining multiple factors and influences causing mental illness, another participant explicitly referenced spiritual factors within a broader, holistic understanding of mental illness: "Along with physical/psychological and situational causes for mental illness, we should be discussing spiritual causes as well" (p. 34). For mental health to be addressed and understood appropriately and fully, it was noted that conceptualizations of mental illness should integrate both psychological and spiritual understandings:

> Some mental illnesses are demonic/spiritual, but not all mental illnesses are demonic/spiritual. Looking at mental illness as an either/or situation in regards to it being all spiritual or all mental doesn't give a full picture of how complex mental health is. (p. 24)

Importantly, this conceptualization validated the relationship between demonic influence and mental health, such that demonic attack (i.e., spiritual in

nature) can aggravate mental health (i.e., psychological/psychiatric in nature). As one participant remarked: "I do think demons are tactical and strategic—and no better way to get people to turn away from God than to get them so turned inward (by depression or whatever mental illness)" (p. 9). In this conceptualization, mental health is perceived to be the site of demonic attack.

2. Demonic Conceptualizations of Mental Illness as Helpful

Twenty-three participants outlined instances in which a spiritual or demonic conceptualization of mental illness was considered as helpful; specifically, two subthemes were identified: (2a) *providing an explanatory framework* and (2b) *positive spiritual coping*. The former addressed the ways in which a spiritual conceptualization of mental illness offered an explanatory framework for otherwise-unexplainable mental suffering, imbuing empowerment through direct and spiritually focused cures. *Positive spiritual coping* described the beneficial influence of spiritual therapies and coping methods available to individuals who hold a demonic conceptualization of mental illness.

(2a) Providing an Explanatory Framework

Fourteen participants who held a spiritual explanatory framework through their belief in the ability of demonic forces to cause mental illness were able to conceptualize mental illness as being caused by external, demonic forces. Such conceptions were helpful and acted at times to empower participants by allowing them to identify an external agent at the root of their illness. This appeared to aid participants in managing episodes of mental illness: "I know at once that if I start to feel depressed for no reason at all, I am probably under spiritual attack. Recognizing that tends to solve the problem for me straight away" (p. 37). This beneficial process of externalization was also present in other participant accounts: "it may I suppose be of some help to some people to think of what is going on in their head as something external happening to them by uncontrollable forces" (p. 16). In addition to empowerment through the conception of external forces at work in their mental illness, participants were also able to utilize the belief that they could be protected from evil forces through God. In these instances, a spiritual framework that believed in good, as well as evil forces, encouraged feelings of empowerment around their mental illness: "recognizing it is the enemy is the biggest step. Once you know that you can be on your guard and ask God to protect you" (p. 5).

A spiritual framework appeared most helpful to those whose mental illness was not alleviated by traditional, secular intervention as participant 11 and 23 outlined: "when a person has been seeing a psychiatrist for a long period of time with no acceptable results it would be advisable to explain how demonization may be an issue" (p. 11); "It's ok [medical/psychological explanations]. But doesn't explain those who don't respond to medical intervention" (p. 23). In summary, a demonic conceptualization of mental illness was reported as valuable to some in that it was felt to offer an explanation for otherwise-unexplained mental suffering. Demonic conceptualizations were also felt to afford a level of explanatory power for mental illness, which was understood as reassuring.

(2b) Positive Spiritual Coping

Belief in demonic agents as causative in mental illness was also often paired with the associated belief in positive and powerful Christian agents such as angels, the Holy Spirit, and Christ, as referenced by 17 participants. This belief in the presence of positive spiritual agents appeared to support adaptive spiritual coping. Specifically, participants reported believing in the influence of angelic support during mental illness and suffering: "The earthly realm is also impacted and protected, to a degree, by angels" (p. 14); "My spouse has felt that sometimes through her mental illness there have been elements of spiritual warfare and on particular occasions there has been spiritual support and perhaps angelic intervention to protect" (p. 17).

Once a spiritual framework is established, participants not only found relief through perceptions of angelic intervention but also described faith interventions such as prayer and spiritual baptism as effective remedies for mental illness and suffering caused by demonic attack. As one participant explained: "I experienced quite intense demonic oppression and as I came nearer to Christ, I was saved and set free. I experienced panic attacks during this time among many other things which left through prayer and deliverance" (p. 18). In addition to prayer and deliverance, participants also made reference to spiritual baptism in the Holy Spirit as alleviating their

mental illness: "the Baptism in the Holy Spirit initially healed me of obsessive neurosis and immediately took away side effects of coming off medication" (p. 4). Baptism of the Holy Spirit refers to an event in which the spirit of God and his power enters into spiritual communion with the individual (Menzies, 2020). Meanwhile, others referred to the positive influence of spiritual baptism and communion: "After deliverance has taken place, probably 75% of the time the person will tell me they feel lighter or empty in a strange way. Those suffering panic attacks no longer have panic attacks" (p. 18). These faith interventions are described as being effective, spiritual cures for mental ill-health and suffering.

