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Psychopathy and Depression as Predictors of the Satanic Syndrome

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Abstract: The aims of this research were to determine: (1) the existence of an internally consistent and valid latent construct of the Satanic syndrome, and (2) if psychopathy and depression are significant predictors of the Satanic syndrome within different sex and ethnic subsamples. We conducted a survey in a community sample of adult Christians in the region of eastern Croatia where the Croats (most who are members of the Roman Catholic Church) live together with a Serbian ethnic minority (most who are members of the Serbian Orthodox Church). The equalized convenience sample (N=1100) was divided into two sex and ethnic homogenous subgroups. The Satanic syndrome proved to be characterized as a one-dimensional factorial construct indicating the importance of participating in Satanic rituals; psychic seances during which the dead are called to appear; persons becoming knowledgeable about black magic; being a member of an occult society; and reading books and magazines that deal with esoteric and occult issues. Multiple regression analysis showed that psychopathy and depression were significant predictors of the Satanic syndrome within both sex and ethnic different groups. Within male, female, Croatian and Serbian ethnic minority samples, the amount of variances explained by the predictor variables were 20, 18, 20, and 16 per cent, respectively. There is evidence that depressive psychopaths are attracted to the Satanic syndrome as a means of obtaining magical power and control over their destiny, regardless of sex and ethnic differences. The hypothesis confirmed that comorbidity of psychopathy and depression expresses the existence of a destructive sub-personality underlying the Satanic syndrome which indicates the existence of Satanic spirituality.

Keywords: Satanic syndrome, psychopathy, depression, satanic spirituality, destructive subpersonality

1 Introduction

A great realm of various occult practices, including that of Satanism, have been thrust upon us with great force.[1] In particular, New Age beliefs incorporate practices from 19th century Western occultism including teachings on “channelled spirits” who are actually fallen angels or demons. Human beings continuously seek to fill the vacuum left in their lives by the experience of sin. Christians affirm Christ is the only answer that meets man’s need and only the Holy Spirit can adequately fill man’s spiritual vacuum. However, many people reject Christ and turn to other sources to fill the void - and thus, we now see a rampant interest in occult and satanic practices. Dabbling in various aspects of the occult has become an accepted practice in a modern society. Since the occult is associated with demonic influence and constitutes a dangerous threat to the people’s well-being, the study of the occult and its psychological and psychiatric underpinning

1 Dickason, *Angels: elect & evil*.

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should become an issue of great concern. Therefore, by analysing the relationships among psychopathy, depression and the Satanic syndrome, we find ourselves in the field of spiritual psychology or transpersonal psychology as we try to integrate the spiritual and transcendent aspects of human experience within the framework of modern psychology.

Occult involvement is an overlooked area in secular psychology. Moreover, many of the psychological difficulties associated with the occult are not ordinarily discussed by mainstream psychology and psychiatry. The concepts and main themes of occultism are compared with those of religion, spirituality and mysticism in dealing with phenomena, processes and powers which are not accessible to normal perception.[2] In other words, the occult is imperceptible by normal senses, and thus refers to various magical and divinatory beliefs and practices which are closely associated with Satanism.[3] The occult is on the rise and people are seeking their identity through occult and satanic practices.[4]

Spirituality has become a recognized and studied construct, regardless and in spite of multiple definitions in the fields of psychology, psychiatry, sociology, and medicine.[5] It is often reported that religion and spirituality are associated with better mental health.[6] However, it has been shown that people who consider themselves spiritual but not religious are more likely to have a mental disorder compared with conventionally religious people.[7] In other words, the spiritual beliefs in the absence of a religious framework may be associated with poorer mental health.[8] Furthermore, the nature of the causal relationship between spirituality and mental disorder is currently unknown[7,8]. However, the study of Saucier and Skrzypinska[9] sheds some light on the relationship between spirituality and mental disorder. They reported that people who were more focused on subjective spirituality and less interested in religiosity tended to have specific personality characteristics; namely, they were more likely than other people to describe themselves as weird and crazy, and they tended to believe in a range of "alternative" ideas such as psychokinesis, reincarnation, astrology, witchcraft, and psychic powers, showing the respect toward the power of magic and expressing magical thinking.[10] Other researchers have found that adherents of New Age beliefs and practices tend to be high in schizotypy[11] that tends to be associated with high levels of anxiety and depression.[12] It could be that people with schizotypal tendencies and associated predisposition to anxiety and depression may find unconventional spiritual ideas to be particularly appealing.[13] Thus, it is possible that such an alternative spirituality exacerbates its existing mental imbalances.

The term "spirituality" is resistant to precise definition because of the variety of senses the term is used and controversy within scholars over the manner in which the term should be used.[14] Furthermore, the term "spirituality" is not only used in the syntagma "Christian spirituality", but is used today to describe everything from New Age practices and therapies to forms of oriental meditations.[15] It is obvious that the word "spirituality" is used in a wide range of different contexts. It is no wonder, therefore, that people who no longer call themselves "religious" often wish to describe themselves as *spiritual*.[16] In other words,

2 Scharfetter, "Occultism, parapsychology and the esoteric from the perspective of psychopathology".
3 Amorth, *Egzorcist govori*.
4 Bolobanić, *Kako prepoznati zamke zloga*; Ellis, *Raising the devil*.
5 Oman, "Defining religion and spirituality".
6 Lun & Bond, "Examining the relation of religion and spirituality to subjective well-being across national cultures"; Krause, "Religious involvement, humility, and self-rated health"; Wong, Rew & Slaikeu, "A systematic review of recent research on adolescent religiosity/spirituality and mental health".
7 King, Marston, McManus, Brugha, Meltzer & Bebbington, "Religion, spirituality, and mental health".
8 King, Weich, Nazroo & Blizard, "Religion, mental health, and ethnicity".
9 Saucier and Skrzypinska, "Spiritual but not religious?"
10 Ibid.
11 Farias, Claridge & Lalljee, "Personality and cognitive predictors of New Age practices and beliefs".
12 Lewandowski, Barrantes-Vidal, Nelson-Gray, Clancy, Kepley & Kwapil, "Anxiety and depression symptoms in psychometrically identified schizotypy".
13 McGreal, "Troubled souls".
14 McGrath, *Christian spirituality: An introduction*.
15 Cunningham & Egan, *Christian spirituality: Themes from the tradition*.
16 Sheldrake, *Spirituality: A brief history*.

