Understanding Personality disorders

This documentation was compiled to help, Pastor, Church leaders, Youth Workers, Teachers, Parents to understand different personality disorders.

Christian Youth Counseling Ministry

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Personality disorders

Introduction

Frequency

United States

Personality disorders affect 10-15% of the adult US population. Individuals may have more than one personality disorder. The following are prevalences for specific personality disorders in the general population:

- Paranoid personality disorder - 0.5-2.5%
- Schizotypal personality disorder - 3%
- Antisocial personality disorder - 3% of men, 1% of women
- Borderline personality disorder - 2%
- Histrionic personality disorder - 2-3%
- Narcissistic personality disorder - Less than 1%
- Avoidant personality disorder - 0.5-1%
- Obsessive-compulsive personality disorder - 1%

Everyone has a personality with character traits such as stinginess, generosity, arrogance and independence. But when these traits are rigid and self-defeating, they may interfere with functioning and even lead to psychiatric symptoms. Personality traits are formed by early adulthood, persist throughout life and affect every aspect of day to day behavior. Individuals with personality disorders often blame others for their problems.

Personality disorders are patterns of perceiving, reacting, and relating to other people and events that are relatively inflexible and that impair a person's ability to function socially.

Everyone has characteristic patterns of perceiving and relating to other people and events (personality traits). That is, people tend to cope with stresses in an individual but consistent way. For example, some people respond to a troubling situation by seeking someone else's help; others prefer to deal with problems on their own. Some people minimize problems; others exaggerate them. Regardless of their usual style, however, mentally healthy people are likely to try an alternative approach if their first response is ineffective.

In contrast, people with a personality disorder are rigid and tend to respond inappropriately to problems, to the point that relationships with family members, friends, and coworkers are affected. These maladaptive responses usually begin in adolescence or early adulthood and do not change over time. Personality disorders vary in severity. They are usually mild and rarely severe.

Most people with a personality disorder are distressed about their life and have problems with relationships at work or in social situations. Many people also have mood, anxiety, substance abuse, or eating disorders.

People with a personality disorder are unaware that their thought or behavior patterns are inappropriate; thus, they tend not to seek help on their own. Instead, they may be referred by their friends, family members, or a social agency because their behavior is causing difficulty for others. When they seek help on their own, usually because of the life stresses created by their personality disorder, or troubling symptoms (for example, anxiety, depression, or substance abuse), they tend to believe their problems are caused by other people or by circumstances beyond their control.

Until fairly recently, many psychiatrists and psychologists felt that treatment did not help people with a personality disorder. However, specific types of psychotherapy (talk therapy), sometimes with drugs, have now been shown to help many people. Choosing an experienced, understanding therapist is essential.

Whether you're sociable, reserved, funny or forthright, everyone who knows you would likely list the same traits when describing your personality. These characteristics are the combined product of your heredity and early life experience, and they are fixed by the time you reach adulthood.

People with personality disorders have traits that cause them to feel and behave in socially distressing ways, which often limit their ability to function in relationships and at work. Depending on the disorder, their personalities are generally described in more-negative terms: dramatic, clingy, antisocial or obsessive. **As many as 15 percent of U.S. adults have one or more personality disorders.**

What is Abnormal? It is not whether one is normal or not, but one of degrees. We all have some abnormalities. Some are more adaptive than others. Some can endure more stress. It is whether we can function in our society. One may be depressed, but one still gets up in the morning to go to work. One can hold down a job. One can still stay in school.

Adaptation: This is the balance between what people want to do and what society lets them do. Our genetic make up and the environment are two key factors to how well we adapt or survive.

Adjustment: Adjustment refers to our mastery over our environment and peace with ourselves. Maladaptive behavior results when there is either:

1. An inability to cope 2.
2. Too much stress in one's environment
3. or a vulnerability. Stress is one's reaction to different situations. Coping refers to our ability to control ourselves in difficult situations. Vulnerability refers to how likely we will respond the wrong way to a certain situation. Genetics will play a key role here. Groups that are at higher risk are children, teens, elderly, disabled, and minorities.

DSM IV

DSM=Diagnostic and Statistical Manual of Mental Disorders. This is a multiaxial classification system of mental problems. There are five main axes, or categories.