For participants who took an integrationist approach to understanding mental illness, however, spiritual therapies were often referenced as helpful when employed in tandem with mental health and medical services:

> I think since God works through "common" and everyday means, I would first approach things through counselling, therapy, and medical intervention, while at the same time encountering mental illness through prayer and Christian community, which in itself is a form of therapy. (p. 49)

Similarly, it was reported that when used in tandem with secular therapies, faith interventions were felt to provide both unique and empowering tools for coping with mental illness: "I would use prayer and wisdom from other Christians as well as personal prayer, also seeking Biblical counsel but also looking to medical and professional support" (p. 17).

3. Demonic Conceptualizations of Mental Illness as Unhelpful

Conversely, 23 participants outlined instances in which a spiritual or demonic conceptualization of mental illness was felt to be unhelpful. Three subthemes were identified: (3a) *barriers to mental health support,* (3b) *shame and stigma*, and (3c) *Spiritual trauma: Fearful worldview*. The first subtheme, *barriers to mental health support*, explores the means by which a demonic conceptualization of mental illness was felt to discourage individuals from accessing mental health services and taking medication. *Shame and stigma* outlines the ways demonic etiologies may stigmatize mental illness and encourage the characterization of mental ill-health as loss or inadequacy of faith. The final subtheme, *Spiritual trauma: Fearful worldview*, explores the traumatic outcomes of a demonic conceptualization of mental ill-health; specifically, it describes the fearful worldview, traumatic therapies, and spiritual abuse which may be engendered by extremes of this demonic viewpoint.

(3a) Barriers to Mental Health Support

Fourteen participants noted that demonic conceptualizations of mental illness generated barriers to wider mental health support. As one participant reported: "focusing on getting rid of demons prevents people from seeking the help they need" (p. 1). It was noted that an overreliance on demonic conceptualizations and spiritual treatments of mental illness by church communities risked worsening the suffering associated with mental illness and disinclined individuals from seeking appropriate medical support: "there is a strong emphasis on prayer and reading the scriptures being the base of treating mental health, rather than portion of treatment. I'm uneasy about this" (p. 24). While spiritual conceptions of mental illness were reported as helpful in some instances, they also had the risk of isolating the individual from utilizing secular support.

Demonic conceptions were reported as particularly harmful when spiritual warfare and faith interventions were encouraged as a replacement for medical interventions: "I have been told time and time again that prayer alone will help. My father tried to convince me to stop taking my medicine, when it was helping me not have such overpowering panic attacks" (p. 25). In addition, encouragement to refuse or discontinue medicinal treatment was reported to risk causing further deterioration of mental health: "The pressure that is put on those suffering from mental illness to stop taking their medication, or listening to their doctors and instead seek deliverance is appalling" (p. 50). At times, the emphasis on the healing abilities of spiritual support, such as prayer, may also cause the detrimental effects of encouraging individuals to cease secular therapies which are proving useful, resulting in a worsening mental health state.

(3b) Shame and Stigma

Fourteen participants identified that mental ill-health was often characterized as a loss or inadequacy of faith when demonic etiologies were adopted: "For a long time I took on board the lie

that a 'real' Christian would not suffer with mental health issues—that is untrue" (p. 33); "people are blamed for sin when what they need is love, care, and support. A lesser version is saying that mental illness is caused by lack of faith" (p. 44). Specifically, belief in demonic influence may work to stigmatize mental illness, allowing the attribution of blame or sinful behavior among individuals experiencing mental illness:

> I was diagnosed as Autistic last year. To some, this is considered a mental illness because it is seen as "less than what God originally designed." My mother sees it as evidence of my giving parts of my life to demonic influence. (p. 50)

This stigmatization may occur in the individual's close familial relationships, such as reported by participant 50 above, as well as their wider congregational and social networks: "I have faced some negative and harmful teachings in the church and told my faith wasn't enough" (p. 10). This culture of individual failure and blame was reported by participants as not only creating additional social and spiritual difficulties to the individual experiencing mental ill-health, but also as contributing to a system of shame in which accessing mental health support demanded the individual to validate these perceived shortcomings of faith:

> When I first reached a crisis point, I tried everything. I changed my name to become a new person. I was rebaptized because (I thought) the first time obviously didn't work. Then we told my doctor, who prescribed an antidepressant, that I did not want to admit I needed. Weakness, lack of faith, all that garbage. I did take it though, and though I felt humiliated, it worked. I thank God now that I was humbled and now can live a prosperous, happy life. (p. 48)