religiousness and spirituality are polarized in such a way that we have the case of *negative* religiousness versus *positive* spirituality.[17] Although difficult to define, it has been described in various term, including: a relationship with a Higher Power that affects the way in which one operates in the world;[18] inner motivations presenting a deep and mysterious human yearning for self-transcendence and surrender, or a yearning to find one's place;[19] quests in search of existential meanings;[20] and prescriptions in the forms of systematic practice of and reflection on a devout.[21] "In today's world, we find a most abundant supply of *spiritualities* ever made available to humankind. Every possible cult is known and available in the public market".[22] In other words, all manifestations of divination, incantation, sortilege, and display of occult treaties and satanic practices are now made available, known and accessible through with the help of various kinds of media. We can speak, therefore, about the existence of the occult spirituality that fulfils the void created by separation and alienation from Jesus Christ. Since the "development" of the spiritual and psychological self through the occult practices is under the influence of Satan and his demons,[23] we can also speak of the satanic spirituality developed in men's soul, mind, and body that can be expressed in many ways. In other words, "when a man cries out to spiritual forces other than God, demons have every right to answer his call".[24]

The famed Rome exorcist, Father Gabriele Amorth, in an interview with Marco Tosatti,[25] explained his understanding of satanic rituals, participation in spiritual séances, and black magic and its powers all in the context of occultism. In line with Amorth's definition of occultism, we defined the Satanic syndrome as the behavioral/cognitive pattern consisting of the following symptoms: 1) participation in satanic rituals, 2) participation in psychic séances wherein the dead are called to appear, 3) learning black magic, 4) the importance of becoming a member of an occult society, and 5) reading books and magazines that deal with esoteric and occult issues. Since there is no empirical psychological research being conducted in Croatia, we attempted to contribute to the psychological understanding of the Satanic syndrome as defined in this research.

Occult subjection or occult involvement has often been found to be the root cause of mental and emotional problems.[26] There are several examples known in the psychic community where dabbling in the occult can be detrimental to one's spiritual, psychological, and physical health.[27] Both psychiatrists and psychologists recognize the adverse effects of the occult activities upon the mind.[28] A belief that evil spirits can cause mental illness has been observed in many cultures and religions.[29] It seems likely that in most cases the persons involved in the occult practices made a conscious choice leading to their becoming influenced or controlled by demons.

What are the psychological factors which predispose individuals to the Satanic syndrome which is comprised of ceremonial use of magic for gaining personal power and manipulation of others? Ivey argues that the satanic/occult involvement meets some psychological needs. It provides the open expression of hostility toward those disliked, often in the form of destructive spells and prayers.[30] Such an expression encourages the hedonistic gratification of all desires.[31] Those involved in occult practices often express the conscious or unconscious attempt to take revenge against those perceived to be responsible for their

17 Zinnbauer, Pargament & Scott, "The emeriging meanings of religiousness and spirituality".
18 Armstrong, *Explaining spirituality: The development of the Armstrong measure of spirituality.*
19 Benner, "Toward a psychology of spirituality".
20 Doyle, "Have we looked beyond the physical and psychosocial?"
21 O'Collins & Farrugia, *A concise dictionary of theology.*
22 Restrepo, *Katolici, probudite se!*, 30.
23 Amorth, *Egzorcist govori*; *Egzorcisti i psihijatri.*
24 Abel, *The catholic warrior*, 47.
25 Tosatti, *Padre Amorth intervjuiran od Marca Tosattija.*
26 Bufford, *Counseling and the demonic*; Koch, *Occult bondage and deliverance: Counseling the occultly oppressed.*
27 Bragdon, *A source book for helping people in spiritual emergency.*
28 Amorth, *Egzorcisti i psihijatri*; Koch, *Occult bondage and deliverance*; Morabito, *Psihijatar u paklu*; Prins, *Bizarre Behaviours.*
29 Pfeifer, "Beliefs in demons and exorcism in psychiatric patients in Switzerland".
30 Ivey, "The psychology of Satanic worship".
31 Šram, "Vrednosti, ličnost i interesovanje za okultno".

having been wronged or unjustly treated, causing them to have a low self-esteem or a lack of cohesive identity.[32] Those involved in the occult are rebellious, become alienated from their family, or who try to compensate for feelings of powerlessness. They fantasize about revenge and death, yearn for status, a sense of belonging and control over their lives, and tend to resort to destructive forms of escapism and sensation-seeking behaviour,[33] which to a great extent corresponds with psychopathic personality traits.[34]

Psychopathy is a personality disorder involving interpersonal, affective, and behavioural characteristics.[35] Prototypical psychopathic traits include a callous and manipulative use of others, poor judgment and failure to learn from experience, shallow and short-lived effects, irresponsible/impulsive behaviour, the incapacity to love, a lack of remorse or shame, a grandiose sense of self-worth, poor self-control, pathological egocentricity, and pathological lying, and promiscuous sexual behaviour.[36] Thus, psychopathy can be defined in terms of interpersonal dysfunctions[37] or be defined as a cognitive-interpersonal model characterised by a coercive style of relating to others that is supported by expectations of hostility.[38] In other words, psychopathy can be represented by a hostile, anger or aggressive-sadistic interpersonal style. In their psychodynamic relations, hostility, irritability, anger, and aggression represent interpersonal relations and psychological traits known to be associated with depression.[39] Aggression with its various facets presents a complex construct that intersects psychopathy at many levels.[40] Furthermore, a strong link between psychopathic traits and aggressive behaviour has been established in research studies.[41]

In this research we used Levenson's concept of psychopathy, measured by the *Levenson Self-Report Psychopathy Scale* (LSRP) that was primarily intended for non-institutionalized populations.[42] This concept of psychopathy consists of the items for primary and secondary psychopathy that are similar to those used by trained observers to describe a psychopath, such as those found in the Psychopathy Check-List-Revised (PCL-R) developed by Hare.[43] Such descriptors include an inclination to lie, lack of remorse, selfishness, uncaring, callousness, manipulative posture toward others, impulsivity, intolerance of frustration, quick-temperedness, poor behavioural controls, self-defeating life style (i.e., failure to learn from mistakes), and the lack of long-term goals. In short, egocentricity, callous affect, and anti-sociality define the psychopathy construct, representing the interpersonal, affective, and behavioural components of Levenson's concept of psychopathy.[44] All the items of the LSRP are presented in the method section, indicating primary and secondary psychopathy items.

