

## The Development of The Occult-Demonic Syndrome Scale (ODSS-1)



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**ABSTRACT:** Among many Christians and other religious and spiritual (R/S) groups belief in the demonic is common. Yet no measures exist that enable study of this phenomenon. For theoretical, practical, and research purposes such a measure seems essential. This study reports the development and preliminary psychometric properties of a measure designed to serve this purpose. Four items each in the domains of subjective experience and behavioral engagement were developed. We reasoned that these were interrelated domains. Factor analysis yielded two strongly related factors of four items each that corresponded to subjective feelings and behavioral engagement, accounted for 56.55% of the total variance and correlated 0.62. The measure showed good internal consistency and fits our theoretical model.

**KEY WORDS:** measurement, Christian, occult, demonic

### INTRODUCTION

Worldviews vary along a broad continuum from materialist to mentalist/spiritualist. In the middle of the range are worldview that embrace both material and mental/spiritual ontologies in holistic or other models (Legare & Gelman, 2008; Moreland & Caig, 2017; Sire, 2015; Taves, Asprem, & Ihm, 2018). Often these seemingly-disparate views coexistent simultaneously in the same individuals (Shtulman & Legare, 2019).

In Christian literature, the occult represents a real spiritual world with independent ontological reality (Martin, Rische, & Van Gorden, 2008; Moreland & Craig, 2018). Occult encounters are believed/conceptualized to involve real encounters with demonic beings. These encounters are associated with deep psychophysiological arousal, intense emotions, and significant religious/spiritual experiences; they involve perceptions of conflict, influence, and control. Repetitive, often ritualistic, patterns of R/S behavior are associated with demonic encounter. The occult refers to various magical and divinatory beliefs and practices which are often closely associated with demonic influence (Bufford 2008; Crooks, 2018; MacNutt, 2009).

Many exorcists proved that occult practices, that people are involved in, invoke demonic powers and the people become the subject of demonic activity because occult behavior creates an open doorway for the demonic (Amorth, 1999; Rossetti, 2021). Namely, if someone turns to the occult, it may be the reason for an internal diabolical oppression (Gallagher, 2020) or obsession indicating an internal diabolical assault on person's thoughts and emotions (Fraune, 2019; Ripperger, 2013).

The common belief in demonic/occult reality is important for both the practice of psychotherapy and theoretical reasons. From a theoretical and philosophical perspective, considerations of the demonic/occult falls broadly within the domain of human diversity. At the core, this involves a question of worldviews and ontology (the question of what exists). While even among Christians worldviews vary, many Christians believe in a world that includes God, angels, and demons as well as humans. Evidently many others may believe in demons as well. Philosophically and theoretically, the question is whether or not occult phenomena are real and whether engaging in occult behavior reflects the existence of nonphysical dark entities or sinister forces (Hunter, 2015).

Father Gabriele Amorth (1999), the famed Roman Catholic exorcist, argued that the occult is the cult of Satan and presents a deviant form of religiosity. Said differently, it offers an alternative R/S worldview. Satanic or reversed religion generates the existence of satanic spirituality that constitutes a dangerous threat to various realms of human mental health and well-being (Bufford, 1989, 2008; Šram, 2017) and may present demonic-induced sicknesses (Isaacks, 2018).

In the research domain, demonic/occult processes and practices are seldom investigated empirically. Seemingly this is a taboo topic in current scientific research. Thus it is almost impossible to find research in the academic psychological and psychiatric journals that deals with the association between engaging in occult behavior and subjective feelings of demonic presence and influence as a syndrome. However, subjective feelings of demonic presence and influence are sometimes perceived as a spiritual phenomenon (Ashraf, Krishnan, Wudneh, Acharya, & Tohid, 2016) across a wide range of geographic and cultural settings (Legare & Gelman, 2008; Shtulman & Legare, 2018).

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Within Christian literature as well, the occult is regularly associated with the adverse role of demonic influence on the mental health and spirituality of human beings (Amorth, 1999; Bolobanić, 2015; Campos, 2018; Martin, Rische, & Van Gorden, 2008), thus could have important implications for psychopathology and psychotherapy. Christian priests and pastors, as well as psychologists and psychiatrists, may often be confronted with humans whose experiences and sufferings are or can be attributed to the occult. Often these cannot be adequately addressed, and may not even be clearly classified, interpreted, and understood outside this framework (Bufford, 1989, 2008; Lucadou & Wald, 2014).