(3c) Spiritual Trauma: Fearful Worldview

In addition to stigmatizing mental ill-health and bolstering barriers to accessing mental health support, 15 participants described the spiritual abuse associated with demonic conceptualizations of mental illness. First, it was noted that a demonic explanation of mental illness was experienced as a frightening and potentially paralyzing worldview:

> I grew up believing that demons were, indeed, behind every bush and that we were always involved in a cosmic supernatural battle. The fear and oppression that I lived in were literally grooming me for OCD tendencies and other mental illnesses. This "spiritual world" focus hindered me from making a tangible positive impact on the actual physical world around me. (p. 50)

The prevalence of demonic etiologies as described by the excerpt above seemed to be underpinned by a core belief in the power and existence of demonic forces. It is important to note the wider emotional outcomes of this belief, which may induce a negative and fearful worldview and in itself act to perpetuate and exacerbate mental illness, as highlighted by another participant: "Telling someone that they have demonic powers influencing them from within may feed into any paranoia they may have" (p. 3).

Demonic and spiritual therapies similarly evoked negative emotional responses with some participants reporting lasting mental distress, fear, and spiritual trauma:

> My mother, under the spiritual authority of church leaders and pastors, made me gag myself and vomit into a trash can or toilet daily to get rid of the demons that were causing me to sin. … I was terrified. (p. 50)

> When suffering from depression while at university, some well-meaning Christians offered prayer and then proceeded to perform a kind of exorcism on me. It was deeply distressing and caused substantial spiritual trauma that took years of therapy and genuine love and support from Christians to overcome. (p. 16)

In conclusion, demonic conceptualizations of mental illness were reported by participants as sometimes negatively impacting the experience of mental illness among Christians. The spiritualization of mental illness may work to create barriers to accessing mental health services and stigmatize individuals experiencing mental illness in evangelical settings. Furthermore, pursuing spiritual treatments in isolation from individual beliefs or contexts, may lead to negative and lasting spiritual and emotional trauma.

Discussion

This study has explored the perceptions and lived experiences of evangelical Christians in relation to demonic etiologies of mental illness. Specifically, it identified both the helpful and unhelpful factors of this explanatory model. While much literature has focused on the positive (Zagożdżon & Wrotkowska, 2017) and negative outcomes of spiritualized etiologies of mental illness (see Exline et al., 2021; Mercer, 2013; Weaver, 2014), few articles have focused on exploring the positive and more functional outcomes associated with a demonic etiology of mental illness (Lloyd & Panagopoulos, 2023). This study makes an important effort to identify and

recognize the diverse experiences of evangelical Christians in relation to mental illness. While this qualitative study does not aim to outline causal pathways, nor describe findings that are generalizable to other Christian groups, it does indicate some of the key issues and experiences associated with a demonic explanation of mental distress among evangelical groups. It is hoped these findings may inform interventions seeking to support evangelical Christians experiencing mental ill-health and to support clinicians who may work therapeutically with such individuals and groups.

Conceptualizations of Demonic Influence in Mental Illness

The evangelical participants of this study described four conceptualizations of mental illness: demonic, failure of faith, psychological/medical, and integrationist. These findings mirror Lloyd and Waller's (2020) survey of evangelical Christians' endorsements of etiologies of mental illness, which noted a diversity of social, environmental, biological, and spiritual factors believed to impact mental ill-health. Some evangelical Christians held a primarily demonic etiological understanding of mental illness, noting the role of the demonic in both general mental distress and specific mental illness. Such a viewpoint, referred to as a "deliverance belief" by Mercer (2013), is common among evangelical groups. As scriptural authority is a key tenant of evangelical belief (Bebbington, 2003), biblical examples gave credence to a demonic etiology of mental illness. Many participants in the present study, however, held an integrationist etiological understanding of mental illness, such that both biopsychosocial and spiritual factors were integrated. Lloyd and Hutchinson (2022) indicate that evangelicals, despite theological teaching that emphasizes a spiritualized etiological framework, often seek to interweave secular/psychomedical understandings of mental illness with their personal religious and theological views (Leavey, 2010).

Our findings note that this is closely related to a spiritualized worldview in which both the supernatural and physical world influence each other. Despite a historical culture of mutual mistrust between religious and psychological groups (Kay & Parry, 2009), the evangelical participants desired mental illness, both its causes and treatments, to be addressed inclusively and sought to avoid conceptualizations that enforced binary conceptualizations (e.g., exclusively spiritual vs. exclusively medical; Lloyd & Hutchinson, 2022).

Positive Outcomes of a Demonic Etiology of Mental Illness

Religion offers a unique and comprehensive primary system of meaning through which individuals may create global meaning about the world (Park, 2005) and acts to inform proximal constructs around more specific experiences such as beliefs around the body, pain, suffering, and mental health (Hall et al., 2018). Through religious meaning-making (RMM) individuals may effectively appraise meaning from a number of life events including illness and suffering (Park, 2013). RMM strategies have proven particularly useful among those who are intrinsically religious and have associations with positive health outcomes (Park et al., 2013).