To assess depression, we drew on Aaron T. Beck's concept of depression and his depression inventory that encompasses emotional, cognitive, motivational, vegetative, and physical manifestations.[45] Special attention should be paid to emotional, cognitive, and motivational manifestations of depression. Emotional manifestations include: dejected mood, negative feelings toward one's self, reduction in gratification, loss

32 Bourget, Gagnon & Bradford, "Satanism in psychiatric adolescent population".

33 Ivey, "The psychology of Satanic worship".

34 Eisenbarth, Lilienfeld & Yarkoni, "Using a genetic algorithm to abbreviate the Psychopathic Personality Inventory-Revised (PPI-R)"; Šram, "Psychopathic Personality Traits (PTT-1), National Closeness and Prejudice, and Ethnic Minority Threat Perception"; Zuckerman, Eysenck & Eysenck, "Sensation seeking in England and America".

35 Hare & Neumann, "The PCL-R assessment of psychopathy".

36 Cleckley, *The mask of sainty.*

37 Cleckley, *The mask of sainty*; Snowden, Craig & Gray, "Detection and recognition of emotional expressions".

38 Gullhaugen & Nottestad, "Under the surface".

39 Busch, *Anger and depression*; Judd, Schettler, Coryell, Akiskal & Fiedorowitz, "Overt irritability/anger in unipolar major depressive episodes"; Rude, Chrisman, Denmark & Maestas, "Expression of direct anger and hostility predict depression symptoms in formerly depressed women"; Šram, "Vrednosti, ličnost i interesovanje za okultno".

40 Coccaro, Lee, & McClosky, "Relationship between psychopathy, aggression, anger, impulsivity, and intermittent explosive disorder"; Lynam, Hoyle & Newman, "The perils of partialling".

41 Miller, Wilson, Hyatt & Zeicher, "Psychopathic traits and aggression".

42 Levenson, Kiehl & Fitzpatric, "Assessing psychopathic attributes in noninstitutionalized population".

43 Hare, *The Hare Psychopathy Checklist-Revised.*

44 Sellbom, "Elaborating on the construct validity of the Levenson Self-Report Psychopathy Scale in incarcerated and non-incarcerated samples".

45 Beck, *Depression: causes and treatment.*

of emotional attachment, crying spells, and a loss of the mirth response. Cognitive manifestations include: low self-evaluation, negative expectations, self-blame and self-criticism, indecisiveness, and a distortion of body image. Motivational manifestations include: paralysis of will, avoidance, escapism, and withdrawal wishes, suicidal wishes, and increased dependency. As a matter of fact, Beck posited that depressotypic negative thinking entailed negative thoughts and expectations pertaining to three facets (i.e., "the cognitive triad") of experience: the self, the world outside the self, and the future.[46] All the items of Beck's depression inventory were primarily clinically derived. Beck states: "In the course of the psychotherapy of depressed patients, I made systematic observations and records of their characteristic attitudes and symptoms. I selected a group of these attitudes and symptoms that appeared to be specific for these depressed patients, and which were consistent with descriptions of depression contained in the psychiatric literature. On the basis of this selection I constructed an inventory composed of 21 categories of symptoms and attitudes".[47] In order to measure depression in this research, we developed and constructed the depression scale (DEPS-1) on the basis of the Beck Depression Inventory-II.[48] Scale construction and the items that define the scale are presented in the method section.

In this introduction section we have tried to specify the spiritual and psychological nature of relationships that exist between the occult syndrome, psychopathy, and depression in order to formulate our main research questions. Thus, the aims of this research were to learn: 1) the existence of an internally consistent and valid latent construct of such an occult syndrome indicating satanic spirituality and 2) whether psychopathy and depression are significant predictors of the occult syndrome within different sex and ethnic subsamples. The first hypothesis was that certain occult practices are in such mutual relations that on the latent level they form an internally coherent construct of the occult syndrome underlying the satanic spirituality. Our second hypothesis is that psychopathy and depression will be statistically significant predictors of the occult syndrome within both sex and ethnic different subsamples. In other words, we hypothesized that comorbidity of psychopathy and depression indicates a destructive sub-personality underlying the occult syndrome that indicates the existence of satanic spirituality.

2 Method

2.1 Participants and procedure

We carried out the survey on the adult population in the region of Croatia populated by citizens of Croatian nationality (a great majority belonging to the Roman Catholic Church) and Serbian ethnic minority (most who belong to the Serbian Orthodox Church). The equalized random sample consisted of 1100 paricipants, half who were males and half of Croatian nationality. The mean age of participants was 43.5 (SD=15.3). The sample was somewhat skewed toward above-average educational attainments because such research required an adequate literacy of respondents (elementary school: 8.7%; a three year vocational school for skilled workers: 18.7%; a four year secondary school: 41.4%; college: 12.1%; university degree: 19.1%). This reserach report is a part of a much larger investigation from the field of political science, sociology, psychology and psychiatry, carried out in late autumn 2013. The self-report questionnaires – consisting of over 500 manifest variables - were administered to respondents in their own homes by the interviewers. The respondents were asked to fill in the questionnaire by themselves. The filled questionnaires were picked up by the interviewers on the following next day.