- Axis I - primary problem
- Axis II - developmental and personality problems
- Axis III - physical problems
- Axis IV - psychosocial stressors
- Axis V - global assessment of functioning, current and highest level in past year.

Among the 10 conditions that are considered personality disorders, some have very little in common. Doctors typically group the personality disorders that have shared characteristics into one of three clusters:

- **Cluster A** includes personality disorders marked by odd, eccentric behavior, including paranoid, schizoid and schizotypal personality disorders.
- **Cluster B** personality disorders are those defined by dramatic, emotional behavior, including histrionic, narcissistic, antisocial and borderline personality disorders.
- **Cluster C** personality disorders are characterized by anxious, fearful behavior and include obsessive-compulsive, avoidant and dependent personality disorders.

There's no cure for these conditions, but therapy and medication can help. The symptoms of some personality disorders also may improve with age.

Signs and symptoms

People with personality disorders commonly experience conflict and instability in many aspects of their lives, and most believe others are responsible for their problems.

Signs and symptoms of **cluster A** (odd, eccentric) personality disorders may include:

Paranoid personality disorder

- Belief that others are lying, cheating, exploiting or trying to harm you
- Perception of hidden, malicious meaning in benign comments
- Inability to work collaboratively with others
- Emotional detachment
- Hostility toward others

A. A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

(1) suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her
(2) is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates
(3) is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her
(4) reads hidden demeaning or threatening meanings into benign remarks or events
(5) persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights
(6) perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack
(7) has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner

Schizoid personality disorder

- Fantasizing
- Extreme introversion
- Emotional distance, even from family members

- Fixation on your own thoughts and feelings
- Emotional detachment

Schizotypal personality disorder

- Indifference to and withdrawal from others
- "Magical thinking" — the idea that you can influence people and events with your thoughts
- Odd, elaborate style of dressing, speaking and interacting with others
- Belief that messages are hidden for you in public speeches and displays
- Suspicious or paranoid ideas

Signs and symptoms of **cluster B** (dramatic, emotional) personality disorders may include:

Histrionic personality disorder

- Excessive sensitivity to others' approval
- Attention-grabbing, often sexually provocative clothing and behavior
- Excessive concern with your physical appearance
- False sense of intimacy with others
- Constant, sudden emotional shifts

Narcissistic personality disorder

- Inflated sense of — and preoccupation with — your importance, achievements and talents
- Constant attention-grabbing and admiration-seeking behavior
- Inability to empathize with others
- Excessive anger or shame in response to criticism
- Manipulation of others to further your own desires

Antisocial (formerly, sociopathic) personality disorder

- Chronic irresponsibility and unreliability
- Lack of regard for the law and for others' rights
- Persistent lying and stealing
- Aggressive, often violent behavior
- Lack of remorse for hurting others
- Lack of concern for the safety of yourself and others

A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:

(1) failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
(2) deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
(3) impulsivity or failure to plan ahead

(4) irritability and aggressiveness, as indicated by repeated physical fights or assaults
(5) reckless disregard for safety of self or others
(6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
(7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

B. The individual is at least age 18 years.

C. There is evidence of Conduct Disorder with onset before age 15 years.

D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.

Borderline personality disorder

- Difficulty controlling emotions or impulses
- Frequent, dramatic changes in mood, opinions and plans
- Stormy relationships involving frequent, intense anger and possibly physical fights
- Fear of being alone despite a tendency to push people away
- Feeling of emptiness inside
- Suicide attempts or self-mutilation

Signs and symptoms of **cluster C** (anxious, fearful) personality disorders may include:

Avoidant personality disorder

- Hypersensitivity to criticism or rejection
- Self-imposed social isolation
- Extreme shyness in social situations, though you strongly desire close relationships

Dependent personality disorder

- Excessive dependence on others to meet your physical and emotional needs
- Tolerance of poor, even abusive treatment in order to stay in relationships
- Unwillingness to independently voice opinions, make decisions or initiate activities
- Intense fear of being alone
- Urgent need to start a new relationship when one has ended

Obsessive-compulsive personality disorder

- Excessive concern with order, rules, schedules and lists
- Perfectionism, often so pronounced that you can't complete tasks because your standards are impossible to meet
- Inability to throw out even broken, worthless objects
- Inability to share responsibility with others
- Inflexibility about the "right" ethics, ideas and methods
- Compulsive devotion to work at the expense of recreation and relationships
- Financial stinginess
- Discomfort with emotions and aspects of personal relationships that you can't control

Obsessive-compulsive personality disorder is not the same as obsessive-compulsive disorder, an anxiety disorder that shares some symptoms but is more extreme and disabling.

