



Trauma, Dissociation, Demonization & the Brain

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Introduction-Why this class?

► Statistics: 2009-2020 Right Brain Therapy Clients

1. 30% of professing Christians who came to counseling reported having had a spiritual deliverance experience.
2. 5% reported an unfavorable results with their deliverance experience because the problem persisted afterwards, or the minister handled it poorly.
3. 40% reported having gone to pastoral counseling before seeking professional help.
4. 15% reported that their deliverance experience helped them.

Introduction-Conclusion

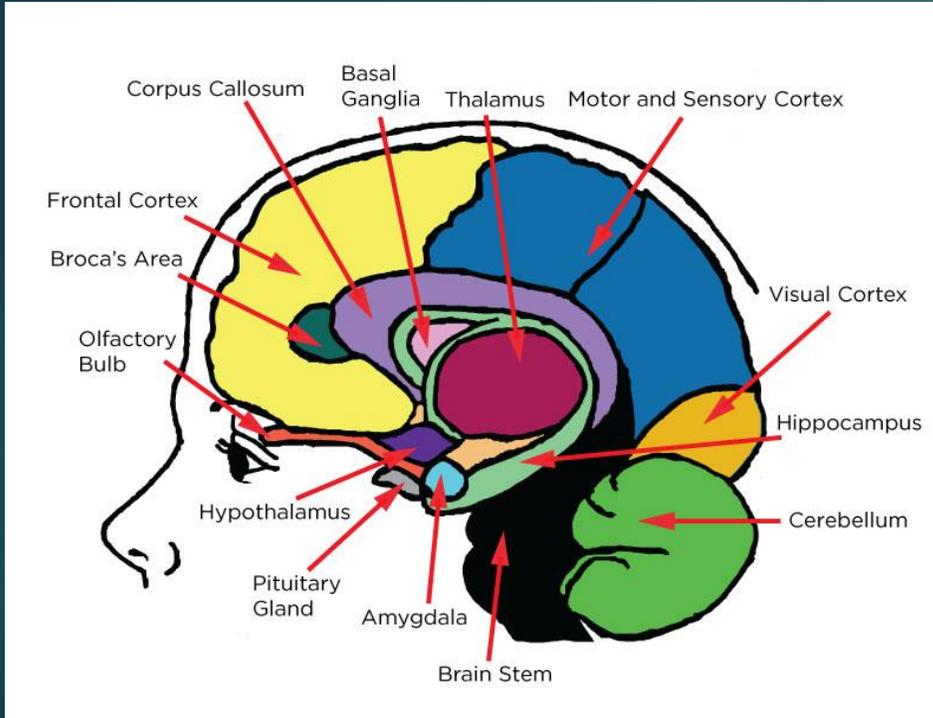


1. Quite a large number of Christians trust pastoral and spiritual counseling over professional counselors.
2. Since there are such a large number of people that seek deliverance, we can't ignore this phenomenon.
3. There is legitimate need to equip deliverance ministries with more skills and awareness of mental issues which are often reported or surface.
4. Deliverance ministry is a global interest in the church.

Trauma in the Brain



Trauma



- A. Physical violence, verbal abuse, and neglect.
- B. Sexual abuse
- C. Spiritual abuse

All of these cause problems where it can either be dissociation, other emotional and mental problems, and or demonization.

Dissociation



- A. A coping mechanism people use to deal with trauma.
- B. It can look like demonization.
- C. It can look like other mental health disorders.
- D. It has five definitive disorders that need treatment by trained mental health professionals who know about these disorders.

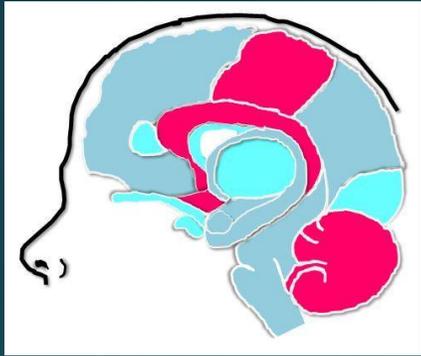
5 Dissociative Disorders

- ▶ 1. Dissociative amnesia
- ▶ 2. Depersonalization disorder
- ▶ 3. Dissociative Fugue
- ▶ 4. Dissociative disorder not specified
- ▶ 5. Dissociative identity disorder

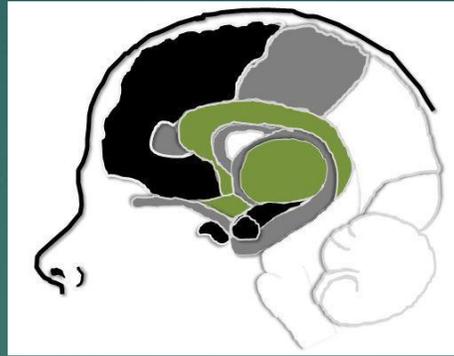
Demonization

- A. It's a spiritual condition in which demonic spirits cause problems for people.
- B. The bible and church history has documented such occurrences.
- C. There are good ways and bad ways that demonization has been handled , it's important to handle this carefully which is the point of this presentation.

