

When Psychology Cannot See the Spirit

Culture, Anomalous Experience, and the Problem of Spiritual Exclusion in Mental Health

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Independent working paper. This paper presents developing hypotheses, research questions, and interdisciplinary inquiry. It has not undergone peer review.

Abstract

Psychology and psychiatry routinely interpret unusual perceptions, voices, sensed presences, altered states, and apparent losses of agency through psychological, neurological, social, and cultural frameworks. Yet many religious traditions interpret some of the same experiences as encounters with spiritual agency. This working paper asks a methodological question: when an anomalous experience is interpreted psychologically in one cultural framework and spiritually in another, how can investigators determine whether culture is merely shaping the explanation - or whether an explanatory system has excluded a possible dimension of causation before inquiry begins? David J. Hess's comparative analysis of the Guarulhos, Brazil, and Powhatan, United States, poltergeist cases provides a historical case study. Hess showed that interpretations of anomalous events were themselves culturally patterned: recurrent spontaneous psychokinesis (RSPK) in the American parapsychological account, and religious or sorcery explanations in the Brazilian case. The paper does not treat the presence of Hess's article in the CIA STARGATE archive as evidence that the CIA proved demons or poltergeists. Instead, it uses the document to examine explanatory boundaries in mental-health science. I begin from a Christian theological conviction that spiritual beings and demonic oppression are real. The empirical question begins after that conviction: what evidence, methods, and safeguards would be necessary to investigate claimed spiritual causation without presupposing either its truth or its impossibility?

Author's Note

This paper grows out of a video I recorded while examining a declassified document in the CIA STARGATE collection. My language in that recording was intentionally direct and theological. Here I am separating several levels that were sometimes compressed together in the video: what witnesses reported, how researchers interpreted those reports, what Christian theology permits me to hypothesize, and what empirical evidence can presently establish.

My theological position is not neutral. I believe spiritual beings are real, demonic oppression is real, and spiritual influence can affect embodied human experience. At the same time, a working paper intended to generate research questions must distinguish conviction from demonstration. A neurological or psychological mechanism does not, by itself, prove or disprove spiritual agency. A spiritual interpretation does not eliminate the need to evaluate neurological

disease, trauma, sleep disturbance, substance effects, psychosis, medical illness, or other established causes of distress.

The Historical Document - and What It Does Not Prove

David J. Hess's paper, "The Poltergeist and Cultural Values: A Comparative Interpretation of a Brazilian and an American Case," appears in the CIA's declassified STARGATE collection. Hess compared the Guarulhos case in Brazil with the Powhatan case in the United States and examined how families and parapsychology researchers interpreted reported poltergeist phenomena. His central concern was cultural: the RSPK interpretation of the American case reflected values such as individualism, while the Brazilian sorcery interpretation reflected values such as personalism.

The archival location matters historically, but it must be interpreted carefully. The existence of a document in the STARGATE collection does not mean the CIA endorsed every claim in it, concluded that demons were real, or established a supernatural cause. STARGATE itself concerned government investigation of anomalous cognition and remote viewing; an independent 1995 evaluation concluded that the program had not produced sufficiently reliable, actionable intelligence to justify operational use.

The more useful question for this paper is therefore not, "Did the CIA prove demons?" It is: Why can substantially similar reported phenomena be assigned radically different causes depending on the interpretive framework brought to them?

Two Cases, Different Explanatory Worlds

In Hess's account of the Guarulhos case, a Pentecostal family reported a sequence of extraordinary disturbances across several phases: disappearing money, damaged or moving objects, falling stones, fires, bodily cuts, apparitional figures, and experiences interpreted as spirit possession. The family understood the events primarily through Christian religious and sorcery frameworks. Hess also reports that prayer and Bible reading coincided with the end of an early phase, that an evangelical session was described as successful during another phase, and that a later anointing ceremony brought relief.

These reports do not establish that prayer expelled a spiritual entity. They do, however, create an empirical question. If a reported anomalous phenomenon changes following a specifically religious intervention, should researchers record only the participants' beliefs about that intervention, or should the intervention itself become a variable for investigation?

The Powhatan case was interpreted differently. Hess describes a 10-and-a-half-year-old boy around whom witnesses reported stomping noises and object movements. Some family members gave the events religious meaning, while the investigating framework emphasized RSPK and psychodynamic or personality factors. Hess's larger point was that even ostensibly scientific interpretations can contain cultural assumptions.

This is the point that most interests me. Culture may shape what people call an experience. But culture may also shape what investigators are willing to count as a possible cause.

The Epistemological Problem

Modern science operates by studying observable, measurable, and reproducible phenomena. That discipline is one of its strengths. But a methodological boundary can become an ontological conclusion if we are not careful.