At a practical level, it is generally believed that demonic/occult engagement may lead to psychological and other harms. Unfortunately, those who engage in various sorts of occult practice often do not realize that “they have given themselves body and soul to demonic powers” (Amorth, 1999, p. 67). Adverse outcomes are commonly reported; further, it may not matter whether the individual knowingly dabbles with the power of Satan.

The potential for adverse consequences of dabbling in the occult are seldom discussed by either psychologists or psychiatrists in their psychotherapeutic treatment planning (Ripperger, 2013; Stafford, 2005) or by the Church authorities and priests in their pastoral life (Fraune, 2019; Amorth, 1999; 2005). A little attention is paid to dark side of R/S life and to R/S struggles caused by engaging in occult behavior (Exline & Rose, 2013; Lozano, 2018). That is why we consider there is an urgent need for carrying out research to find out whether and what kind of relationships exist between engaging in occult behavior and subjective feelings of demonic presence, because in general, the Catholic Church attributes the rise of demonic activity to people dabbling in the occult. It is of great significance for an individual and collective well-being to possibly diagnose the pattern of an *occult-mediated mental disorder*.

For purposes of our study, the space of engaging in occult behavior was defined as behavioral pattern that involve activities such as visiting a fortune-teller, attending witchcraft or voodoo ceremonies, attending a séance in which souls of the dead are called, and playing with a Ouija board or “Dungeon and Dragons”. We propose that *seeking occult knowledge and power* are core to the psychological meaning of volitionally engaging in occult behavior.

In the space of personal experience, subjective feelings of demonic presence and influence were defined as a spiritual condition that indicates encountering an evil presence in one’s life influencing his/her thoughts and behavior, sensing that something evil is attached to him/her, feeling that some dark power caught him/her with its hand and manipulated, goaded, or coerced him/her to do things he/she didn’t want to do and/or perceived as evil, and feeling as if some dark powers were moving on/inside him/her. In its spiritual essence, the structure of subjective feelings of demonic presence and influence strongly resembles some kind of internal demonic oppression (Gallagher, 2020; Irmak, 2014) or diabolical obsession characterized by demonic assault on person’s cognition, affection, and imagination (Amorth, 1999; Fraune, 2019; Ripperger, 2013).

We hypothesized that engaging in occult behavior, or dabbling in the occult, and subjective feelings of demonic presence and influence are substantially correlated that they may present a homogeneous construct and provide the foundation for an internally reliable scale to measure the *Occult-Demonic Syndrome*. We assumed that such a measure would be a useful and efficient tool for research and may also prove useful in both psychiatric and spiritual diagnosis.

## METHOD

### *Participants and procedure*

The survey was carried out in a convenient adult sample of the members of the Croatian ethnic minority across the Autonomous Province of Vojvodina in Republic of Serbia (N=189). The members of different Croatian organizations and institutions in Vojvodina administered the questionnaires to adults whom they knew or supposed were of Croatian ethnicity. The mean age of the sample was 45.0 years (SD=16.0) and 48% were male. Among participants, 97% declared themselves as members of the Roman Catholic Church. More than half of the participants declared themselves as religious people (religious=46.6%, very religious=12.2%; total=58.8%). The questionnaires, covering different religious, sociological and psychological topics, were filled in by the respondents themselves. Among participants, 5.8% reported they completed elementary, 14.8% vocational, 34.9% secondary, 12.7% college, and 31.7% university education. The sample was somewhat skewed toward higher degrees of school attainment, as is common for survey research requiring a sufficient degree of literacy. The current study is a part of a broader sociological and psychological study carried out in the late autumn of 2018.

### *Measurement*

We wished to measure a construct for which no scale has yet been developed. The scale development process was conducted deductively, beginning with a theoretical definition as a basis on which items were generated. The deductive approach was most appropriate because the theory posited the existence of strong relationship between subjective feelings of demonic presence and influence (the demonic) and engaging in occult behavior (the occult). On the basis of such a theoretical approach we constructed the scale for measuring an occult-demonic syndrome. The measurement was labeled the *Occult-Demonic Syndrome Scale* (ODSS-1).

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Participants were asked how often have they experienced or participated in the following things, using a 5-point scale: 1. never, 2. very rarely, 3. sometimes, 4. often, and 5. very often. Appendix A provides the items used in the ODSS-1.

