WORKING PAPER 010

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 have ways of explaining voices, sensed presences, altered states, unusual perceptions, and experiences in which a person feels that something else is influencing them. Those explanations usually focus on the brain, trauma, cognition, culture, environment, or mental illness. But many religious traditions - including Christianity - have another category available: spiritual agency. That creates a question I do not think we should dismiss too quickly. If one culture calls an experience psychological and another calls a similar experience spiritual, how do we know whether culture is simply changing the explanation - or whether one framework has ruled out part of reality before the investigation even begins? I use David J. Hess's comparison of reported poltergeist cases in Brazil and the United States as a starting point. I am not arguing that the CIA proved demons, poltergeists, or spiritual causation because Hess's paper appears in the declassified STARGATE archive. I am asking something larger: What happens when psychology can describe what is happening inside a person but has no category for asking whether something outside the person could also be involved? I begin from a Christian belief that spiritual beings and demonic oppression are real. The research question begins there: How could spiritual causation ever be investigated carefully without assuming in advance that it must be true - or that it cannot possibly be true?

Author's Note

This paper began with a video I made while reading a declassified document from the CIA STARGATE collection. In the video, I was speaking very directly from my Christian worldview. Turning that conversation into a working paper required me to slow down and separate several things that can easily get blended together: what witnesses said happened, how researchers explained what happened, what I believe theologically, and what the available evidence can actually demonstrate.

My theological position is not neutral. I believe spiritual beings are real. I believe demonic oppression is real. And I believe spiritual influence can affect an embodied human being. But belief and proof are not the same thing. If I want these questions to be taken seriously as research questions, I have to be willing to ask what evidence would support a spiritual explanation, what evidence would challenge it, and what other explanations must be considered first. A brain mechanism does not automatically disprove spiritual agency. But

calling something spiritual does not give us permission to ignore trauma, neurological disease, sleep disturbance, substance effects, psychosis, medical illness, or other known causes of distress.

The Document That Started the Question

David J. Hess wrote a paper called "The Poltergeist and Cultural Values: A Comparative Interpretation of a Brazilian and an American Case." A copy appears in the CIA's declassified STARGATE collection. Hess compared a case from Guarulhos, Brazil, with one from Powhatan, Virginia, and looked at something I find especially interesting: people can report similar kinds of strange events and still explain them very differently depending on the world they live in.

In the American case, researchers leaned toward an idea called recurrent spontaneous psychokinesis, or RSPK, and psychological explanations surrounding the person at the center of the events. In the Brazilian case, the family and surrounding culture had categories involving sorcery, spirits, and Christian spiritual intervention. Hess's larger point was about culture and interpretation.

The CIA archive is interesting, but I want to be precise about what it means. A paper being preserved in the STARGATE collection does not mean the CIA endorsed every claim in it, proved that demons exist, or verified that the reported events were supernatural. STARGATE investigated anomalous cognition and remote viewing, and a later evaluation concluded that the program had not produced sufficiently reliable intelligence for operational use. So the question I am carrying forward is not, "Did the CIA prove demons?" It is much more useful: Why can similar reported experiences be assigned completely different causes depending on the framework used to interpret them?

Two Cases, Two Ways of Seeing Reality

In Hess's description of the Guarulhos case, a Pentecostal family reported a disturbing series of events: money disappearing, objects moving or being damaged, stones falling, fires, bodily cuts, apparitional figures, and experiences they understood as spirit possession. Within their Christian and cultural framework, these events were not treated simply as unexplained physical disturbances. They were interpreted spiritually.

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 was followed by relief. That does not prove that prayer expelled a spiritual entity. But I do not think the detail should simply disappear from the research record either. If an unusual experience changes after a specifically religious intervention, why would we study only what the participants believed about the intervention and not the intervention itself?

The Powhatan case was approached differently. Hess describes a young boy around whom witnesses reported stomping sounds and moving objects. Some relatives interpreted the events religiously, but the research framework focused more heavily on RSPK and psychological factors. This is where the paper became especially interesting to me: culture may influence what

a family calls an experience, but culture may also influence what a researcher is willing to consider a possible cause.

When a Method Becomes a Worldview

Science works by measuring what can be observed, tested, compared, and repeated. That discipline is one of its strengths. But there is a distinction I think matters: "Our current tools cannot measure a spiritual agent" is not the same statement as "spiritual agents do not exist."

The same is true when we find activity in the brain. If a person hears a voice and we can identify brain systems active during that experience, we have learned something important about what is happening in the person. But have we necessarily answered where the experience came from? I do not think those are automatically the same question.