"Our current methods cannot detect a spiritual agent" is not logically identical to "no spiritual agent exists." Likewise, "a brain state accompanies the experience" is not logically identical to "the brain state is the complete cause of the experience."

The distinction is familiar in other areas of science. A measurement can describe mechanism without answering every question about origin, meaning, or ultimate causation. In mental health, however, the distinction becomes especially consequential because experiences involving voices, presences, unusual beliefs, altered agency, trance, or possession language can be interpreted as symptoms, spiritual experiences, culturally sanctioned experiences, or some combination of these.

The question is not whether psychology should abandon naturalistic investigation. It is whether naturalistic method should be mistaken for proof that reality itself contains nothing beyond what that method is currently designed to measure.

Culture Is Already Part of Psychiatric Assessment

Contemporary psychiatry is not entirely blind to this problem. Cultural formulation explicitly recognizes that religion and spirituality can shape how people understand distress, causation, help-seeking, and treatment. Research on spiritual and anomalous experiences likewise warns against diagnostic error in both directions: a non-pathological spiritual experience may be mislabeled as mental disorder, while a psychiatric disorder may be incorrectly spiritualized.

Reviews from Latin American psychiatry have proposed practical features for differential assessment, including distress, functional impairment, cultural congruence, psychiatric comorbidity, degree of control, and whether the experience is associated with growth or deterioration over time. More recent psychiatric guidance similarly emphasizes that the form or content of an anomalous perception alone may not reliably distinguish clinical from non-clinical experiences.

This is important because it demonstrates that the spiritual-versus-psychopathological question is not merely a fringe concern. Psychiatry already recognizes that unusual experiences require cultural and phenomenological interpretation. My question goes one step further: should spiritual causation itself remain permanently outside the research model, or can it be formulated as a hypothesis with explicit evidentiary requirements?

A Christian Theological Position

Christian Scripture presents a world in which human beings are embodied and spiritual, and in which non-physical personal agency is real. Ephesians 6:12 describes struggle not merely against flesh and blood but against rulers, authorities, powers of darkness, and spiritual forces of evil. The Gospels also distinguish among illness, suffering, and encounters described as

demonic or involving unclean spirits. Scripture therefore gives a Christian researcher conceptual permission to take spiritual agency seriously without requiring the conclusion that every illness or unusual experience is demonic.

My working theological hypothesis is narrower than the most categorical language I used in the original video: demonic oppression may be a primary spiritual source underlying a substantial portion of what is experienced and categorized as mental illness, and its effects - if this hypothesis is correct - would still have to become observable through an embodied person: perception, cognition, emotion, autonomic physiology, endocrine function, neural activity, behavior, relationships, and meaning-making.

That formulation allows psychology, neuroscience, medicine, and theology to ask different questions about the same human event rather than forcing one discipline to erase the others.

Mechanism Is Not the Same as Source

Suppose a person experiences an intrusive voice, overwhelming fear, a sensed presence, or an abrupt change in thought. Neuroscience may identify networks involved in auditory processing, salience, threat detection, memory, predictive processing, or self-referential cognition. Psychology may identify trauma, expectation, conditioning, dissociation, schemas, or cognitive appraisal. Those findings would be meaningful.

But they answer a mechanism question: what happens in the person when the experience occurs? They do not automatically answer the source question: why did this particular content arise, and is every relevant cause internal to the person?

A Christian spiritual hypothesis would therefore have to make predictions beyond "the brain changes." Any experience powerful enough to affect a human being should be expected to involve the brain and body. Evidence of neural activity is not evidence against embodiment; it is evidence of embodiment. The harder question is whether there are reliable features that distinguish internally generated psychopathology from experiences participants attribute to external spiritual agency.

Religious Intervention as a Research Variable

The Guarulhos account raises another question because religious practices were reported alongside periods of relief. Prayer, Bible reading, an evangelical session, and anointing were not peripheral details to the family; they were interventions within the family's explanatory system.

A rigorous research program would not infer causation from temporal sequence alone. Symptoms and anomalous events can remit spontaneously. Expectancy, social support, reduced arousal, ritual structure, suggestion, changes in attention, changes in behavior, and meaning can all affect subjective experience. Religious practices can also influence mental-health outcomes through known psychological and social pathways, and controlled research has found benefits for some spiritually integrated interventions.

But these mechanisms should not end the inquiry. They provide competing explanations to test. If a specifically Christian intervention is associated with change, researchers can ask which

components predict the change, whether effects exceed expectancy-matched controls, whether physiological changes precede or follow subjective relief, whether effects replicate, and whether any observations remain unexplained by established psychological mechanisms.

What Would Count as Evidence?