Causes

A combination of personal history and biology appears to play a role in most personality disorders. Genetics play a significant — but not necessarily singular — role in the development of schizotypal, schizoid and paranoid personality disorders, which all are more common in families with a history of schizophrenia. Heredity also contributes to the development of obsessive-compulsive personality disorder.

A family history of antisocial personality disorder increases your risk of developing the condition, but childhood trauma also has considerable influence. Children with an alcoholic parent, or who have an abusive or chaotic home life, are at increased risk of developing antisocial personality disorder.

Sexual abuse is a common risk factor for borderline personality disorder. People with borderline personality disorder who report sexual abuse at a younger age — younger than 13 years old — are also more likely to have post-traumatic stress disorder. Heredity and childhood head injuries also may influence the development of this disorder.

The causes of narcissistic, histrionic, avoidant and dependent personality disorders have been minimally studied and aren't yet well understood.

Risk factors

More women than men develop borderline personality disorder. But men are much more likely than women to have antisocial personality disorder and obsessive-compulsive personality disorder.

Other risk factors for personality disorders include:

- A history of childhood verbal, physical or sexual abuse
- A family history of schizophrenia
- A family history of personality disorders
- A childhood head injury
- An unstable family life

When to seek medical advice

People with personality disorders don't often realize that they need medical treatment. They're most likely to receive a diagnosis when they see a doctor for symptoms related to their disorder, such as depression and substance abuse, or when family and friends ask them to get help.

If someone you care about consistently behaves in a socially inappropriate way — for example, displaying excessive emotion, self-involvement, detachment or dependency, or harming others without showing remorse — consider suggesting that the person see a doctor to discuss how to deal with his or her emotions.

Screening and diagnosis

There are no specific tests for personality disorders. Your doctor will ask you questions about your symptoms, personal history and emotional well-being, and may talk to friends and relatives about your behavior. A mental health professional will probably help make the diagnosis, and he or she will also evaluate whether you have other mental health or substance abuse problems.

Doctors regard the diagnosis of most personality disorders in adolescents as premature. That's because what appear to be signs or symptoms of personality disorders often disappear as adolescents grow older. However, signs and symptoms of antisocial personality disorder become evident before age 15.

Complications

People with personality disorders are at significantly increased risk of:

- **Social isolation.** An inability to forge and maintain healthy relationships, lack of desire for closeness, or extreme shyness may cause those with personality disorders to be socially disconnected.
- **Suicide.** The risk of self-inflicted injury and suicide is highest among people with cluster B personality disorders, such as borderline personality disorder.
- **Substance abuse.** Those with cluster B personality disorders are at especially increased risk of alcohol and drug addiction.
- **Depression, anxiety and eating disorders.** People with all types of personality disorders are at increased risk of developing other psychiatric problems.
- **Self-destructive behavior.** People with borderline personality disorder are particularly at risk of engaging in dangerous behaviors, such as risky sex and gambling. Those with dependent personality disorder — who may tolerate mistreatment in order to stay in a relationship — are at increased risk of physical, emotional and sexual abuse.
- **Violence and homicide.** Aggressive behavior is a significant risk among those with paranoid and antisocial personality disorders.
- **Incarceration.** People with antisocial personality disorder are at increased risk of committing serious crimes. The condition is common among prisoners.

The intensity of the symptoms of personality disorders may change over time. The symptoms of cluster A and cluster B personality disorders may become less severe later in life. Those with cluster C personality disorders often experience worsening symptoms as they age.