This becomes especially important in mental health because voices, sensed presences, altered agency, trance, unusual beliefs, and possession language can be understood in very different ways. They may be psychiatric symptoms. They may be culturally accepted spiritual experiences. They may involve both psychological and spiritual meaning. The challenge is learning how to investigate without deciding the answer before we begin.

Psychiatry Already Knows Culture Matters

Modern psychiatry is not completely unaware of this problem. Cultural assessment already recognizes that religion and spirituality influence how people understand distress, what they believe caused it, where they seek help, and what kind of treatment makes sense to them. Researchers have also warned about mistakes in both directions: a spiritual experience can be mislabeled as mental illness, and a psychiatric disorder can be spiritualized in a way that delays needed care.

Researchers have suggested looking at things such as distress, functioning, cultural context, psychiatric symptoms, the person's degree of control, and whether the experience is associated with growth or deterioration over time. That matters because the content of an unusual experience alone does not always tell us whether it is pathological.

But I want to take the question one step further. Psychiatry can ask how a person's spiritual beliefs shape the meaning of an experience. Can research ever ask whether spiritual causation itself is possible? And if the answer is yes, what would we actually need to observe before that hypothesis deserved serious consideration?

My Christian Starting Point

Christian Scripture presents a reality in which human beings are embodied and spiritual and in which nonphysical personal agency exists. Ephesians 6:12 describes a struggle that is not merely against flesh and blood but against rulers, authorities, powers of darkness, and spiritual forces of evil. The Gospels also describe encounters with illness and encounters with unclean spirits without treating every form of suffering as exactly the same thing.

So my starting hypothesis is not that every diagnosis, symptom, voice, unusual perception, or episode of distress is demonic. It is that demonic oppression may be a primary spiritual source underlying a substantial portion of what we experience and categorize as mental illness. If that hypothesis is true, however, spiritual influence would still be experienced through an embodied person. We should expect to see effects in thought, perception, emotion, the nervous system, hormones, brain activity, behavior, relationships, and the meaning a person makes of what is happening.

That possibility is exactly why I do not think psychology, neuroscience, medicine, and theology have to compete. They may be asking different questions about different layers of the same human experience.

Mechanism Is Not the Same as Source

Imagine a person suddenly experiences an intrusive voice, overwhelming fear, a sensed presence, or a thought that feels foreign to them. Neuroscience may identify systems involved in hearing, threat, attention, memory, prediction, or self-awareness. Psychology may identify trauma, conditioning, dissociation, expectation, or patterns of thought. Those findings matter.

But I keep returning to a distinction: those findings may tell us how the experience is being processed in the person without necessarily telling us why that particular experience appeared in the first place. Mechanism asks, "What is happening in the brain and body?" Source asks, "Where did this come from?"

If spiritual influence exists, finding brain activity should not surprise us. Anything that affects an embodied human being should eventually involve the body. The harder research question is whether there are reliable patterns that help us distinguish experiences generated entirely within the person from experiences the person attributes to an external spiritual source.

What Happens When Prayer Changes the Experience?

The Guarulhos case raises another question because prayer, Bible reading, an evangelical session, and anointing were reported around periods of relief. From the family's perspective, these were not decorative religious details. They were interventions.

A careful researcher cannot simply say, "Prayer happened and then the symptoms stopped, therefore a demon left." Symptoms can change on their own. Expectancy matters. Social support matters. Reduced fear, ritual, attention, suggestion, relationship, and meaning can all affect human experience. Research also shows that some spiritually integrated mental-health interventions can be beneficial through pathways we already know how to study.

But known mechanisms do not have to end the investigation. They give us things to compare. If a specifically Christian intervention is followed by change, we can ask: Was the change greater than what happened with attention alone? Did physiology change before the person reported relief? Did the effect repeat? Did it occur when the person did not know which intervention was being used? What remains after expectancy, social support, and other known mechanisms are accounted for? Those are research questions.

What Would We Actually Need to Measure?

If we are going to talk about spiritual causation scientifically, the hypothesis has to be allowed to fail. Otherwise we are not investigating it; we are only defending it. A serious study would need clear definitions before data are collected, comparison groups, careful clinical screening, blinded assessment where possible, measurable outcomes, and independent replication.

