

# Am I Possessed by a Demon?

By Michelle Witkin, Ph.D.

You may be wondering why a psychologist is writing about demonic possession. If so, you may be surprised to learn that, in my work as an Obsessive-Compulsive Disorder (OCD) specialist, it is not uncommon for me to be asked by patients (or potential patients) if they might possibly be possessed. Yes, it is true. Healthy and, by all appearances, rationale people ask me this question. And it doesn't take me by surprise.

"Wait," you wonder, "what does working with OCD have to do with demons? Isn't OCD where people like stuff neat and orderly, or where they check the stove over and over again?"

I'll explain...

## Explaining OCD

Let's start with a quick overview of OCD. Contrary to popular belief, OCD is not about cleanliness, orderliness, or repeatedly checking. OCD is about a person having unwanted and intrusive thoughts, images, and/or impulses that will not go away - usually despite their best efforts. Those thoughts, images, and impulses are called *obsessions* and they usually create quite a bit of distress or discomfort for the person experiencing them. Some possible obsessions might be thoughts of being contaminated, images of doing something harmful to oneself or others, impulses to say curse words, or fears of having left an appliance on or a door unlocked.

Now, when those obsessions create discomfort or distress, the person tries to find a way of making those yucky feelings go away. This is where *compulsions* come in. Compulsions are those "best efforts" I mentioned above; they are physical or mental actions a person takes to try to get relief. Possible compulsions might include avoiding potential sources of contamination, trying to think of something besides the disturbing content, repeatedly checking that one did not make a mistake, or mentally reviewing and reassuring oneself that one did not and will not act. Performing these actions often brings about relief - temporary relief, until the obsession woefully comes back again.

In summary, OCD has two parts - *obsessions* and *compulsions*. Obsessions bring anxiety and discomfort UP. Compulsions bring anxiety and discomfort temporarily DOWN.

## Wait, What About the Possession?

*Wasn't this a post about demonic possession? Why are you sharing about OCD?*

Sometimes OCD obsessions take the form of intrusive thoughts, images, or urges of harming others, such as loved ones. Let's take a look at a possible scenario:

*Sandra is a thirty something devoted mother and wife. One day, while sitting with her family, she imagines herself strangling the child closest to her with the power cord that is nearby. This image, seemingly from out of nowhere, shocks and disturbs her. "Where did that thought come from?" she wonders. She tries to force it out of her head and that seems to work until it comes creeping back in moments later. Now, even more upset, because the image seems so real, she excuses herself from the room. "What is this all about?" she silently asks herself. "This is nothing like me. I love my children. Why on Earth would I be thinking this?" She calms herself down by reminding herself that she is a good, caring mother. She returns to her family and the image leaves her alone for the night. The next day, as she helps the children with their homework and prepares the evening meal, she has a fleeting glimpse of smashing one of the children with the cast iron skillet. Terrified, she calls for her husband to stay in the room and help the children while she tries to cook and to compose herself. On subsequent days, despite trying hard to keep them out of her head, the thoughts and images only come more frequently. To protect them, Sandra never allows herself to be in a room alone with her children.*

What's happening here? Well, in this example, Sandra is having **obsessions** about harming her children. They cause her to feel incredibly uneasy because they are counter to her valued role of loving parent. So what does Sandra do? She removes herself from the situation, she reminds herself she's a good parent, she tries to force the thoughts away, and she brings others into the room so she can be sure her children will be protected. In short, she does a number of **compulsions**. Despite the compulsions bringing some temporary relief, they never really address the thoughts and images and her distress grows and grows.

Now, OCD is a nasty trickster. It generally targets the things a person holds dearest. In our example, Sandra cares deeply about her children and she values being a loving parent. When a person finds their deepest values targeted, they may begin to question what this means about them. They may even question how such horrific thoughts could come about...and therein enters the rationalization by the sufferer (or others) that it must be demons.

## **Ah, Now the Demons**

Imagine you are being tormented by some of the worst thoughts and images that could ever be conjured up (some of you may not need to imagine; you may be experiencing them already, which is why you may be reading this). These thoughts and images seem like something that you, the you you know, could never dream up in a lifetime. Yet, here they are...and they are bombarding your every day. You are living a nightmare. Stressed and overwhelmed, you search for an answer. Or, perhaps, someone jokingly suggests the answer. Demonic possession. These aren't your thoughts at all. You've been inhabited by an evil presence. Preposterous as you might have thought it in another time and place, it seems just possible.

Let's take a look back at Sandra:

*Tormented by her horrible thoughts, Sandra searches for an explanation and stumbles upon an article about demonic possession. "Demons?" she wonders. "Could it be?" Although it sounds somewhat absurd, a little fear plants itself. "Maybe I am possessed by a demon." She puts the frightful thought out of her head. Yet, the next day, as she wrestles with images of harming her*

*children, a voice in her mind wonders, "Could I be possessed?" That evening, tormented by both fears she will harm her children and the possibility of possession, she touches a crucifix to her forehead, just to see if it burns. It doesn't. She feels a little silly, but also relieved...for now.*

In Sandra's case, she's stumbled on demonic possession as a possible reason for the horrific images and thoughts she's been having. She is definitely not alone. As people search to understand why they are tormented, no possibility may seem too far-fetched. Sandra now has two obsessions, though. One is fear she will harm her children. The new one is that she is possessed by a demon. And her compulsions have a new realm, as well. She begins to seek certainty that she is not possessed - and bringing the crucifix to her forehead is only the beginning. All of this because of OCD. No demons at all.

## **So It's Not Demons. What Can Be Done?**

OCD is not a demon (in the traditional sense) and is treatable. The treatments shown to be most beneficial are Cognitive Behavior Therapy (CBT - specifically a form of CBT known as Exposure and Response Prevention {ERP}), medication, or a combination of both. Here, I will explain just a little bit about therapy and how it might apply in Sandra's case.

In ERP therapy, a person is educated about OCD and learns how the things they have been doing to try to cope with their fears are actually growing the problem. Then, together with their therapist, they learn to gradually stand up to their fears without doing their compulsions. Gradually, the sufferer learns to manage discomfort and not to let it direct their lives.

Here's how it might look with Sandra. After educating her about OCD, Sandra's therapist would help Sandra identify each of her obsessions and her compulsions. Together, they would create experiments in which Sandra would be in the presence of the thoughts that have been frightening her without doing her compulsions. For example, she might imagine being in the room with her children while thinking her harmful thoughts. At another point, she might practice actually being in the room with her children and the thoughts and not leaving while another adult is in the room. Later, she might practice being in the room alone with her children while purposely thinking the thoughts.

Now these practice sessions would address the intrusive thoughts about harming her children. The fear that she is possessed by a demon would also need to be addressed - often simultaneously. Sandra would practice allowing the thought that she is possessed by a demon to be in her head while eliminating the compulsions of wrestling the thoughts away or checking for signs that she may/may not be possessed.

While it may seem a little scary standing up to these fears, it is done at a pace that patient and therapist agree on together - one that allows for mastery on the sufferer's own terms. I like to think of the process as one of learning to be brave - of getting *comfortable* being *uncomfortable*. In it, the person with OCD learns skills that allow them to stand up to the disorder no matter what it may dish out in the present or the future. As for OCD, while it may try to trick folks into believing in demonic possession, learning the facts and the skills is a far less frightening reality.

For more information on Obsessive-Compulsive Disorder:

- International OCD Foundation: <https://iocdf.org/>
- Anxiety and Depression Association of America: <https://adaa.org/understanding-anxiety/obsessive-compulsive-disorder-ocd>