46 Beck, "The core problem in depression: The cognitive triad".

47 Beck, *Depression: causes and treatment*, 189.

48 Beck, Steer & Brown, *Manual for the Beck Depression Inventory-II.*

2.2 Measure instruments

Three measure instruments were applied in this research, measuring: the *Satanic syndrome, psychopathy*, and *depression*. *The Satanic syndrome* was measured using a scale developed to assess interest in the occult.[49] Within the space of terminal value system, a 5-item version of the Satanic syndrome scale was constructed. The respondents were asked to evaluate the extent certain things were important in their life. The responses were rated on a 5-point Likert scale: 1) completely unimportant, 2) not important, 3) neither important nor unimportant, 4) important, 5) very important. Cronbach's alpha coefficient, for a five-item scale, was 0.81 which indicates a good level of internal consistency. The following items were used to measure the occult syndrome:

2. Participation in satanic rituals.
1. Participation in the psychic seances where the dead are called to appear.
3. Learning about black magic.
5. Joining an occult society.
4. Reading books and magazines dealing with esoteric and occult issues.

Psychopathy was measured by the *Levenson Self-Report Psychopathy Scale* (LSRP)[50] consisting of 26 items that assess both primary and secondary psychopathy. Sixteen items are designed to measure interpersonal and affective features (primary psychopathy) in addition to ten items designed to measure impulsivity and a self-defeating lifestyle (secondary psychopathy). Each item was assessed on a 4-point Likert scale: 1) disagree strongly, 2) disagree somewhat, 3) agree somewhat, and 4) agree strongly. The following items were used to measure psychopathy on the basis of the *Leveson Self-Report Psychopathy Scale* (PP=primary psychopathy; SP=secondary psychopathy):

1. I am often bored. (SP)
2. In today's world, I feel justified in doing anything I can get away with in order to succeed. (PP)
3. Before I do anything, I carefully consider the possible consequences (*reversed*). (SP)
4. My main purpose in life is getting as many goodies as I can get. (PP)
5. I quickly lose interest in tasks I start. (SP)
6. I have been in a lot of shouting matches with other people. (SP)
7. Even if I were trying very hard to sell something, I wouldn't lie about it (*reversed*). (PP)
8. I find myself in the same kinds of trouble, time after time. (SP)
9. I enjoy manipulating other people's feelings. (PP)
10. I find that I am able to pursue one goal for a long time (*reversed*). (SP)
11. Looking out for myself is my top priority. (PP)
12. I tell other people what they want to hear so that they will do what I want them to do. (PP)
13. Cheating is not justifiable because it is unfair to others (*reversed*). (PP)
14. Love is overrated. (SP)
15. I would be upset if my success came at someone else's expense (*reversed*). (PP)
16. When I get frustrated, I often let off steam" by blowing my top." (SP)
17. For me, what's right is whatever I can get away with. (PP)
18. Most of my problems are due to the fact that other people just don't understand me. (SP)
19. Success is based on survival of the fittest; I am not concerned about the losers. (PP)
20. I don't plan anything very far in advance. (SP)
21. I feel bad if my words or actions cause someone else to feel emotional pain (*reversed*). (PP)
22. Making a lot of money is my most important goal. (PP)
23. I let others worry about higher values; my main concern is with the bottom line. (PP)
24. I often admire a really clever scam. (PP)
25. People who are stupid enough to get ripped off usually deserve it. (PP)
26. I make of point of trying not to hurt others in pursuit of my goals (*reversed*). (PP)

49 Šram, "Vrednosti, ličnost i interesovanje za okultno".
50 Levenson, Kiehl & Fitzpatric, "Assessing psychopathic attributes in noninstitutionalized population".

Cronbach's alpha coefficient for the total scale was 0.84, indicating good internal consistency. Alpha for the scale of Primary psychopathy was 0.79, indicting acceptable internal reliability, while the alpha for Secondary psychopathy was 0.68, indicating poor internal consistency. Correlation between Primary and Secondary psychopathy was 0.57, indicating a substantial association between the two dimensions of psychopathy.

We measured *Depression* on the scale developed and constructed on the basis of the Beck *Depression Inventory-II* (The BDI-II).[51] Depression can be thought of as having two components: the affective component and the physical or somatic component. The BDI-II reflects this and can be separated into two sub-scales. This is a 21-item self-report instrument to assess the severity of depression. The items are self-rated on a 4-point scale ranging from 0 to 3. For example, the sadness item was measured by the following scale: 0=I do not feel sad, 1=I feel sad much of the time, 2=I am sad all the time, 3=I am so sad and unhappy that I can't stand it. Our depression measure (DEPS-1) was constructed using only the statements that indicated the most severe degree of sadness, i.e., "I am so sad and unhappy that I can't stand it". We did the same for all depression inventory items, except the 21st item which indicated the loss of interest in sex. The depression inventory items were the following: 1. sadness, 2. pessimism, 3. past failure, 4. loss of pleasure, 5. guilt feelings, 6. punishment feelings, 7. self-dislike, 8. self-criticality, 9. suicidal thoughts or wishes, 10. crying, 11. agitation, 12. loss of interest, 13. indecisiveness, 14. worthlessness, 15. loss of energy, 16. changess in sleeping pattern, 17. irritability, 18. changes in appetite, 19. concentration difficulty, and 20. tiredness and fatigue. The respondents were asked to describe the extent to which they agree or disagree with each statement that described the most severe degree of the depression inventory item. The responses were rated on a 5-point Likert scale: 1) disagree strongly, 2) disagree, 3) neither agree nor disagree, 4) agree, and 5) strongly agree. The following items were used to measure depression:

1. I am so sad or unhappy that I can't stand it.
2. I feel my future is hopeless and will only get worse.
3. I feel I am a total failure as a person.
4. I can't get any pleasure from the things I used to enjoy.
5. I feel guilty all of the time.
6. I feel I am being punished.
7. I dislike myself.
8. I blame myself for everything bad that happens.
9. I would kill myself if I had the chance.
10. I feel like crying but I can't.
11. I am so restless or agitated that I have to keep moving or doing something.
12. It's hard to get interested in anything.
13. I have trouble making decisions.
14. I feel utterly worthless.
15. I don't have enough energy to do anything.
16. I wake up early and can't get back to sleep.
17. I am irritable all the time.
18. I have no appetite at all.
19. I find I can't concentrate on anything.
20. I am too tired or fatigued to do most of the things I used to do.

