WORKING PAPER 004

When Fear Becomes Torment

Demonic Oppression, the 'Spirit of Fear,' and the Biology of Mental Distress

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

Abstract

I believe fear can be more than an emotion. Within my Christian worldview, I believe spiritual beings are real, demonic oppression is real, and what Christians often call a 'spirit of fear' can operate as a demonic form of torment. But believing that raises a question I find scientifically fascinating: if something spiritual is oppressing a human being, what happens next inside the body? Fear has a measurable biology. Heart rate changes. Stress hormones change. Attention narrows. Sleep can deteriorate. The brain begins organizing around threat. This paper asks whether spiritual source and biological mechanism have been separated too quickly. If demonic oppression can affect an embodied person, might its effects become visible through the same nervous-system, endocrine, cognitive, emotional, and behavioral processes that psychology and neuroscience already know how to measure? I am not arguing that every psychiatric symptom is demonic. I am asking whether some forms of mental distress may have a spiritual source whose effects are expressed through biology - and how we could begin investigating that possibility without pretending our current tools can directly detect a spirit.

Author's Note

I want to be especially clear about my starting point in this paper. I am not neutral on the existence of spiritual beings or demonic oppression. I believe both are real. I also believe demonic oppression may be a primary spiritual source underlying a substantial portion of what we experience and categorize as mental illness, while recognizing that this does not mean every diagnosis, symptom, or episode has a demonic cause.

That conviction is theological. It is not something a brain scan has established. My scientific question begins after the theological claim: if spiritual oppression occurs, through what mechanisms would an embodied human being experience it? And if the effects are real, what should we expect to be able to measure?

The Question I Am Actually Asking

I am not asking whether fear is biological or spiritual. I think that is too small a question.

Fear is obviously biological in its expression. A frightening thought, memory, person, environment, or perceived threat can change breathing, heart rate, muscle tension, attention, digestion, sleep, hormone release, memory, and behavior. The amygdala, hippocampus, prefrontal cortex, hypothalamus, autonomic nervous system, and HPA axis all participate in the human stress response (de Kloet et al., 2005; Roozendaal et al., 2009; StatPearls, 2024).

But Christianity also describes a world in which human beings can be afflicted by spiritual beings. The Gospels repeatedly portray Jesus confronting evil or unclean spirits. Those encounters are not presented as metaphors for difficult emotions. They are presented as encounters with personal spiritual agents.

So the question that interests me is this: if demonic oppression is real, how would it be experienced by a person who still has a brain, a nervous system, hormones, memories, emotions, and a body?

A spiritual attack would not require the human nervous system to disappear. If anything, I would expect an embodied person to experience spiritual torment through the very systems that allow human beings to perceive threat, feel emotion, form memories, make meaning, and respond to the world.

That leads to a possibility I think deserves more serious study: what if some of the biology we observe in chronic fear is not always the whole source of the problem, but the measurable pathway through which the problem is being experienced?

What Does 'Spirit of Fear' Actually Mean?

Second Timothy 1:7 says, in the NKJV, 'For God has not given us a spirit of fear, but of power and of love and of a sound mind.' The Greek phrase translated 'spirit of fear' is pneuma deilias. Deilia carries the sense of timidity, cowardice, or fearfulness. Pneuma can refer to spirit, breath, wind, or a spiritual disposition depending on context.

Lexically, that verse by itself does not say, 'Fear is a demon.' I think that distinction matters. I do not want to force the Greek text to say more than it says.

My belief that fear can operate as a demonic spirit comes from the larger Christian spiritual framework in which evil spirits are real and capable of afflicting people, not from pretending that the dictionary definition of deilia is 'demon.' The lexical question and the theological question are related, but they are not identical.

The broader New Testament also does not attribute every sickness to demons. Jesus heals illnesses and casts out spirits, and the texts do not flatten every form of suffering into one category. That gives me room to hold a strong belief in demonic oppression without declaring that every experience of anxiety, depression, trauma, psychosis, or fear is automatically demonic.

Fear Has a Biology

Whatever starts fear, the body has to do something with it.

When the brain detects or predicts danger, threat systems begin organizing the body for survival. The sympathetic nervous system becomes active. Stress hormones are released. Attention shifts toward danger. The body prepares to fight, flee, freeze, or remain hyper-alert. These responses are protective when danger is real and temporary. But when fear becomes sustained, the same systems can begin reshaping how a person experiences everyday life (Roozendaal et al., 2009; Herman et al., 2020).

Fear also changes what we notice. A person who has been living under threat can become unusually sensitive to signs of danger. Ambiguous situations may feel unsafe. Bodily sensations can become frightening. Sleep can become disrupted. Avoidance can reinforce the fear. Memory and attention can become organized around what might go wrong.