### RESULTS

#### *Principal axis factor analysis*

In order to find out the construct validity of the 8-item Occult-Demonic Syndrome Scale (ODSS-1) and how well it represents the underlying theoretical construct, principal axis factor analysis with Promax rotation was conducted. The oblique rotation factor analysis was performed because there was a good theoretical reason to assume that the resulting factors should be related. Prior to conducting factor analysis, the correctness of data was established. The Kaiser-Mayer-Olkin measure of sampling adequacy value (.KMO=.814) is great, and Bartlett's Test of Sphericity was significant (chi-square=725.834, df=28, p<.001). The extracted factors were labeled F1 *Felt Presence* and F2 *Occult Behavior*. Together, the two factors explained 56.55% of the item variance. Table 1 displays the pattern matrix of the ODSS-1. A substantial positive correlation between subjective feelings of demonic presence and engaging in occult behavior was established (r=.62). It means that engaging in occult behavior shares 38% of common variance with subjective feelings of demonic presence (the coefficient of determination,  $r^2 = .38$ ). Taken together, the amount of the explained variance by the first rotated factor (47.16%), the magnitude of factor loadings on the factor matrix (ranging from .53 to .82), and the large correlation between the two factors (a large correlation coefficient equals or exceeds r=.50; Cohen, 1998; Hemphill, 2003), indicated the ODSS-1 measured an internally coherent construct of an occult-demonic syndrome.

**Table1: Principal axis factor analysis for the Occult-Demonic Syndrome Scale (ODSS-1)**

<i>F1: Felt Presence</i>		
<i>Items</i>		<i>Loadings</i>
6. I felt as if some dark power caught me with its hands and forced me to do evil things I didn't want to		.93
2. I have felt an evil presence directing my life and influencing my thoughts and behavior		.80
8. I have felt as if some dark powers were moving on inside me		.67
4. I sensed that something evil was attached to me		.59
<i>F2: Occult Behavior</i>		
3. I have attended witchcraft or voodoo ceremonies		.90
5. I have attended a séance or spiritual meetings in which the souls of the dead were called		.72
1. I have used to visit fortune-teller who told me my fortune by use of cards, tea leaves, palm reading, crystal ball, etc.		.56
7. I have played with Ouija board, tarot cards or "Dungeon and Dragons"		.49

#### *Reliability analysis*

The 8-item Occult-Demonic Syndrome Scale was proven to be a highly reliable measure (Cronbach's coefficient alpha=.85; Mean inter-item correlation, MIC=.45), indicating a strong homogeneity of this cluster of items. The greatest inter-item correlation from the space of engaging in occult behavior and subjective feelings of demonic presence was between these two items: "I have attended a séance or spiritual meetings in which the souls of the dead were called" and "I have felt as if some dark powers were moving inside me" (r=.62). Thus, these two items measure strongly-related processes.

The two subscales derived from the factor analysis had also satisfactory internal consistency: *Felt Presence* (alpha=.83) and *Occult Behavior* (alpha=.76). The method of split-half reliability that randomly splits the data set into two was also used. If the 8-item scale is very reliable a participant's score on one half of the scale will be similar to their score on the other half. In other words, the scores from two halves of the scale should be highly related (Field, 2009). Cronbach's alpha for the first part was .70 and for the second part was .79. Correlation between these two forms was very high (r=.76). Given a high internal reliability of the second half (Cronbach's alpha=.79), it is worth noting the item domain of the second half: "I have attended a séance or spiritual meetings in which the souls of the dead were called", "I felt as if some dark power caught me with its hands and forced me to do evil things I didn't want to", "I have played with Ouija board, tarot cards or "Dungeon and Dragons", and "I have felt as if some dark powers were moving inside me".

High internal reliability of the ODSS-1 is also indicated by other indicators in the item analysis, like the corrected item total correlation ("the correlation between each item and the sum of other items"; Brace Kemp, & Snelgar, 2009, p.368) and the size of Cronbach's alpha if an item is deleted (Table 2). The values of corrected item-total correlation are all above .50, which is good. The overall alpha is .85, and none of the items would increase the reliability if they were deleted because all values in this column are less than the overall reliability of .85. This indicates that all items are positively contributing to the overall reliability of the ODSS-

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1. Thus, it would be reasonable and justified to create the composite variable of the Occult-Demonic Syndrome Scale. From the Table 2, we can see that the scales and items are highly skewed toward the lower scores, indicating pathological nature of the Occult-Demonic Syndrome Scale.