Cronbach's alpha coefficient for a total scale was 0.95, indicating a very high level of internal consistency. Exploratory factor analysis, using promax rotation, was performed in order to find out the dimensionality of the DEPS-1. Two factors were extracted explaining 59.74% of the variance. The first factor was labeled *Affectice/cognitive* dimension of depression comprising the items (factorial loadings are pu in the parentheses): 3. past failure (0.87), 2. pessimism (0.84), 6. punishment feeling (0.80), 1. sadness (0.79), 5. guilt dislike (0.78), 7. self-dislike (0.77) 8. self-criticalness (0.76), 4. loss of pleasure (0.64), 9. suicidal thoughts or wishes (0.58), and 10. crying (0.51). The second factor was labeled *Somatic* dimension of

51 Beck, Steer & Brown, *Manual for the Beck Depression Inventory-II.*

depression comprising the items: 19. concentration difficulties (0.86), 16. changes in sleeping pattern (0.83), 20. tiredness and fatigue (0.83), 18. changes in appetite (0.74), 15. loss of energy (0.72), 17. irritability (0.72), 12. loss of interest (0.63), 14. worthlessness (0.53), 13. indeciseveness (0.49), and 11. agitation (0.40). The two latent variables of depression served as the basis for the construction of the composite variables employed in a further multivariate analysis. The correlation between the two latent variables was 0.74 and between the composite variables was 0.80.

3 Results

3.1 Distribution of results on the Satanic syndrome, psychopathy, and depression scale

Descriptive statistics of total scores on the composite variables investigated in this research are presented in Table 1. The skewness and kurtosis of the Satanic syndrome show that the distribution of the results obtained on this measure is not normal, i.e., it is largely skewed toward lower scores. In other words, a majority of participants gained low scores on the measure of the Satanic Syndrome. Endorsment rates on the psychopathy scale were normally distributed, which is consistent with a continuous rather than a dichotomous interpretation of psychopathy. The distribution of the results on the depression scale are rather skewed toward lower scores, which means that depression indicates a psychopathological disorder, but not as pathological as the Satanic syndrome is. The internal consistencies for all the scales were good (the Satanic syndrome, psychopathy) or excellent (depression).

Table 1. Descriptive statistics of total scores on the composite variables of the Satanic syndrome, psychopathy, depression, and Cronbach alpha coefficients

Composite variables	Min	Max	M	SD	Skewness	Kurtosis	Alpha
The Satanic syndrome	5	24	7.27	3.41	1.93	3.64	0.81
Psychopathy	26	82	51.50	10.63	0.17	- 0.37	0.84
Depression	20	100	38.17	16.29	0.94	0.48	0.95

3.2 Exploratory factor analysis of the Satanic syndrome scale

Based on the correlation matrix of 5 items of the Satanic syndrome scale, an exploratory factor analysis was conducted using principal components analysis, in order to find out the construct validity of the measure. One-factor solution was extracted with significant eigenvalue of 2.86, explaining 57.26% of the total variance (Table 2). We can see that correlations among the items that comprise the Satanic syndrome were of such a magnitude that on the latent level they form a valid construct of the Satanic syndrome. Having also in mind the magnitude of eigenvalue of the principal component, the percentage of the variance it explains, and the range of factor loadings of its constituent items being between 0.70 and 0.82, we can consider the Satanic syndrome to be an internally homogenous measure.

Table 2. Principal component of the Satanic syndrome

The Satanic syndrome	
Variable	**Loadings**
Participate in the psychic seances where the dead are called to appear	0.82
Participate in satanic rituals	0.77
Read the books and magazines that deal with the esoteric and occult issues	0.76
Get to know black magic	0.71
Be a member of the occult society	0.70

3.3 Correlations among the Satanic syndrome and the subscales of psychopathy and depression

Before a total psychopathy or depression score is employed, we wanted to see how the subscales for the psychopathy and depression measures were correlated with the Satanic syndrome measure. It is critical to ensure that the subscales do not have differential associations with the criterion variable (i.e., the Satanic syndrome). In Table 3 we can see that all the subscales of psychopathy and depression are positively associated with the Satanic syndrome, ranging in correlations of magnitude between 0.31 and 0.38. Given the strength of associations between the subscales of psychopathy and depression and the correlations between the Satanic syndrome and subscales for psychopathy and depression, we considered it acceptable to use a total psychopathy and depression score in further data analysis.

Table 3. Correlations among the Satanic syndrome and subscales for psychopathy and depression within a total sample (N=1100)

Variable	1	2	3	4	5
1 The Satanic syndrome	1.00				
2 Primary psychopathy	0.38***	1.00			
3 Secondary psychopathy	0.33***	0.57***	1.00		
4 Affective/cognitive depression	0.33***	0.38***	0.54***	1.00	
5 Somatic depression	0.31***	0.32***	0.50***	0.80***	1.00

***p<0.001

3.4 Correlations among the Satanic syndrome, psychopathy, and depression within different sex and ethnic groups

Pearson product-moment correlation coefficients were calculated as a measure of the strength and direction of linear relationships among the Satanic syndrome, psychopathy, and depression within different sex and ethnic groups. We can see that there are moderate or very close to moderate positive correlations among the Satanic syndrome, psychopathy, and depression, very similar within both the male and female groups (Table, 4). In the Croatian sample we can see moderate but somewhat stronger positive correlations among the Satanic syndrome, psychopathy, and depression than in the Serbian ethnic minority subsample (Table 5). Namely, the correlations among the investigated variables are somewhat lower in the Serbian ethnic minority group. However, one thing should be noticed here as to the correlations between psychopathy and depression in different sex and ethnic samples. We discovered that in male, female, Croatian, and Serbian ethnic minority samples the correlation coefficients between psychopathy and depression are positive and moderate in its strength (0.49, 0.51, 0.53, 0.46, respectively).