This is where the spiritual question becomes especially interesting to me. If demonic oppression works through fear, why would we expect it to leave no biological footprint?

If a person is repeatedly tormented by fear, the body does not know how to place that experience into a separate category called 'spiritual.' The nervous system responds to the experience it is having. The biological response is real whether the initiating source is trauma, environment, cognition, relationship, illness, or - as I am proposing as a theological possibility - spiritual oppression.

So finding an activated fear circuit would not, by itself, tell me what started the fear. It would tell me what the embodied person is doing with the threat.

Source and Mechanism Are Not the Same Question

This distinction has become central to how I think about mental health.

Mechanism asks: What is happening inside the person? Which circuits are active? What is happening to cortisol? How is sleep changing? What is attention doing? What behaviors are being reinforced?

Source asks: What initiated or is sustaining the experience?

Sometimes the source may be obvious: abuse, loss, trauma, danger, illness, sleep deprivation, medication effects, substances, or learned fear. Sometimes the source may be internal cognitive processes. And within a Christian worldview, I believe we also have to leave room for spiritual influence.

A measurable biological mechanism does not automatically disprove a spiritual source any more than measuring the body's response to another human being proves that the other human being was imaginary. Biology can show us what is happening in the person. It cannot always tell us the full origin of what the person is responding to.

A Possible Pathway From Spiritual Torment to Mental Distress

If I were going to put the hypothesis into a simple sequence, it might look like this:

spiritual oppression or perceived spiritual threat -> fear -> stress and threat circuitry -> autonomic and endocrine activation -> changes in attention, sleep, memory, bodily sensation, cognition, and emotion -> repeated behavioral adaptation -> a life increasingly organized around threat.

Almost everything after the first step can be measured. We can study heart-rate variability, cortisol, sleep, attentional bias, startle response, neural activity, memory, avoidance, anxiety symptoms, and functional impairment. What we cannot currently do is place a sensor on someone and say, 'There is the demon.'

That limitation matters, but I do not think it requires us to throw away the question. It simply means we have to be precise about what each method can establish.

My hypothesis is that spiritual oppression, when it occurs, may exploit, amplify, or work through normal human systems rather than bypassing them. A person under sustained torment may become hypervigilant. Their sleep may deteriorate. Their thinking may become increasingly threat-focused. Their body may remain in a state of alarm. Over time, those patterns can begin looking like what psychology recognizes as psychiatric symptoms.

That does not mean the symptoms are unreal. Quite the opposite. If the source is spiritual, the psychological and biological consequences would still be real because the person experiencing them is real and embodied.

Fear and the 'Sound Mind'

I am especially interested in the contrast Paul creates in 2 Timothy 1:7: fear on one side, and power, love, and a sound mind on the other. The Greek word behind 'sound mind,' sophronismos, can carry the sense of self-control, discipline, prudence, or sound judgment.

Paul was not writing a neuroscience textbook, and I do not want to turn Scripture into one. But the contrast still makes me curious. What does sustained fear do to a person's ability to think clearly, choose wisely, trust, love, and act freely?

Modern research gives us one level of the answer. Under threat, attention and decision-making shift toward survival. Stress systems interact with brain regions involved in emotion and cognition. Chronic dysregulation is associated with anxiety, trauma-related symptoms, and other forms of distress.

Scripture gives us another kind of description. Fear can bring bondage and torment. Romans 8:15 speaks of a spirit of bondage again to fear. First John 4:18 says fear involves torment. Those are theological descriptions, not laboratory findings. But I am interested in whether the theological and biological descriptions may sometimes be looking at the same human experience from different levels.

What About Mental Illness?

This is where my hypothesis becomes broader - and where I think precision matters most.

I believe demonic oppression may be a primary spiritual source underlying a substantial portion of what we call mental illness. I do not mean that every person with a psychiatric diagnosis has a demon. I do not mean biology, trauma, genetics, sleep, hormones, relationships, substances, medical conditions, or learned behavior are irrelevant. I mean I am questioning whether those factors are always the deepest level of explanation.

If spiritual oppression can produce fear, confusion, accusation, compulsion, torment, distorted perception, despair, or loss of peace, then I think it is reasonable within Christian theology to ask whether some psychiatric symptom patterns may include a spiritual dimension that our current diagnostic systems are not designed to identify.

But that belief creates responsibility, not permission to become careless. Hearing voices does not prove demonic oppression. Panic does not prove demonic oppression. Depression does not prove demonic oppression. Mania, dissociation, paranoia, compulsions, insomnia, or unusual behavior do not prove demonic oppression. All of those experiences can arise in psychiatric, neurological, medical, trauma-related, substance-related, hormonal, and sleep-related conditions.

