

Summary of the Differential Diagnosis Between Perceptual Disorders and Spiritual Infestations

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Introduction

The term “perception disorders” is commonly understood to refer to any alteration of the natural senses that allow human beings to perceive reality. Such disturbances are thought to generate a distortion of reality, potentially leading to an erroneous interpretation of one’s environment. This diagnosis is generally based on manifestations considered pathological, such as hallucinations—defined as the perception of an object that does not actually exist—or unusual psychic phenomena such as telepathy, clairvoyance, mind-reading, or hearing voices. In the absence of any material basis for these perceptions, the resulting interpretations are often regarded as imaginary, illusory, or even delusional.

However, this general definition rests on assumptions that deserve to be reexamined, as we have discussed in a more comprehensive and detailed article entitled “Perception Disorders and Relationship to the Invisible World”².

Drawing on more than three decades of clinical and therapeutic experience, we present here a summary of the diagnostic elements that may help refine discernment regarding a possible parasitic spiritual origin of the disturbances experienced by a suffering individual.

Diagnosis and Discernment

A perceptual disturbance requires a proper diagnosis in order to determine, first and foremost, whether it is related to physical causes.

Physical causes to be ruled out:

1. **Lesions affecting the body**, particularly the nervous system.
2. **Brain tumors.**
3. **Toxic exposure or poisoning** (e.g., heavy metals).

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² Jacques Mabit (2024) Perception disorders and relationship to the invisible world. Published on the Takiwasi website, July 2024. https://www.takiwasi.com/docs/arti_ing/perception-disorders-relationship-invisible-world.pdf

4. **Excessive exposure to electromagnetic fields** or ionizing radiation.
5. **Side effects of psychiatric medications.**
6. **Physical causes underlying symptoms** such as tinnitus or epilepsy.

Psychological Causes to Be Ruled Out:

From a psychological perspective, hysteria should be ruled out from the outset. For a trained therapist, this is generally not very difficult. A person with hysterical manifestations may convincingly mimic disturbances of a spiritual origin, but these symptoms are in fact expressions of underlying psycho-emotional issues.

When to Suspect a Spiritual Origin?

1. **Negative medical examinations** or **ineffective conventional treatment.**
2. **The presence of multiple psychiatric diagnoses.**
3. **Persistence of symptoms** after discontinuation of medication.
4. **Recurrent nightmares and sleep disturbances.**
5. **Spiritual themes** within the symptoms (e.g., blasphemous thoughts, rejection of the sacred).
6. **Impulses toward immoral acts.**
7. **Unusual and persistent misfortune.**
8. **Sensations of nocturnal presences or other paranormal manifestations.**
9. **Hearing negative voices.**

Conventional Diagnoses Associated with a Probable Spiritual Infestation:

1. **Patients' self-perception** (a sense of a malevolent presence, especially at night, while awake, half-asleep, or during nightmares, often accompanied by physical disturbances in the environment, unexplained noises, moving objects, unpleasant odors, etc.).
2. **Dissociative disorders:** the perceived existence of two distinct entities (the self and a parasitic spirit).

3. **Psychiatric disorders:** bipolar disorder, borderline personality disorder, post-traumatic stress disorder (PTSD), and attention-deficit/hyperactivity disorder (ADHD).
4. **Obsessive-Compulsive Disorder (OCD) and Tourette syndrome:** considered highly suggestive of spiritual infestation.
5. **Auditory hallucinations:** potentially involving verbal suggestions attributed to a parasitic spirit.
6. **Eating disorders** (anorexia and bulimia), often associated with sexual abuse and incest.
7. **Self-destructive behaviors** (suicidal tendencies, addiction, self-harm, etc.) **and recurrent transgressive behaviors** (abuse, violence, delinquency, indecency, etc.).
8. **Psychotic episodes associated with the use of cannabis or other drugs.**
9. **Restless Legs Syndrome.**

Particular attention should be given to so-called dissociative disorders. In conventional psychiatry, the patient is considered to be internally divided between two (or more) personalities, implying a schism or split within the self (as in schizophrenia). However, in the case of a spiritual infestation, there may indeed be two (or more) beings present: the individual's own self and one or more parasitic entities (malevolent spirits). In cases of Obsessive-Compulsive Disorder (OCD), spiritual infestation is also considered to be very common, with the parasitic entity allegedly harassing the individual through persistent feelings of guilt and self-reproach. Tourette syndrome, characterized by coprolalia (the involuntary utterance of obscene words) and copropraxia (the involuntary performance of obscene gestures), is regarded as being almost always associated with spiritual infestation. In instances of auditory hallucinations, there may, according to this perspective, be an actual communicating presence, namely a parasitic spirit: this differential diagnosis is considered especially important because this symptom alone is often sufficient for a patient to be labeled as psychotic and subjected to long-term, sometimes lifelong, psychiatric treatment.

Spiritual infestation always has a bodily anchoring point. At the site of attachment, the patient may experience itching, persistent skin disorders, sharp pains, or chronic pain without any clearly identifiable physical cause. The most common anchoring locations are the head and neck, the back from the nape of the neck to the coccyx, and the genital region. A persistent stabbing pain or recurrent sharp sensations in the shoulder blade area is highly indicative of a parasitic spirit associated with a curse or spell.

Diagnostic Methods of Traditional Medicines:

Traditional medicines possess practical methods that make it possible to objectify infestation, in a manner similar to a medical imaging examination. These methods essentially consist of transferring the disturbances from the patient's body onto a third-party organic body.