A spiritual-causation hypothesis becomes scientifically interesting only when it risks being wrong. Researchers would need prospective definitions, comparison conditions, blinded assessment where possible, independent replication, careful clinical screening, and clear outcome measures. Reports should distinguish subjective spiritual interpretation from externally verifiable events.

For experiences involving voices or sensed agents, investigators could measure phenomenology, timing, distress, functional impairment, trauma history, sleep, substance exposure, neurological variables, medication effects, cultural congruence, religious background, expectancy, and physiological state. Where a spiritual intervention is studied, comparison conditions could separate touch, attention, prayer content, expectancy, relationship, ritual, and time.

Claims involving physical anomalies would require an even higher evidentiary threshold: contemporaneous recording, multiple independent observers, environmental controls, chain-of-custody procedures for physical evidence, instrumentation, preregistered criteria, and replication. Extraordinary interpretation cannot substitute for ordinary measurement.

Primary Research Questions

1. When comparable anomalous experiences receive psychological explanations in one culture and spiritual explanations in another, which features of the explanation are culturally determined and which features of the underlying phenomenon remain stable?
2. Does a naturalistic explanatory framework sometimes convert a methodological limitation - inability to measure spiritual agency - into an ontological assumption that spiritual agency cannot exist?
3. Can physiological and neurological correlates explain the mechanism of an anomalous experience without necessarily establishing its ultimate source?
4. Which phenomenological features best distinguish psychiatric symptoms, culturally sanctioned spiritual experiences, and experiences interpreted as hostile spiritual agency?
5. What should researchers make of anomalous experiences reportedly altered by prayer, Scripture, anointing, deliverance, or other explicitly Christian interventions?
6. Can spiritually framed interventions be studied under expectancy-matched and attention-matched conditions without reducing the spiritual claim to placebo in advance?
7. Are there measurable temporal signatures - cognitive, autonomic, neural, behavioral, or environmental - that reliably precede, accompany, or follow experiences attributed to spiritual oppression?

8. How can research protect against both forms of misclassification: pathologizing a non-pathological spiritual experience and spiritualizing a psychiatric or neurological disorder?
9. What observations would count against a proposed spiritual-causation hypothesis?
10. Can an interdisciplinary model preserve psychiatric safety and biological rigor while allowing spiritual agency to remain a genuine, rather than merely symbolic, research question?

A Proposed Convergence Model

Rather than forcing an immediate choice between "psychological" and "spiritual," I propose a layered model for future inquiry:

- Phenomenology: What exactly did the person experience, and in what sequence?
- Clinical context: What psychiatric, neurological, medical, sleep, trauma, developmental, and substance-related explanations require evaluation?
- Cultural context: What meanings are available within the person's family, community, religion, and broader culture?
- Mechanism: What cognitive, emotional, autonomic, endocrine, neural, and behavioral processes accompany the experience?
- Intervention response: What changes after psychological, medical, behavioral, social, or spiritual intervention?
- Ontology: After competing explanations have been examined, what - if anything - can responsibly be said about the ultimate source of the experience?

The model deliberately places ontology last. That does not make spiritual reality unimportant. It prevents the desired conclusion from determining the evidence.

Research Boundaries

This paper does not establish that the Guarulhos or Powhatan events were caused by demons, that RSPK is a demonstrated mechanism, or that placement of Hess's paper in a CIA archive constitutes government confirmation of supernatural entities. It does not establish that mental illness is caused by loss of religious faith, and population-level changes in church participation cannot by themselves demonstrate causation of psychiatric trends.

It also does not propose that people experiencing psychosis, suicidality, mania, severe depression, neurological symptoms, or dangerous behavior should substitute spiritual interpretation for appropriate medical and psychiatric evaluation. Spiritual care and clinical care need not be competitors.

The claim is methodological: spiritual hypotheses should not be declared empirically proven merely because they fit a theological worldview, but neither should they be declared impossible merely because current instruments are designed to measure biological and behavioral correlates rather than spiritual agents.

The Question I Am Carrying Forward

Hess's comparison is valuable to me because it exposes something beneath the poltergeist debate: explanations have cultures too. Researchers do not approach unusual human experiences without assumptions. We bring categories for what is possible, what counts as evidence, what kinds of causes are respectable, and what kinds of explanations are excluded before the first measurement is taken.

The question I am carrying forward is therefore not simply whether a particular historical case involved a demon. It is larger:

Is Western psychology describing the whole phenomenon - or translating the phenomenon into the only ontology its methods permit?

If Christian theology is correct that human life unfolds within both visible and invisible realities, then the task is not to abandon science. It is to develop better science: methods capable of distinguishing mechanism from source, culture from causation, belief from observation, and theological conviction from empirical demonstration.

The goal is not to make every mystery spiritual. It is to make sure that the spiritual is not excluded from the question before the investigation begins.

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