For me, a larger spiritual framework should make assessment more complete, not smaller. If someone is suffering, examine the body. Examine the brain. Examine medication, sleep, hormones, trauma, relationships, environment, substances, and medical conditions. Assess safety. And also, when it is appropriate and consistent with the person's faith, ask about spiritual experience rather than assuming that dimension is automatically irrelevant.

Spiritual care and clinical care do not have to compete. The harder question is how to discern responsibly when both may matter.

How Could We Actually Study This?

We cannot currently measure a demon directly. So a serious research program would have to begin with what we can observe in the human being.

One possibility would be to study Christians who describe episodes of what they understand as demonic oppression, particularly episodes dominated by fear or torment. We could document what happened before the episode, what the person perceived, what they felt in their body, how they slept, what thoughts appeared, what changed in their behavior, and how the experience affected daily functioning.

At the same time, we could measure physiology: heart-rate variability, electrodermal activity, cortisol, sleep, respiration, perhaps EEG or other neural measures depending on the design. We could also use validated measures of anxiety, depression, trauma symptoms, dissociation, psychosis-spectrum experiences, and functioning.

Then I would want to study what happens when the person reports that the oppression has lifted. Does anything measurable change? Does heart-rate variability improve? Does sleep normalize? Does fear drop suddenly or gradually? Do intrusive thoughts change? Does cognitive clarity improve? Do psychiatric symptoms decrease? And are those changes durable?

We would also have to document everything else that changed: medication, therapy, environment, relationships, sleep, substance use, community support, prayer, fasting, deliverance ministry, Scripture, worship, expectancy, and belief. Otherwise we could easily attribute a change to the wrong thing.

Qualitative research matters too. When Christians say, 'I was tormented,' 'a spirit of fear was on me,' or 'I became free,' what exactly are they describing? Is there a recognizable pattern across people? Are there meaningful differences between ordinary fear and what they identify as spiritual oppression? Do different Christian traditions describe the same experience differently?

Research Questions I Want to Carry Forward

1. Among Christians who identify an experience as a 'spirit of fear,' are there recurring psychological, physiological, perceptual, or behavioral patterns?

2. Do episodes described as demonic oppression show measurable changes in autonomic arousal, cortisol, sleep, attention, or neural activity?

3. How do people distinguish ordinary fear, trauma activation, anxiety, and what they understand as spiritual torment?

4. When a person reports sudden spiritual freedom, do measurable psychiatric or physiological symptoms change at the same time?

5. Are those changes immediate, gradual, or sustained over months and years?

6. Can spiritual interventions such as prayer, worship, Scripture, fasting, or deliverance be studied while separating their effects from expectancy, social support, emotional regulation, and other known mechanisms?

7. Do people who report freedom from spiritual oppression show changes in threat processing, attentional bias, sleep, or stress physiology?

8. Could some psychiatric symptoms represent the biological and psychological expression of an underlying spiritual conflict rather than a purely biological disorder?

9. What evidence would help distinguish spiritual influence from psychiatric, neurological, medical, trauma-related, or substance-related causes?

10. How can clinicians and Christian spiritual-care providers investigate spiritual explanations without either dismissing them automatically or declaring them proven too quickly?

The Hypothesis I Am Carrying Forward

My working hypothesis is stronger than the claim that spirituality simply affects mental health.

I believe demonic oppression is real, and I believe it may be a primary spiritual source underlying a substantial portion of what is experienced and categorized as mental illness. If that is true, I would expect the effects of oppression to become observable through the same psychological, perceptual, behavioral, neurological, endocrine, and autonomic systems that contemporary science already studies.

That gives us two different questions to keep separate.

The first is a source question: Is a spiritual intelligence actually participating in the person's torment?

The second is a mechanism question: What is happening in the person's brain, body, thoughts, emotions, perceptions, and behavior while that torment is occurring?

Current science is much better equipped to study the second question than the first. But I do not think our inability to directly measure a spiritual agent means we should quietly convert 'not measurable with our present instruments' into 'not real.'

Theology asks whether spiritual evil can afflict a person. Psychology asks what beliefs, memories, interpretations, and behaviors are involved. Neuroscience asks what circuits are active. Physiology asks what the body is doing. Clinical science asks what safely and durably reduces suffering.

I want to know what happens when we stop forcing those questions to compete.

If the human person is mind, body, soul, and spirit, then understanding mental distress may require us to study the whole person - including the possibility that what we can measure is sometimes the effect of something our instruments cannot yet directly see.

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The Holy Bible, New King James Version. 2 Timothy 1:7; Romans 8:15; 1 John 4:18; Mark 5:1-20; Luke 8:26-39.