While it is accepted that religious meaning systems may offer adherents a framework through which to understand experiences of mental health, belief in the demonic has sometimes been associated with negative outcomes for mental well-being (Nie & Olson, 2016). However, the present study found that demonic etiologies of mental ill-health were perceived to lead to positive outcomes by some evangelical Christians, especially those participants who favored an integrationist approach to understanding mental illness. Perceptions of positive outcomes in those participants who favored an integrationist approach came from the blend of secular and spiritual explanatory frameworks and tools for overcoming mental illness. Spiritual tools were based in evangelical emphasis of divine healing and salvation through Christ (Dein, 2020), thereby promoting notions of an absolute, spiritually focused cure to mental ill-health. This may offer feelings of empowerment and agency through perceived access to a powerful combative tool over the demonic forces causing mental illness (e.g., Christ, the Holy Spirit and healing prayer; Exline et al., 2021; Wilt et al., 2023). This finding mirrors recent research which has explored social perceptions of the demonic among Christian groups (Lloyd & Panagopoulos, 2023). Demonic etiologies may therefore enhance proximate meaning making by providing an explanation of the source of the suffering along with a sense of hope that the suffering associated with mental ill-health will be alleviated by divine aid (Exline & Wilt, 2023; Lloyd et al., 2023).

Negative Outcomes of a Demonic Etiology of Mental Illness

Despite the benefits reported above, this study also found negative outcomes in instances of spiritual reductionism. The rejection of secular mental health support through sole fixation on the demonic as cause of ill-health, stigmatization of mental illness, and emphasis of spiritual treatments were perceived as being detrimental to well-being and the treatment of mental illness. Furthermore, they were felt to sometimes contribute to an avoidance of underlying mental health difficulties. This notion is supported by literature which reports belief in the demonic and RMM as negatively correlated to health outcomes, especially when God is viewed as judgmental and punishing (Wilt et al., 2023).

Our findings support work suggesting that the evangelical promotion of spiritual etiologies of mental illness, spiritual treatment, and divine healing can dissuade Christians suffering mental ill-health from accessing secular medical support or taking medication (Lloyd, 2021; Lloyd & Hutchinson, 2022). By adopting a spiritual or demonic etiology of mental illness, evangelical communities may perpetuate the stigmatization of mental illness by labeling mental illness as a failure of faith, or by promoting shaming and voluntaristic notions of suffering (Cook & Hamley, 2020; Lloyd, 2021, 2023a; Webb, 2017). Spiritual attributions of mental ill-health to sinfulness or personal inadequacy as a Christian have been found to lead to experiences of guilt, self-blame, and negative relationships with God. Additionally, instances where spiritual treatment does not aid the recovery of mental distress can cause Christians to doubt their faith (Lloyd et al., 2023). Furthermore, the demonizing of individuals with mental ill-health may lead to isolation and rejection from church communities, which has been observed to negatively impact the experience of mental ill-health by Christians (Lloyd et al., 2023).

Outcomes of Spiritually Focused Treatments for Mental Illness

In the present study, spiritual therapies (e.g., deliverance, prayer, baptism) were sometimes considered effective and supportive treatments for evangelical Christians experiencing mental ill-health. Participants perceived spiritual therapies as curative of mental illnesses and supportive during the process of discontinuing medication. It is worth noting that the spiritual therapies which were reported as helpful appeared consensual, in line with participants' own worldviews and largely as noninvasive. Participants taking an integrationist etiological framework of mental illness often prioritized secular mental health services as a first line intervention, but sought support through their church communities and personal relationship with God. Such coping strategies have been identified to support religious individuals experiencing mental distress in facilitating meaning around mental illness and allowing individuals to understand and confront demonic etiologies (Exline et al., 2021; Lloyd et al., 2023; Rowan & Dwyer, 2015).

Conversely, when spiritual therapies within the present study were conceptualized as invasive, or depriving the individual of agency (e.g., forced exorcism), they resulted in traumatic, emotional, physical, and spiritual consequences. Though practitioners of these spiritual therapies may be well-intentioned, the outcomes sometimes included shaming, physically harming, and manipulating the individual, which may work to worsen the mental distress of the individual through the generation of complex emotional and spiritual trauma (see Exline et al., 2021; Mercer, 2013). Within this study, participants also reported spiritual abuse of mentally unwell individuals as a possible negative consequence of demonic etiological systems. Spiritual abuse relates to the mistreatment of individuals in a religious context, often encompassing the dismissal of an individual's beliefs and the unethical intervention or manipulation by religious authorities (Oakley & Humphreys, 2019) and producing various spiritual, emotional, and social repercussions (Fernández, 2022). Noting the polarizing accounts of spiritual therapy in this study, it appears likely, as proposed by Exline et al. (2021), that the manner, ethics, and ethos by which spiritual therapy is undertaken determines whether an outcome is positive or negative. Specifically, effective spiritual treatment appears to require a consensual, person-led approach, with appropriate pastoral leadership and oversight. Recognizing the differences between reports from the participants and traditional evangelical teaching regarding the spiritual etiology of mental illness, it is also likely that spiritual etiologies or treatments enforced by the church that do not align with an individual's beliefs will generate negative spiritual, emotional, and social

outcomes (Exline et al., 2021; Lloyd, 2021; Lloyd & Hutchinson, 2022).