Common Coping Mechanisms

Mechanism	Definition	Result	Personality Disorders Involved
Projection	Attributing one's own feelings or thoughts to others	Leads to prejudice, suspiciousness, and excessive worrying about external dangers	Typical of paranoid and schizotypal personalities; used by people with borderline, antisocial, or narcissistic personality when under acute stress
Splitting	Use of black-or-white, all-or-nothing thinking to divide people into groups of idealized all-good saviors and vilified all-bad evildoers	Allows a person to avoid the discomfort of having both loving and hateful feelings for the same person as well as feelings of uncertainty and helplessness	Typical of borderline personality
Acting out	A direct behavioral expression of an unconscious wish or impulse that enables a person to avoid thinking about a painful situation or experiencing a painful emotion	Leads to acts that are often irresponsible, reckless, and foolish. Includes many delinquent, promiscuous, and substance-abusing acts, which can become so habitual that the person remains unaware and dismissive of the feelings that initiated the acts	Very common in people with antisocial or borderline personality

Turning aggression against self	Expressing the angry feelings one has toward others by hurting one's self directly (for example, through self-mutilation) or indirectly (for example, in body dysmorphic disorder); when indirect, it is called passive aggression	Includes failures and illnesses that affect others more than oneself and silly, provocative clowning	Dramatic in people with borderline personality
Fantasizing	Use of imaginary relationships and private belief systems to resolve conflict and to escape from painful realities, such as loneliness	Is associated with eccentricity, avoidance of interpersonal intimacy, and avoidance of involvement with the outside world	Used by people with an avoidant or schizoid personality, who, in contrast to people with psychoses, do not believe and thus do not act on their fantasies
Hypochondriasis	Use of health complaints to gain attention	Provides a person with nurturing attention from others; may be a passive expression of anger toward others	Used by people with dependent, histrionic, or borderline personality

Treatment

A number of barriers make personality disorders among the most challenging mental health conditions to treat. People with these conditions are likely to have difficulty opening up to or retaining closeness with therapists. Perceived criticism may cause them to react angrily and break off therapy. Those who seek treatment on their own and who are motivated to stick with therapy over many years are the most likely to succeed.

Treatment for most personality disorders is with a combination of therapy and medications.

Therapy
Types of therapy that can help people with personality disorders include:

- **Psychodynamic psychotherapy.** This approach entails talking about your condition and related issues with a mental health professional. Psychotherapy can help people with personality disorders recognize how they're responsible for the turmoil in their lives and learn healthier ways of reacting to people and problems. Individual, group and family therapy can all be helpful.
- **Cognitive behavior therapy.** This form of psychological treatment involves actively retraining the way you think about problems, which in turn improves your emotions and behaviors.
- **Dialectical behavior therapy.** This type of cognitive behavior therapy focuses on coping skills — learning how to take better control of behaviors and emotions with techniques such as mindfulness, which helps you observe your feelings without reacting. It is most often used to treat borderline personality disorder. Doctors are studying the effectiveness of this type of therapy with all types of personality disorders.

Medications
People with personality disorders often experience serious mental and emotional strain, causing additional mental health problems, such as depression, phobia and panic. Medications may help alleviate these related conditions, but they can't cure the underlying disorder. Therapy aimed at building new coping mechanisms must be the cornerstone of treatment.

Medications that may offer support during therapy include:

- **Antidepressants.** Doctors commonly prescribe selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine (Prozac, Sarafem), sertraline (Zoloft), citalopram (Celexa), paroxetine (Paxil), nefazodone, and escitalopram (Lexapro), or the related antidepressant venlafaxine (Effexor) to help relieve depression and anxiety in people with personality disorders. Less often, monoamine oxidase inhibitors such as phenelzine (Nardil) and tranylcypromine (Parnate) may be used.
- **Anticonvulsants.** These medications may help suppress impulsive and aggressive behavior. Your doctor may prescribe carbamazepine (Carbatrol, Tegretol) or valproic acid (Depakote). Your doctor may also prescribe topiramate (Topamax), an anticonvulsant that's being studied as an aid in managing impulse-control problems.
- **Antipsychotics.** People with borderline and schizotypal personality disorders are at risk of losing touch with reality. Antipsychotic medications such as risperidone (Risperdal) and olanzapine (Zyprexa) can help improve distorted thinking. For severe behavior problems, doctors may prescribe haloperidol (Haldol).
- **Other medications.** Doctors sometimes prescribe anti-anxiety medications such as alprazolam (Xanax) and clonazepam (Klonopin) and mood stabilizers such as lithium (Eskalith, Lithobid) to relieve symptoms associated with personality disorders.

Coping skills

Living with someone who has a personality disorder can be very difficult. Remember that people with personality disorders are rarely aware that they have a problem. If you can gently help your loved one recognize that he or she needs help, improvement is possible.