1. **Transfer of disturbances onto third-party organisms** (guinea pig, chicken, egg): both a diagnostic and therapeutic method.
2. **Transfer onto inorganic and plant substances** (newspaper, alum stone, chonta palm, candles).
3. **Assessment of the energetic pulse.**
4. **Use of visionary plants in a ritual context** (ayahuasca, mescaline cacti, iboga, peyote, mushrooms).

Classical Signs Recognized in Christian Exorcist Practice:

1. **Exorcism rituals and prayers of deliverance:** a reaction to the prayers indicates a spiritual disturbance, while the absence of a reaction does not rule out infestation (false negative).
2. **Speaking in languages unknown to the individual.**
3. **Extraordinary physical strength.**
4. **Violent aversion to sacred objects.**
5. **Facial distortions and agitation.**
6. **Extraordinary phenomena** (levitation, bodily distortions).

Other Signs of Possible Infestation:

1. **Unusual and persistent misfortune.**
2. **Repulsive odors with no identifiable cause.**
3. **Unusual skin markings** (esoteric figures or symbols).
4. **Inability to tolerate the wearing of blessed medals.**
5. **Abnormal behavior under intoxication** (alcohol, cannabis), followed by amnesia regarding the erratic behavior.

6. **Irresistible attraction to or uncontrollable rejection of a person** (love or hate charms).
7. **A sense of mental intrusion involving negative images, ideas, or voices** (aggressive, humiliating, obscene, contemptuous, etc.).
8. **Attraction to morbid themes** (torture, sadism, abuse, mistreatment, horror films, etc.), **strange or paranormal subjects, or matters related to a supposedly “secret” dimension** (hidden knowledge, initiatory groups, ancient mysteries, hidden treasures, etc.).
9. **Multiplication of paranormal phenomena and negative synchronicities.**
10. **Disgust, discomfort, or aversion toward sacred things.**

Certain contextual elements, while not constituting irrefutable proof, should also be taken into consideration as potential sources of spiritual infestation:

1. The sudden onset of problems following involvement in occult, esoteric, divinatory, or magical practices (even when undertaken as a game).
2. Disorders appearing after participation in practices, even well-intentioned ones, within a New Age or Gnostic framework.
3. Disorders arising after consulting self-proclaimed “healers” or practitioners such as shamans, energy healers, psychics, fortune tellers, non-religious exorcists, “spiritual masters,” and similar figures.
4. A history of sexual abuse, the presence of incestuous family environments, or a disturbed sexual life.
5. The ethnic origin of the suffering person: practices involving curses, spells, witchcraft, and magic are reportedly more common among people from Indigenous communities and among immigrants originating from countries with strong ancestral traditions.
6. Addictive use of psychoactive substances or psychotropic medications.

Of course, being an “alternative” therapist cannot, in itself, lead to their invalidation. Some are excellent, and others are effective in carrying out work of disinfection. Likewise, ethnic origin does not represent an absolute sign of infestation either, but only a possible indication of malevolent action linked to harmful indigenous practices that are very common in these cultures. Sexual abuse, and drug consumption, does not inevitably result in infestations, but often leads to them.

Long-Standing Infestations

Long-standing infestations are more difficult to detect because the individual has become accustomed to them and has learned to live with them without suspecting their existence. This is even more true in the case of transgenerational infestations, which are present from conception onward.

Many infestations are thought to originate in childhood, before the age of twelve, and their source is very often forgotten or suppressed by the individual (traumatic amnesia), whether because of an explicitly stated threat (such as sexual abuse), fear of the consequences for loved ones (for example, implicating an incestuous parent), or an inability to psychologically and emotionally integrate the traumatic event.

Furthermore, any traumatic shock may cause a breach in the individual's integrity that allows the intrusion of a malevolent entity. Such events may go unnoticed because they are commonplace or attributed to ordinary incidents of life. For example, a medical or dental anesthetic may induce an altered state of consciousness equivalent to that produced by drug use; a near-drowning experience or food poisoning may generate in a child an anxiety about death, considered a gateway for spiritual parasitism. The anguish experienced when seeing a dead person or a seriously injured individual for the first time during an accident—even when the child is merely a witness and faces no personal danger—may also be sufficient. The psycho-emotional fracture depends not on the objective severity of the incident, but on the way it was experienced internally by the child.

The Concept of Degrees of Infestation

In addition to the multiplicity of sources of infestation, the lack of awareness of their existence when they are long-standing or transgenerational, and the subjective dimension of the initial childhood trauma, there is also considerable variability in the intensity of their influence.

Parasitic entities, demons, or evil spirits are not all of the same hierarchical level, nor are they endowed with the same malevolent power. The most powerful perverse or impure spirits are well known to exorcists, and their spectacular manifestations have become familiar to the general public. However, those of lesser power or greater discretion remain largely unknown. As a result, many ordinary people may be infested without knowing it. There is often no memory of a major trauma, nor any obvious involvement in occult practices that might point toward spiritual parasitism.

Their suffering is generally attributed to psychological or even psychiatric problems, or simply to the ordinary difficulties of human existence. The psychological disturbances resulting from incest, for example, almost never lead to a search for an “incest spirit,” even among exorcist priests. These victims, themselves unaware of a possible infestation, do not seek the appropriate help that could free them from it (assuming such help is available).

Conclusion

Spiritual infestation should be considered in cases of persistent disturbances that are resistant to medical and psychological treatments, especially when they are associated with spiritual signs, occult practices, or the use of psychoactive substances. Detection and treatment often require an interdisciplinary approach and consideration of spiritual and energetic dimensions that are generally overlooked by conventional psychiatry.