**Table 2: Mean, SD and Item-total correlations of the Items with ODSS-1 and Cronbach's alpha without the item**

Item	M	SD	Skew	Kurtosis	Corrected item-total Correlation	Cronbach's alpha if item is deleted
1	1.21	.54	2.95	9.18	.53	.84
2	1.39	.79	2.14	4.49	.60	.84
3	1.05	.32	6.87	50.94	.53	.84
4	1.20	.56	3.41	13.69	.68	.82
5	1.07	.40	7.06	16.88	.63	.83
6	1.17	.52	3.42	12.14	.75	.81
7	1.05	.28	5.77	34.12	.50	.84
8	1.11	.47	5.36	32.98	.69	.82

## CONCLUSION

Our hypothesis that engaging in occult behavior and subjective feelings of demonic presence, influence and control are substantially correlated was confirmed. Results of this study yielded a measure with two latent dimensions; the first corresponded to demonic experience and the second to occult behavior. These two latent dimensions were strongly correlated, as expected. Internal consistencies for the subjective feeling and occult behavior subscales were strong and internal consistency for the total scale was also strong. We found out that engaging in the occult and feelings of the demonic present a homogeneous construct and an internally reliable Occult-Demonic Syndrome Scale (ODSS-1) underlying a demonic-induced sickness (Isaacks, 2018).

Our finding is in line with assertions that occult practices invoke diabolical powers (Amorth, 1999; Rossetti, 2021). The people practicing the occult may become subject of demonic activity manifested as an internal diabolical oppression (Gallagher, 2020) and may indicate the existence of an internal diabolical assault on individual's perception and emotions (Fraune, 2019); Ripperger, 2013). In other words, the existence of mental disorder that includes the subjective feelings of demonic presence, influence, and control may be the result of dabbling in the occult. It resembles a symptom of Dissociative Identity Disorder described in DSM-5 "as if a 'spirit', supernatural being, or outside person has taken control" over person's mind (American Psychiatric Association, 2013, Dissociative Identity Disorder, p. 213).

The magnitude of association between the occult and demonic ( $r=.62$ ) indicates that engaging in occult behavior does not need to be accompanied by any strong subjective feelings of demonic presence and influence on the conscious level in a person's life. Conversely, feelings of demonic presence may occur without apparent engagement in occult practices and experiences. There are various reasons for demonic attachment and oppression (Amorth, 1999; MacNutt, 2009; Rossetti, 2021). Although our common theoretical hypothesis that engaging in the occult has an impact on subjective feelings of demonic presence, influence, and control was confirmed, the alternative hypothesis of the nature of the link between the occult and demonic should not be discarded. Namely, the demonic may use psychological vulnerability, generated primarily from childhood trauma, to tempt the person to get involved in the occult without conscious awareness of doing so (Šram, 2017; Virkler, 1999).

The ODDS-1 shows promise as a measure of demonic/occult behavior and experience and can serve as a useful and efficient tool for research in both psychiatric and spiritual diagnosis. We have diagnosed the pattern of an occult-mediated mental disorder labeled the *Occult-Demonic Syndrome* that might be defined in a future edition of the Diagnostic and Statistical Manual of Mental Disorders.

However, there are some limitations to the present study: mono-method assessment, a small and religiously homogeneous sample, and cross-sectional design. In future research, the occult should be examined by its multidimensional facets (e.g. need for an occult knowledge and power) and in larger and religiously different sample. Given the psychological and psychiatric underpinning of the *Occult-Demonic Syndrome* we suggest that the survey be carried out with the aim of finding out what patterns of the occult behavior significantly mediates the relationship between childhood trauma and mental disorders in the sample of psychiatric outpatients and inpatients.

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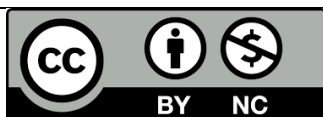
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### Appendix A

ODSS-1:

- 1 I have used to visit fortune-teller who told me my fortune by use of cards, tea leaves, palm readings, crystal ball, etc.
- 2 I have felt an evil presence directing my life and influencing my thoughts and behavior.
- 3 I have attended witchcraft or voodoo ceremonies.
- 4 I sensed that something evil was attached to me.
- 5 I have attended a seance or spiritual meetings in which the souls of the dead were called.
- 6 I felt as if some dark power caught me with its hands and forced me to do evil things I didn't want to.
- 7 I have played with Ouija board, tarot cards or "Dungeon and Dragons."
- 8 I have felt as if some dark powers were moving on inside me.



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