Conclusion

This study sought to identify the helpful and unhelpful factors associated with a demonic etiological system among evangelical Christians. First, this article identified the various conceptualizations of mental illness endorsed by evangelical Christians. It recognized that demonic etiologies of mental illness offered both positive and negative outcomes to evangelicals. Specifically, while offering some helpful meaning-making systems to support experiences of mental ill-health, others experienced stigmatization and barriers to secular mental health support. Finally, though consensual, noninvasive spiritual therapies were described as promoting healing and support to some evangelical Christians with mental ill-health, many evangelicals described the deep spiritual, emotional, and social consequences of invasive spiritual therapies. Findings underline the dangers of imposed spiritualized etiologies of mental illness but also the limitations of antispiritualization narratives, which frequently decouple mental illness from its social, religious, and spiritual context.

Study Limitations and Further Research

This study has several important limitations. First, while qualitative surveys are recognized as affording a wide-angle lens on phenomena, it is also recognized that relatively little can be verified about the characteristics of participants. Furthermore, qualitative surveys do not negate the need for in-depth qualitative interviews, which may provide further data to build upon the themes of interest generated through this qualitative survey.

In addition, the results from the present study cannot be taken to be generalizable to the wider evangelical community, in particular as participants from the United States and United Kingdom were heavily represented. Further research may seek to explore representations of the demonic in other countries and cultures. This is especially relevant considering the reported ambiguity of the term *evangelical*, which has various interpretations and meanings across Christian communities (Hackett & Lindsay, 2008).

Our findings indicate areas of research requiring further inquiry to more fully elucidate the experience of mental ill-health among evangelicals. Notably, the potentially supportive influence of angels has not been addressed in the literature. While God is perceived as a supportive aid throughout the experience of mental ill-health (Lloyd et al., 2023), it is unclear the processes by which angelic intervention is recognized and the outcomes such an intervention may produce among individuals experiencing mental illness. In addition, our understanding of both the positive and negative outcomes of spiritual therapy (e.g., exorcism, deliverance, prayer, baptism) would benefit from focused phenomenological exploration. As of yet, we do not fully understand the processes that lead to spiritual therapy, what criteria generates specific outcomes, and the means by which spiritual therapy is experienced, understood, and integrated into a recovery journey among evangelicals experiencing mental ill-health.

References

Abu-Raiya, H., & Pargament, K. I. (2015). Religious coping among diverse religions: Commonalities and divergences. *Psychology of Religion and Spirituality*, *7*(1), 24–33. https://doi.org/10.1037/a0037652

Agrimson, L. B., & Taft, L. B. (2009). Spiritual crisis: A concept analysis. *Journal of Advanced Nursing*, *65*(2), 454–461. https://doi.org/10.1111/j.1365-2648.2008.04869.x

Åstedt-Kurki, P., & Heikkinen, R. L. (1994). Two approaches to the study of experiences of health and old age: The thematic interview and the narrative method. *Journal of Advanced Nursing*, *20*(3), 418–421. https://doi.org/10.1111/j.1365-2648.1994.tb02375.x

Bebbington, D. W. (2003). *Evangelicalism in modern Britain: A history from the 1730s to the 1980s*. Routledge. https://doi.org/10.4324/9780203359907

Beck, J. R. (1997). Value tensions between evangelical Christians and Christian counseling. *Counseling and Values*, *41*(2), 107–116. https://doi.org/10.1002/j.2161-007X.1997.tb00393.x

Bonelli, R. M., & Koenig, H. G. (2013). Mental disorders, religion and spirituality 1990 to 2010: A systematic evidence-based review. *Journal of Religion and Health*, *52*(2), 657–673. https://doi.org/10.1007/s10943-013-9691-4

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2021). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*, *24*(6), 641–654. https://doi.org/10.1080/13645579.2020.1805550

Bull, D. L. (2001). A phenomenological model of therapeutic exorcism for dissociative identity disorder. *Journal of Psychology and Theology*, *29*(2), 131–139. https://doi.org/10.1177/009164710102900204