For experiences involving voices, presences, fear, altered agency, or other unusual phenomena, researchers could track exactly what happened and when, along with distress, functioning, trauma history, sleep, substances, neurological factors, medications, cultural background, religious background, expectation, heart rate, autonomic activity, brain activity, and other physiological measures. If prayer or another spiritual intervention is introduced, the design could compare prayer with attention, touch, supportive conversation, expectancy, time, or other relevant conditions.

Claims involving physical events would require an even higher standard. If objects are reportedly moving, sounds are occurring, or physical anomalies are being claimed, researchers would need continuous recording, environmental sensors, independent observers, careful handling of physical evidence, predefined criteria, and replication. A dramatic interpretation cannot replace ordinary measurement.

Primary Research Questions

1. When people in different cultures report similar unusual experiences but explain them differently, what belongs to the culture and what remains consistent in the experience itself?

2. Does psychology sometimes move from "we cannot measure spiritual agency" to "spiritual agency cannot exist" without realizing that those are two different claims?

3. Can brain and body measurements explain how an unusual experience is happening without necessarily explaining where it originated?

4. What features might help us distinguish psychiatric symptoms, culturally accepted spiritual experiences, and experiences a person understands as hostile spiritual influence?

5. What should researchers do with experiences that reportedly change after prayer, Scripture, anointing, deliverance, or another specifically Christian intervention?

6. Can we compare spiritual interventions with expectancy- and attention-matched conditions without deciding beforehand that any effect must be placebo?

7. Are there measurable changes in thought, brain activity, heart rate, stress physiology, behavior, or the environment that reliably happen before, during, or after experiences attributed to spiritual oppression?

8. How do we protect people from both errors: calling a spiritual experience mental illness when it is not, and calling a psychiatric or neurological disorder spiritual when clinical care is needed?

9. What evidence would make us reject or substantially revise a spiritual-causation hypothesis?

10. Can we build a model that remains clinically responsible and scientifically rigorous while still allowing spiritual agency to be a real research question rather than merely a metaphor?

A More Complete Way to Investigate

Instead of forcing an immediate choice between "psychological" and "spiritual," I think future research could move through several layers of the same experience:

• What happened? Describe the experience itself as precisely as possible and in the order it occurred.

• What else needs to be ruled in or out? Evaluate psychiatric, neurological, medical, sleep-related, trauma-related, developmental, and substance-related explanations.

• What does the experience mean in the person's world? Consider family, culture, religion, community, and previous beliefs.

• What is happening in the body and brain? Measure cognitive, emotional, autonomic, hormonal, neural, and behavioral changes.

• What changes the experience? Observe what happens after psychological, medical, behavioral, social, and spiritual interventions.

• Only then ask the source question: After competing explanations have been examined, what can we responsibly say - and what still remains unknown?

I intentionally put the source question last. Not because I think the spiritual is unimportant, but because I do not want the conclusion I desire to determine what I see in the evidence.

Research Boundaries

There are several things this paper does not establish. It does not prove that the Guarulhos or Powhatan events were caused by demons. It does not establish RSPK as a demonstrated mechanism. And the fact that Hess's paper appears in a CIA archive is not government confirmation of supernatural entities. I am also not arguing that declining religious participation causes mental illness simply because those trends may occur during the same historical period.

I am not suggesting that someone experiencing psychosis, suicidality, mania, severe depression, neurological symptoms, or dangerous behavior should replace medical or psychiatric evaluation with a spiritual explanation. Spiritual care and clinical care do not have to be enemies.

My methodological position is simpler: I do not think spiritual explanations should be called scientifically proven simply because they fit my theology. But I also do not think they should be declared impossible simply because our current instruments measure brains, bodies, behavior, and environments rather than spiritual beings.

The Question I Am Carrying Forward

What stays with me from Hess's comparison is not simply the question of whether either historical case involved a spirit. It is the realization that explanations have cultures too. Researchers bring assumptions into the room just like participants do. We have ideas about what is possible, what counts as evidence, what kinds of causes are respectable, and which possibilities are excluded before the first measurement is ever taken.

So the question I am carrying forward is larger than one poltergeist case: Is Western psychology describing the whole phenomenon - or translating the phenomenon into the only kind of reality its methods currently know how to measure?

If Christianity is correct that human life unfolds within both visible and invisible realities, I do not think the answer is to abandon science. I think the answer is to ask better questions and develop better methods - methods that can distinguish mechanism from source, culture from causation, belief from observation, and theological conviction from empirical evidence.

The goal is not to make every mystery spiritual. The goal is to make sure we have not removed the spiritual from the list of possibilities before the investigation has even begun.

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