Table 4. Correlations among the Satanic syndrome, psychopathy, and depression within different sex groups

Variable	Males			Females		
	1	2	3	1	2	3
1 The Satanic syndrome	1.00			1.00		
2 Psychopathy	0.39***	1.00		0.41***	1.00	
3 Depression	0.38***	0.49***	1.00	0.30***	0.51***	1.00

***p<0.001

Table 5. Correlations among the Satanic syndrome, psychopathy, and depression within different ethnic groups

Variable	Croats			Serbian ethnic minority		
	1	2	3	1	2	3
1 The Satanic syndrome	1.00			1.00		
2 Psychopathy	0.42***	1.00		0.37***	1.00	
3 Depression	0.35***	0.53***	1.00	0.32***	0.46***	1.00

***p<0.001

3.5 Psychopathy and depression as predictors of the Satanic syndrome

In order to determine how well scores on the Satanic syndrome could be predicted by psychopathy and depression within different sex and ethnic groups, we performed multiple regression analysis (Table 6). Composite variables were used in the regression equations. Having the Satanic syndrome in a criterion position within males and females, significant models emerged: $F(2,446)=55.44$, $p<0.001$; $F(2,525)=56.87$, $p<0.001$, reciprocally. Psychopathy and depression were significantly predictive of the Satanic syndrome, within both males and females. Approximately 20% and 18% of the variance of the Satanic syndrome were explained by psychopathy and depression within male and female samples, reciprocally. Having the Satanic syndrome in a criterion position within Croatian and Serbian ethnic minority samples, significant models emerged: $F(2,507)=63.88$, $p<0.001$; $F(2,466)=45.35$, $p<0.001$. Approximately 20% and 16% of the variance of the Satanic syndrome were explained by psychopathy and depression within Croatian and Serbian ethnic minority samples, respectively.

Table 6. Multiple regressions of composite variables of psychopathy and depression on the Satanic syndrome

	The Satanic syndrome			
	Sex		Nationality	
	Males	Females	Croats	Serbian ethnic minority
Predictors	(beta)	(beta)	(beta)	(beta)
Psychopathy	0.27***	0.32***	0.32***	0.27***
Depression	0.24***	0.15**	0.19***	0.20***
	R2=0.20	R2==18	R2=0.20	R2=0.16

**p<0.01, ***p<0.001

3.6 Psychopathy, depression, age, and school attainment as predictors of the Satanic syndrome

We wanted to investigate the predictors entered after age and school attainment were introduced into the regression equations within different sex and national groups so that we could determine whether the psychology and depression measures account for meaningful variance in the criterion (i.e., the Satanic syndrome) variable, above and beyond demographics. We can see in table 7 that in all regression models psychopathy and depression account for meaningful variance in the Satanic syndrome after age and school attainment were entered into regression equations. However, 3% of the variance of the Satanic syndrome was explained by age and school attainment within the male and Croatian sample. In other words, younger people of Croatian nationalty with comorbidity of psychopathy and depression tend to be more subjected to the occult practices underlying the Satanic syndrome.

Table 7. Multiple regressions of composite variables of psychopathy and depression on the Satanic syndrome

	The Satanic syndrome			
	Sex		Nationality	
	Males	Females	Croats	Serbian ethnic minority
Predictors	(beta)	(beta)	(beta)	(beta)
Psychopathy	0.28***	0.28***	0.28***	0.28***
Depression	0.20***	0.21**	0.20***	0.21***
Age	-0.14**	-0.07 ns	-0.14**	-0.07 ns
School attainment	-0.10*	0.02 ns	-0.10*	0.02 ns
	R2=0.23	R2==17	R2=0.23	R2=0.17

*p<0.05, **p<0.01, ***p<0.001, not significant

4 Discussion

Our first hypothesis about the latent existence of the Satanic syndrom was confirmed, and is in line with Gabriele Amorth's definition of occultism.[52] Namely, the correlations between the behavioral aspect of the occult (participation in satanic rituals; participation in the psychic seances where the dead are called to appear; being a member of the occult society) and the cognitive ascpect of the occult (reading the books and magazines that deal with the esoteric and occult issues; and getting to know black magic) were so high that on the latent level they formed an internally coherent structure of the Satanic syndrome. Such a behavioral/cognitive pattern of the occult syndrome underlies satanic spirituality, indicating the realm of devil's darkness, techniques and power.[53] As occultism is a true religion of Satan,[54] and a destructive religion that promises power, domination, and gratification to its practitioners,[55] we can argue that satanic spirituality stems from such a reversed religion. However, occultism and all its forms and derivates cannot be considered religion in its pure and right sense, where religion indicates the belief in the only and true God. Since the occult involvement is the sin against God within the framework of our Christian faith and religion, we can consider occultism to be Satanic religion indicating the existence of the Satanic spirituality. Thus, we can treat the Satanic syndrom as spiritual but not religious.[56] The latent structure of the Satanic syndrome employed in this reserach meets several criteria to be considerd spiritual - criteria posed by Armstrong,[57] Benner,[58] Doyle,[59] and O'Collins & Farrugia.[60] First, there is a relationship with a higher power (Satan). Second, there are inner motivations presenting hidden and mysterious human yearning for self-transcendence (i.e., participation in psychic seances). Third, there are existential quests searching for existential meaning (getting to know black magic, reading the books and magazines dealing with the esoteric and occult issues). And fourth, there are prescriptions in the forms of systematic practice of and reflection on a devout (satanic rituals, being the member of the occult society). Thus, the construct of the Satanic syndrome, developed in this study, represents satanic spirituality that corrsponds with Amorth's definition of occultism. Internalization of such a Satanic syndrome is especially dangerous because it

52 Tosatti, *Padre Amorth intervjuiran od Marca Tosattija.*
53 Mijić, *Sotonska gripa: pandemija laži.*
54 Amorth, *Egzorcisti i psihijatri.*
55 Clark, "Clinical assessment of adolescents involved in Satanism".
56 Sheldrake, *Spirituality: A brief history*; Zinnbauer et al., "The emeriging meanings of religiousness and spirituality".
57 Armstrong, *Explaining spirituality.*
58 Benner, "Toward a psychology of spirituality".
59 Doyle, "Have we looked beyond the physical and psychosocial?"
60 O'Collins & Farrugia, *A concise dictionary of theology.*

attracts the demonic and involves opening oneself to demonic influence.[61] Therefore, we discovered the existence of the latent structure of *the Satanic subjection syndrome* that reflects satanic spirituality and an occult penetration of dark powers into the life of a human being, causing his/her suffering when making the contact with demons during occult practices.[62] Reliable statistics regarding the incidence of occult involvement in Croatia are not available. We could approximately estimate that on the average about 4.5% of the total sample had participated in occult practices. Having in mind that people reluctantly admit their satanic/occult involvement, we might speculate about the existence of much higher incidence of the satanic/occult practices.