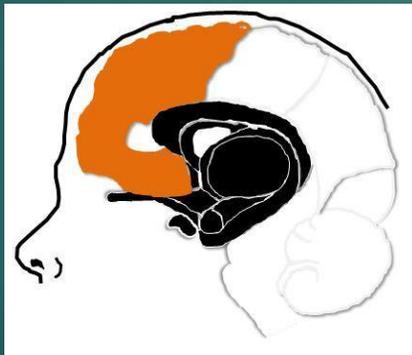
Problems in the brain



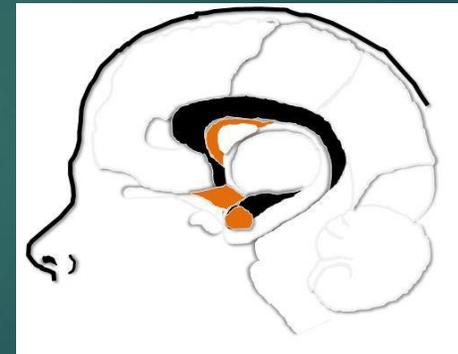
A brain showing depression



A brain showing anxiety, fear, and demonization



A brain showing hyper arousal



A brain showing diminishing functional ability.

Telling the differences:

A. Signs of Trauma

1. Recurrent intrusive and distressing recollections of traumatic events
2. Sudden overwhelming feelings or flashbacks of traumatic events leading a person to feel like it is happening all over again
3. Intense psychological distress at exposure to any reminders of traumatic events
4. Inability to recall some aspects of a traumatic experience
5. A feeling of detachment from others

A. Signs of Trauma

7. A sense of foreshortened future
8. Difficulty falling or staying asleep
9. Irritability or bursts of anger
10. Difficulty concentrating
11. Hyper-vigilance
12. Exaggerated Startle response

Telling the differences:

B. Signs of Dissociation

1. Physical symptoms

- ▶ Headaches
- ▶ Stomach problems
- ▶ Genital problems
- ▶ Body rashes
- ▶ Generalized body pains
- ▶ Unexplained bleeding
- ▶ Blurred vision
- ▶ Dizziness
- ▶ Physiological changes

2. Emotional Symptoms

- ▶ Headaches
- ▶ Stomach problems
- ▶ Genital problems
- ▶ Body rashes
- ▶ Generalized body pains
- ▶ Unexplained bleeding
- ▶ Blurred vision
- ▶ Dizziness
- ▶ Physiological changes

Telling the differences:

B. Signs of Dissociation

3. Mental Symptoms

a) Mass Confusion

- ▶ Inability to make decisions or fluctuating decisions
- ▶ Inability to focus or concentrate
- ▶ Racing thoughts that cannot be controlled

b) Amnesia

- ▶ Memory lapses too great to be accounted for by mere forgetfulness
- ▶ Fluctuation of knowledge

c) Hearing

d) Irrational fears and phobias

e) Out of body experiences

f) Frequent trance episodes

g) Paranoia

Telling the differences:

B. Signs of Dissociation

4. Behavioral Symptoms

a) Acting like more than one person

- ▶ Drastic changes in actions
- ▶ Fluctuation of skills
- ▶ Inability to control actions
- ▶ Action out of character or inappropriate
- ▶ No awareness of some actions
- ▶ Responding to other names

b) Impairment of function

c) Abusive Behavior
Self-mutilation
Abusive to others

d) Eating disorders

e) Substance Abuse

Telling the difference:

B. Signs of Dissociation

5. Historical Symptoms

- a) Job experiences marked with instability
- b) Relationships that are short lived, intense, and apprehensive
- c) Varied treatment history
- d) Participation in occult and cult rituals including killing of animals, physical and mental torture and indoctrination.
 - ▶ Failed treatment
 - ▶ Several different diagnoses
 - ▶ Use of several psychiatric medications without significant help

Telling the differences:

B. Signs of Dissociation

6. Paranormal Symptoms

- ▶ Feeling of being possessed by spirits
- ▶ Astral travel
- ▶ Mental telepathy
- ▶ Levitation
- ▶ Channeling

Telling the Differences:

C. When Dissociation is confused with demonization

- 1) If the person who claims to be demonized is also a victim of childhood trauma, the person may have this disorder. Pursuing deliverance without a good understanding and acceptance by the person's created parts can lead to harming them emotionally.
- 2) Their created parts are not foreign beings or spirits of grandparents, but parts of the mind they created unknowingly to deal with the trauma. Therefore, these parts need to be embraced.
- 3) Although these created parts claim to be separate people, they are really parts of the person's mind. The person must be encouraged to realize that there is only one real person.
- 4) This type of disorder needs to be treated by specially trained professionals. When ministering to a person with Dissociative disorders, it is also best to work together with a trained professional.