Bull, D. L., Ellason, J. W., & Ross, C. A. (1998). Exorcism revisited: Positive outcomes with dissociative identity disorder. *Journal of Psychology and Theology*, *26*(2), 188–196. https://doi.org/10.1177/009164719802600205

Caldeira, S., Carvalho, E. C., & Vieira, M. (2013). Spiritual distress-proposing a new definition and defining characteristics. *International Journal of Nursing Knowledge*, *24*(2), 77–84. https://doi.org/10.1111/j.2047-3095.2013.01234.x

Clarke, V., Hayfield, N., Moller, N., & Tischner, I. (2017). Once upon a time … : Story completion methods. In V. Braun, V. Clarke, & D. Gray (Eds.), *Collecting qualitative data: A practical guide to textual, media and virtual techniques* (pp. 45–70). Cambridge University Press. https://doi.org/10.1017/9781107295094.004

Cohen, A. B., Mazza, G. L., Johnson, K. A., Enders, C. K., Warner, C. M., Pasek, M. H., & Cook, J. E. (2017). Theorizing and measuring religiosity across cultures. *Personality and Social Psychology Bulletin*, *43*(12), 1724–1736. https://doi.org/10.1177/0146167217727732

Cook, C. C. H., & Hamley, I. (Eds.). (2020). *The Bible and mental health: Towards a biblical theology of mental health*. SCM Press.

Dein, S. (2020). Religious healing and mental health. *Mental Health, Religion & Culture*, *23*(8), 657–665. https://doi.org/10.1080/13674676.2020.1834220

Delgado-Guay, M. O., Hui, D., Parsons, H. A., Govan, K., De la Cruz, M., Thorney, S., & Bruera, E. (2011). Spirituality, religiosity, and spiritual pain in advanced cancer patients. *Journal of Pain and Symptom Management*, *41*(6), 986–994. https://doi.org/10.1016/j.jpainsymman.2010.09.017

Exline, J. J., Pargament, K. I., Grubbs, J. B., & Yali, A. M. (2014). The religious and spiritual struggles scale: Development and initial validation. *Psychology of Religion and Spirituality*, *6*(3), 208–222. https://doi.org/10.1037/a0036465

Exline, J. J., Pargament, K. I., Wilt, J. A., & Harriott, V. A. (2021). Mental illness, normal psychological processes, or attacks by the devil? Three lenses to frame demonic struggles in therapy. *Spirituality in Clinical Practice*, *8*(3), 215–228. https://doi.org/10.1037/scp0000268

Exline, J. J., & Rose, E. (2005). Religious and spiritual struggles. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 315–330). Guilford Press.

Exline, J. J., & Wilt, J. A. (2023). Supernatural attributions: Seeing god, the devil, demons, spirits, fate, and karma as causes of events. *Annual Review of Clinical Psychology*, *19*(1), 461–487. https://doi.org/10.1146/annurev-clinpsy-080921-081114

Fernández, S. (2022). Victims are not guilty! Spiritual abuse and ecclesiastical responsibility. *Religions*, *13*(5), Article 427. https://doi.org/10.3390/rel13050427

Gaudet, S., & Robert, D. (2018). *A journey through qualitative research: From design to reporting*. SAGE Publications. https://doi.org/10.4135/9781529716733

Hackett, C., & Lindsay, D. M. (2008). Measuring evangelicalism: Consequences of different operationalization strategies. *Journal for the Scientific Study of Religion*, *47*(3), 499–514. https://doi.org/10.1111/j.1468-5906.2008.00423.x

Hall, M. E. L., Shannonhouse, L., Aten, J., McMartin, J., & Silverman, E. J. (2018). Religion-specific resources for meaning-making from suffering: Defining the territory. *Mental Health, Religion & Culture*, *21*(1), 77–92. https://doi.org/10.1080/13674676.2018.1448770

Iosif, D. (2011). "I saw Satan fall like lightning from heaven." Illness as demon possession in the world of the first Christian ascetics and monks. *Mental Health, Religion & Culture*, *14*(4), 323–340. https://doi.org/10.1080/13674671003598832

Kay, W., & Parry, R. (Eds.). (2009). *Exorcism and deliverance: Multi-disciplinary studies*. Paternoster.