In a correlation analysis between psychopathy, depression, and the Satanic syndrome, we discovered substantial correlations between psychopathy and depression within different sex and different ethnic groups. The comorbidity of psychopathy and depression, found in this research, is in line with Henderson's psychopathic typing scheme which suggested that there was a depressive type of psychopathy,[63] and in line with research that reported the mood disorders to be frequently comorbid with psychopathy.[64] When the psychopaths with depression were compared with those without, the former were a more disturbed group.[65] The depressive psychopaths demonstrated more difficulties in intellectual functioning than the non-depressive psychopaths, and suicidal thoughts more clearly characterized the depressive psychopaths, compared with the non-depressive psychopaths.[66] Coid discovered that 50 percent of criminal psychopaths had a lifetime diagnosis of a major depressive disorder.[67] In a subsample of women with borderline disorder who also met criteria for the British legal concept of psychopathy, 71 percent had lifetime major depression.[68] It was reported that participants with higher levels of psychopathy and depression had numerous psychosocial problems that were not trivial at all.[69] It is obvious that the comorbidity of psychopathy and depression may predict a number of heightened and more toxic psychological problems.

We analyzed how psychopathy and depression combine to predict the Satanic syndrome. In this sense, our second hypothesis was also confirmed. Namely, it was learned that psychopathy and depression were significant predictors of the Satanic syndrome within different sex and ethnic groups. Having in mind the psychological and spiritual nature of this research, we argue that a relatively great amount of the variance of the Satanic syndrome or, more specifically, satanic spirituality could be explained by psychopathy and depression within different sex and ethnic groups. The strength of associations of depressive type of psychopathy or depressed psychopathy was almost of the same magnitude within different sex groups and within both the members of the Roman Catholic Church (Croats) and the members of the Serbian Orthodox Church (Serbian ethnic minority). These findings have shown that the correlation between a demonic influence through the satanic/occult subjection syndrome and depressed psychopathy could be established in the spiritual realm regardless of belonging to different sex, ethnic or Christian church affiliation. In other words, it was shown that comorbidity of psychopathy and depression indicated a destructive sub-personality underlying the Satanic syndrome.[70] We can argue that psychopathy and depression precede and are also exacerbated by the presence of the Satanic syndrome. Thus, the Satanic syndrome could be endangered by the depression-related exacerbation of longer-standing psychopathy. A destructive sub-personality, in our case composed of depressed psychopathy and the Satanic syndrome, is a semi-permanent and semi-autonomous region of personality capable of acting as a person[71] or "psychological satellites".[72] That is,

61 Amorth, *Egzorcisti i psihijatri*; Ankerberg & Weldon, *The coming darkness*.
62 Foster, *Identifying the demonized*.
63 Henderson, *Psychopathic states*.
64 Dahl, "Psychopathy and psychiatric comorbidity".
65 Weiss, Davis, Hedlund & Cho, "The disphoric psychopathy".
66 Ibid.
67 Coid, "DSM-III diagnosis in criminal psychopaths".
68 Coid, "An affective syndrome in psychopaths with borderline personality disorder".
69 Price, Salekin, Klinger & Barker, "Psychopathy and depression as predictors of psychosocial difficulties in a sample of court evaluated adolescents".
70 Ivey, "The psychology of Satanic worship".
71 Rowan, *Subpersonalities: The people inside us*.
72 Ferruci, *What we may be*: *Techniques for psychological and spiritual growth*.

the syndrome of depressed-psychopathic Satanism, as we shall call this *satanic spirituality*, indicates the existence of a *sub-personality* characterized in one's acting in ways which he/she does not like or which go against his/her interests, and one is "unable to change this by an act of will or a conscious decision".[73]

To a certain degree, the findings of this research can confirm that the satanic/occult subjection can be the cause of mental and emotional problems.[74] Those who become involved in occultism can become mentally oppressed or enslaved by inexplicable forces, and one can suffer from depression and psychopathic disorders.[75] "Often the person does not initially recognize the demonic influence; recognition comes later, when the control is well established".[76] However, we must be very careful to point out at this juncture that mental and emotional disorders can have many other causes apart from the satanic/occult involvement. But this does not mean there is no correlation between dabbling in the occult and mental and emotional disorders.

A psychopathic personality can be the type of emotionally unstable person that the devil attempts to lead into sin and bind to himself.[77] "He uses the person's abnormal disposition as a welcome point of attack. As a result, the psychopath can easily fall victim to demonic form of bondage".[78] For this reason it is frequently reported that psychopathy and demonic subjection occur simultaneously. Koch continues: "Thus (when) we find psychopathic symptoms present in a person we should not merely be content to assume that he is suffering from some emotional or pathological trouble, but we should ask ourselves to what extent (the) demonic is involved possibly in the form of an occult oppression".[79] However, we must be very careful about this correlation because it is difficult to tell whether certain patterns of psychopathic behaviour is that of endogenous and inherited pathological illness or the result of some contact the person has had with the satanic/occult involvement which is causing or at least triggering off his or her reactions.