Signs of possible demonization

- ▶ 1. Prior participation in the occult.
- ▶ 2. A family history of occultist participation leading to generational demonization.
- ▶ 3. Severe signs of hatred of God with no reason.
- ▶ 4. Physical and emotional problems that can't be explained psychologically or physiologically.

How to evaluate people reporting demonization

1. Obtain a list of medications they are taking or have taken. Their problems may be due to the side effects of medications or the medications may prevent them from going through deliverance, which could be upsetting for them. A history of psychiatric medicines is a strong indication that they may have a psychiatric disorder, especially if they have a long history of using those medications. Those with heart or seizure medication may also develop complications during deliverance.
2. Obtain a history of prior deliverance experiences. If individuals keep going to deliverance and nothing is changing, this may indicate that the issue has another (i.e. physical) cause. Also, some individuals may be depending on other people to rescue them when they want to avoid responsibility to take care of an issue themselves.

How to evaluate people reporting demonization

3. Ask about occult activity in their life or family history. Ask specific questions about witchcraft, Free Masonry, and other secret societies. Usually these groups practice lineage rituals that would affect people who may not have had an experience with it themselves.
4. Ask participants if they hear voices or their own thoughts audibly, because internal voices may indicate a dissociative identity disorder which is not demonization.
5. If the answer to hearing voices is yes, then ask what the voices say and whether they all sound the same or speak like different people. Ask if the voices are discernible in terms of age and gender. Discernible voices are most likely mental health issues instead of demonism. Those voices should not be cast out ---- they are an indication that the person was severely traumatized as a child and the memories of that trauma are stored as these voices.

How to evaluate people reporting demonization

6. Ask about any current use of street drugs that can alter the way people feel, think or believe. These can falsely convince people that they are possessed by demons.
7. Ask if the person had been drinking alcohol. Sometimes people do not smell like they have been drinking, especially if they feel the need to hide it.
8. Ask if their symptoms have been experienced by anyone in their family at any time. Family here means blood relatives.
9. If the person is a believer, ask them if they feel or have thoughts that conflict with their normal desire for God.
10. Ask the person if they ever feel strong hostility towards God.

Things to remember

1. As a minister, do not show signs of fear of the demons by escalating your combativeness, raising your voice, or intensifying any of your actions during the process.
2. Discourage large crowds of people from attending the deliverance because it is intrusive to the participant and sometimes makes them feel shame and fear when they are judged by other believers to be less spiritual.
3. Deliverance should mostly consist of a conversation between the minister and the participant. Avoid any confrontation with what the demon is saying to the minister. Avoid any confrontation with the demon because that just escalates the struggle.
4. It is best if the participant is the one who relays what the demon is saying to the minister, who then tells the participant how to proceed.
5. The participant should be in control the whole time if at all possible. The minister should empower and support the participant and not take over and attempt to talk or deal with the demon.

Things to remember:

6. The focus of deliverance should go beyond just getting the demon out – it should focus on the participant learning and practicing putting on the armor of God.
7. If you as a minister are new at this, please don't hesitate to reach out to others with more experience or others with more experience or more knowledge in this area.
8. You must personally have your own armor on.
9. It is a great help to have people praying for you while you are dealing with deliverance.
10. Remember the battle is not yours, but the Lord's.

Guidelines when dealing with people claiming demonization

1. If the person who claims to be demonized is also a victim of childhood trauma, the person may have a disorder. Pursuing deliverance without a good understanding of and acceptance by the person's created parts can lead to harming them emotionally.
2. Their created parts are not foreign beings or spirits of relatives, but parts of the mind that they created unknowingly to deal with trauma. Therefore these parts need to be created to deal with the trauma. Therefore these parts need to be embraced rather than cast out.
3. Although these created parts claim to be separate people; they are really parts of the person's mind. The person must be encouraged to realize that there is only one real person.

Guidelines when dealing with people claiming demonization

4. This type of disorder needs to be treated by specially trained professionals. When ministering to a person with Dissociative disorders, it is best to work together with such a trained professional.
5. Occasionally, these created personas do not share the same beliefs, behaviors and perceptions as the host personality. As a result, some type of conflict tends to arise. If the person is a Christian, it is important that they know they are not automatically going to hell. They are just very unstable.
6. Every so often, this illness coincides with spiritual conflict. In such cases, deliverance is not effective if the existence of the illness is ignored.

In Conclusion

We need to know our limitations as pastoral counselors, life coaches, deliverance ministers-

When do we need to refer?

- ▶ 1. when someone is suicidal
- ▶ 2. when someone is self-harming
- ▶ 3. when someone has a history of mental illness
- ▶ 4. when dealing with someone who is combative
- ▶ 5. when someone isn't getting better.