Krauss, S. E., Hamzah, A., Omar, Z., Suandi, T., Ismail, I. A., Zahari, M. Z., & Mohd Nor, Z. (2009). Preliminary investigation and interview guide development for studying how Malaysian farmers' form their mental models of farming. *The Qualitative Report*, *14*(2), 245–260. https://doi.org/10.46743/2160-3715/2009.1382

Leavey, G. (2008). U.K. Clergy and people in mental distress: Community and patterns of pastoral care. *Transcultural Psychiatry*, *45*(1), 79–104. https://doi.org/10.1177/1363461507087999

Leavey, G. (2010). The appreciation of the spiritual in mental illness: A qualitative study of beliefs among clergy in the UK. *Transcultural Psychiatry*, *47*(4), 571–590. https://doi.org/10.1177/1363461510383200

Lloyd, C. E. M. (2021). Contending with spiritual reductionism: Demons, shame, and dividualising experiences amongst evangelical Christians with mental illness. *Journal of Religion and Health*, *60*(4), 2702–2727. https://doi.org/10.1007/s10943-021-01268-9

Lloyd, C. E. M. (2023a). "Prayer is fine, but don't then quickly move on, as if you're done and dusted": How can the evangelical church better support those with mental illness? *Journal of Disability & Religion*. Advance online publication. https://doi.org/10.1080/23312521.2023.2173712

Lloyd, C. E. M. (2023b). Stories matter: A novel approach to exploring perceptions, discourses, and the symbolic social order in pastoral psychology.

Pastoral Psychology, *72*(2), 317–336. https://doi.org/10.1007/s11089-023-01056-0

Lloyd, C. E. M., Cathcart, J., Panagopoulos, M. C., & Reid, G. (2023). The experiences of faith and church community among Christian adults with mental illness: A qualitative meta-synthesis. *Psychology of Religion and Spirituality*. Advance online publication. https://doi.org/10.1037/rel0000511

Lloyd, C. E. M., & Hutchinson, J. (2022). "It's easy to dismiss it as simply a spiritual problem." Experiences of mental distress within evangelical Christian communities: A qualitative survey. *Transcultural Psychiatry*. Advance online publication. https://doi.org/10.1177/13634615211065869

Lloyd, C. E. M., & Kotera, Y. (2021). Mental distress, stigma and help-seeking in the evangelical Christian church: Study protocol. *Journal of Concurrent Disorders*, *4*(1), 1–9. https://doi.org/10.54127/KRLF8745

Lloyd, C. E. M., Mengistu, B. S., & Reid, G. (2022). "His main problem was not being in a relationship with God": Perceptions of depression, help-seeking, and treatment in evangelical christianity. *Frontiers in Psychology*, *13*, Article 831534. https://doi.org/10.3389/fpsyg.2022.831534

Lloyd, C. E. M., & Panagopoulos, M. C. (2022). 'Mad, bad, or possessed'? Perceptions of self-harm and mental illness in evangelical christian communities. *Pastoral Psychology*, *71*(3), 291–311. https://doi.org/10.1007/s11089-022-01005-3

Lloyd, C. E. M., & Panagopoulos, M. C. (2023). Narratives of externality, oppression, and agency: Perceptions of the role of the demonic in mental illness among evangelical christians. *Pastoral Psychology*, *72*(4), 501–523. https://doi.org/10.1007/s11089-023-01079-7

Lloyd, C. E. M., & Reid, G. (2022). Perceived God support as a mediator of the relationship between religiosity and psychological distress. *Mental Health, Religion & Culture*, *25*(7), 696–711. https://doi.org/10.1080/13674676.2022.2116633

Lloyd, C. E. M., Reid, G., & Kotera, Y. (2021). From whence cometh my help? Psychological illness and help-seeking in the evangelical Christian church. *Frontiers in Psychology*, *12*, Article 744432. https://doi.org/10.3389/fpsyg.2021.744432

Lloyd, C. E. M., & Waller, R. M. (2020). Demon? Disorder? Or none of the above? A survey of the attitudes and experiences of evangelical Christians with mental illness. *Mental Health, Religion & Culture*, *23*(8), 679–690. https://doi.org/10.1080/13674676.2019.1675148

Mavor, K. I., & Ysseldyk, R. (2020). A social identity approach to religion: Religiosity at the nexus of personal and collective self. In K. E. Vail, III, & C. Routledge (Eds.), *The science of religion, spirituality, and existentialism* (pp. 187–205). Academic Press. https://doi.org/10.1016/B978-0-12-817204-9.00015-9

Menzies, R. P. (2020). *Christ-centered: The evangelical nature of Pentecostal theology*. Wipf and Stock Publishers.

Mercer, J. (2013). Deliverance, demonic possession, and mental illness: Some considerations for mental health professionals. *Mental Health, Religion & Culture*, *16*(6), 595–611. https://doi.org/10.1080/13674676.2012.706272

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250–260. https://doi.org/10.1037/0022-0167.52.2.250

Newton, T., & McIntosh, D. N. (2013). Unique contributions of religion to meaning. In J. A. Hicks & C. Routledge (Eds.), *The experience of meaning in life* (pp. 257–269). Springer. https://doi.org/10.1007/978-94-007-6527-6_20

Nie, F., & Olson, D. V. A. (2016). Demonic influence: The negative mental health effects of belief in demons. *Journal for the Scientific Study of Religion*, *55*(3), 498–515. https://doi.org/10.1111/jssr.12287

Oakley, L., & Humphreys, J. (2019). *Escaping the maze of spiritual abuse: Creating healthy Christian cultures*. SPCK Publishing.