Among serious consequences from practicing the occult is a mental and emotional disturbance such as depression or gloominess.[80] However, we must not assume that depression is immediately to be identified as stemming from demonic influences. Depression can be caused by many other factors besides occultism (e.g., biologic, genetic, and environmental factors). Furthermore, Koch argues that there are four basic categories of depression, only one of which stems from the occult.[81] However, depression can open the door to demonic activity,[82] or reinforce an inclination to the satanic/occult practices. In other words, the occult can feed depression and depression can feed the occult. A depressed person has no control over a situation in their lives and can become very angry and extremely hostile toward other people.[83] We could conclude, therefore, that both psychopathy and depression contribute significantly to the Satanic syndrome and may result in psychopathic and depressive disorders which can be partly attributed to the demonic influence.

The existence of such a destructive sub-personality (comorbidity of psychopathy, depression, and the Satanic syndrome) confirms, at least to a certain degree, that adherents of New Age beliefs and practices tend to be correlated with schizotypy related to certain classes of spiritual experience which may be regarded as a form of problem solving.[84] Although we did not apply the measurement of schizotypy in our research, we might draw such a conclusion implicitly, given the resemblance of psychological profile of the

73 Rowan, *Subpersonalities: The people inside us*, 7.
74 Bufford, *Counseling and the demonic*; Koch, *Occult bondage and deliverance.*
75 Šram, "Vrednosti, ličnost i interesovanje za okultno"; Unger, *Demons in the world today*.
76 Bufford, *Counseling and the demonic,* 126.
77 Koch, *Occult bondage and deliverance: Counseling the occultly oppressed*.
78 Ibid.,184.
79 Ibid.
80 Amorth, *Egzorcisti i psihijatri*; Dibua, "Belief in the paranormal and occult"; Dickason, *Angels: elect & evil*; Unger, *Demons in the world today.*
81 Koch, *Occult bondage and deliverance: Counseling the occultly oppressed*.
82 Bufford, *Counseling and the demonic*; Osinski, *Breaking the back of depression.*
83 Benazzi & Akiskal, "Irritable-hostile depression: further validation as a bipolar depressive mixed state"; Osinski, *Breaking the back of depression.*
84 Farias, Claridge & Lalljee, "Personality and cognitive predictors of New Age practices and beliefs"; Jackson, "Benign schizotypy?"

syndrome of depressed-psychopathic Satanism and a four dimensional structure of schizotypy.[85] There are four dimensions of schizotypy, comprising the following: 1) the disposition to have unusual perceptual and other cognitive experiences accompanied with magical experiences and magical belief (this dimension of schizotypy corresponds with the latent structure of the Satanic syndrome, indicating "self-transcedence"); 2) "interpersonal" dimension, comprising introversion, emotionally flat behaviour, and physical and social anhedonia (dimension corresponds with affective or mood disorder within depression, indicating "low self-directedness"; 3) a dimension associated with cognitive disorganisation, i.e., a tendency for thoughts to become disorganized or tangential (dimension corresponds with cognitive disorder within depression, indicating "low cognitive organization"); and 4) a dimension associated with impulsive and aggressive behaviour, particularly with regard to rules and social conventions, nonconforming aspects of behaviour (a dimension corresponding with certain aspects of psychopathic traits and behaviours, indicating "low cooperativeness"). Combination of high self-transcendence (the satanic/occult involvement), low cooperativeness (psychopathy), low self-directedness and low cognitive organization (depression) may be a schizotypal personality style underlying satanic spirituality. In other words, comorbidity of psychopathy, depression, and the satanic/occult involvement and practices may result in opening the door of the satanic spirituality realm. Thus, we could claim that the nature of the causal relationship between the satanic/occult spirituality and psychopathology are currently unknown. There is evidence - at least to a certain degree - that satanic spirituality arises from the occult practices. It underlies the type of psychopathology characterised by a disruption of interpersonal relations, threats to self-integrity and self-esteem, callousness, manipulative use of others, lack of empathy, incapacity to love, lack of remorse, pathological egocentricity and lying. Given the psychodynamics of psychopathy and depression, we could state that the simultaneous strong drives to attack and to escape comprise the main core of psychological unrest and tension that may open the door to the Devil. This is true if such a psychologically wounded person enters into the realm of occult or any realm of New Age practices, since this is a satanic spiritual realm. For the psychotherapist and psychiatrist, as well as priests and pastors, it should not be a burden to ask people who suffer severely psychologically and spiritually in their everyday life, whether they had been subjected to the occult involvement. In this way, such care givers may see with greater acuity the nature of problems connected with one's mental and spiritual health, attempting to integrate the spiritual and transcendent aspects of human experience within the framework of modern psychology.

An important limitation of this study is thr small number of subjects whom we could considered deeply involved in the satanic practices underlying satanic spirituality. Given the nature of the Satanic syndrome, namely the fact that it is measured by concrete occult practices, we suggest that in future studies the Satanic syndrome be measured in psychiatric hospitals and clinics or on a national sample of several thousand subjects in order to obtain a sufficient number of people contaminated by the satanic/occult spirits. If not possible, we suggest the construction of a larger scale of interest for the satanic and other occult practices and knowledge. In this case a greater number of the occult-contaminated people will consist of the sample drawn from the general population.[86] Another limitation of this study is with regards to the measures of psychopathy and depression if treated as multidimensional constructs. It would be interesting to see what dimensions of psychopathy and depression would have shown to be significant predictors of various satanic and occult syndromes within different sex, ethnic, and religious subsamples. With respect to future research, either the scale of satanic/occult practices or the scale of satanic/occult interest should be measured as multidimensional construct demonstrating in this way the different spiritual and psychological underpinnings of occultism and New Age practices as a whole.

85 Bentall, Claridge & Slade, "The multidimensional nature of schizotypal traits"; Claridge, McCreery, Mason, Bentall, Boyle, Slade & Popplewell, "The factor structure of "schizotypal" traits: A large replication study"; Lin, Wigman, Nelson, Wood, Vollebergh, van Os & Yung, "Follow-up factor structure of schizotypy and its clinical associations in a help-seeking sample meeting ultra-high risk for psychosis criteria a baseline".

86 Šram, "Vrednosti, ličnost i interesovanje za okultno"; "Ateizam i okultno".

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