Page, R. L., Peltzer, J. N., Burdette, A. M., & Hill, T. D. (2020). Religiosity and health: A holistic biopsychosocial perspective. *Journal of Holistic Nursing*, *38*(1), 89–101. https://doi.org/10.1177/0898010118783502

Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A 2-year longitudinal study. *Archives of Internal Medicine*, *161*(15), 1881–1885. https://doi.org/10.1001/archinte.161.15.1881

Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues*, *61*(4), 707–729. https://doi.org/10.1111/j.1540-4560.2005.00428.x

Park, C. L. (2011). Implicit religion and the meaning making model. *Implicit Religion*, *14*(4), 405–419. https://doi.org/10.1558/imre.v14i4.405

Park, C. L. (2013). Religion and meaning. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 357–379). Guilford Press.

Park, C. L., Edmondson, D., & Hale-Smith, A. (2013). Why religion? Meaning as motivation. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality (Vol. 1): Context, theory, and research* (pp. 157–171). American Psychological Association. https://doi.org/10.1037/14045-008

Park, C. L., & Slattery, J. M. (2013). Religion, spirituality, and mental health. In R. F. Paloutzian &

C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 540–559). Guilford Press.

Pew Research Centre. (2015). *Religious composition by country, 2010–2050*. https://www.pewforum.org/2015/04/02/religious-projection-table/

Pfeifer, S. (1994). Belief in demons and exorcism in psychiatric patients in Switzerland. *The British Journal of Medical Psychology*, *67*(3), 247–258. https://doi.org/10.1111/j.2044-8341.1994.tb01794.x

Routledge, C., Abeyta, A. A., & Roylance, C. (2016). An existential function of evil: The effects of religiosity and compromised meaning on belief in magical evil forces. *Motivation and Emotion*, *40*(5), 681–688. https://doi.org/10.1007/s11031-016-9571-9

Rowan, K., & Dwyer, K. (2015). Demonic possession and deliverance in the diaspora: Phenomenological descriptions from pentecostal deliverees. *Mental Health, Religion & Culture*, *18*(6), 440–455. https://doi.org/10.1080/13674676.2015.1077211

Schieman, S., Bierman, A., & Ellison, C. G. (2013). Religion and mental health. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbook of the sociology of mental health* (pp. 457–478). Springer. https://doi.org/10.1007/978-94-007-4276-5_22

Scrutton, T. (2020). *Christianity and depression*. SCM Press.

Stanford, M. S. (2007). Demon or disorder: A survey of attitudes toward mental illness in the Christian church. *Mental Health, Religion & Culture*, *10*(5), 445–449. https://doi.org/10.1080/13674670600903049

Starnino, V. R. (2016). Conceptualizing spirituality and religion for mental health practice: Perspectives of consumers with serious mental illness. *Families in Society*, *97*(4), 295–304. https://doi.org/10.1606/1044-3894.2016.97.36

Sullivan, W. P. (2009). Spirituality: A road to mental health or mental illness. *Journal of Religion & Spirituality in Social Work: Social Thought*, *28*(1–2), 84–98. https://doi.org/10.1080/15426430802643653

Weaver, J. (2014). *The failure of evangelical mental health care: Treatments that harm women, LGBT persons and the mentally ill*. McFarland.

Webb, M. (2017). *Towards a theology of psychological disorder*. Cascade Books.

Weber, S. R., & Pargament, K. I. (2014). The role of religion and spirituality in mental health. *Current Opinion in Psychiatry*, *27*(5), 358–363. https://doi.org/10.1097/YCO.0000000000000080

Wesselmann, E. D., & Graziano, W. G. (2010). Sinful and/or possessed? Religious beliefs and mental illness stigma. *Journal of Social and Clinical Psychology*, *29*(4), 402–437. https://doi.org/10.1521/jscp.2010.29.4.402

Willig, C. (2019). What can qualitative psychology contribute to psychological knowledge? *Psychological Methods*, *24*(6), 796–804. https://doi.org/10.1037/met0000218

Wilt, J. A., Van Tongeren, D. R., & Exline, J. J. (2023). Are daily supernatural attributions to god and the devil/demons linked with meaning in life? *The Journal of Positive Psychology*. Advance online publication. https://doi.org/10.1080/17439760.2023.2169630

Zagożdżon, P., & Wrotkowska, M. (2017). Religious beliefs and their relevance for treatment adherence in mental illness: A review. *Religions*, *8*(8), Article 150. https://doi.org/10.3390/rel8080150

Received July 25, 2023
Revision received September 24, 2023
Accepted October 2, 2023 ■