Treatment progress can be bumpy, slow and painful. Try to be patient, and try not to take personally the mistreatment you may receive from your loved one. It's important to be supportive, but not at the expense of your own well-being. Nurture friendships and outside activities, and put self-care first.

Abuse and Borderline Personality Disorder

One of the ways Borderline Personality Disorder manifests is in relationship dysfunction's. Partners of people with BPD are often verbally or emotionally abused by the person who has BPD. Some people with BPD may disassociate during rages; they will honestly not remember the emotional abuse they dish out. Other people with BPD deny having been abusive; inability to accept responsibility for their actions and behavior is a common attribute of BPD. (See Gaslighting below.)

Types of emotional / physical / verbal abuse common in people with BPD:

DOMINATION / CONTROL: The internal chaos of the person with BPD's emotions often gives them a desperate need to control external events, situations and people. (The internal world is so out of control - so external control gives them the sense of stability they lack internally.) They must have their own way, and will resort to manipulation, emotional blackmail,episodes of raging or physical threats to get it. For their partner this creates constant anxiety, fear, erodes self esteem and creates a climate of resentment.

VERBAL ASSAULTS: berating, belittling, criticizing, name calling, screaming, threatening, shaming, excessive blaming, and using sarcasm and humiliation. Blowing the non BP's flaws out of proportion and making fun of the partner in front of others. Over time, this type of abuse utterly erodes the partners sense of self-worth, esteem and confidence.

ABUSIVE EXPECTATIONS: People with BPD generally lack self-soothing skills - they are unable to calm themselves and typically look for this soothing from their partners. The person with BP may place unreasonable demands on their partner and want the partner to put everything else aside to tend to their needs. People with BPD expect that relationships will ease the chronic emptiness they feel, and can become resentful and enraged when the relationship fails to meet their every need. Abusive relationship expectations may include demands for constant attention, frequent sex, a requirement that you spend all your free time with the person, or give up everything else in your life. Because these expectations are based in the chemical / emotional imbalance no matter how much you give, *it's never enough.* You may be subjected to constant criticism, and are berated because you can't fulfill all this person's needs.

HARASSMENT / STALKING BEHAVIOR: People with BPD lack object constancy. They typically feel that when their partner goes away they will be gone forever. ("Out of sight out of mind.") Non BP's know that "even though ______ is at work right now they still love me." People with BPD cannot reassure themselves that this is so. Partners of people with BPD frequently report that the person with BPD will telephone them 10 -15 times daily to reassure themselves that the partner is still there and still loves them. If the partner is busy or unavailable the person with BPD may become enraged. People with BPD often demand that their partner remain present no matter how abusive the person with BPD becomes; if they can't see their partner they cease to exist for them - triggering deep seated abandonment fears.

EMOTIONAL BLACKMAIL / MANIPULATION: The person with BPD may play on the non BP's fears, guilt, compassion, values, or other "hot buttons" to get what they want. This may include physical threats, withholding affection (the "cold shoulder"), harassment, stalking behaviors, threatening phone messages / email, or use of other threats and / or fear tactics to control the partner.

COMPULSION TO VIOLATE BOUNDARIES: People with BPD often have a compulsive need to violate the boundaries of people and institutions. People with BPD see healthy boundaries in others as limits imposed on them and act out in many ways to assert their control. This manifests as habitual rule breaking, scorn for / resentment of authority figures, petty theft, being asked not to do or say something to you and repeatedly doing it anyway, sexual violation, refusal to honor requests from their partner etc. BP's often unconsciously seek out

partners who have difficulty enforcing their boundaries or expressing their anger. This drains the partners energy, makes them feel under constant attack and erodes self-esteem.

UNPREDICTABLE RESPONSES: Drastic mood changes or sudden emotional outbursts (This is part of the definition of BPD). This behavior is damaging because it puts one always on edge. You're always waiting for the other shoe to drop, and you can never know what's expected of you. You must remain hyper-vigilant, waiting for the other person's next outburst or change of mood. This is exhausting and wears down the partner's energy and self esteem.

NOTE: An alcoholic or drug abuser is also likely to act this way. Like all mental health issues, BPD is difficult to diagnose while a person continues to use drugs or alcohol; as it's hard to separate the addictive behavior from symptoms of other disorders. Living with someone like this is tremendously demanding and anxiety provoking, causing the partner to feel constantly frightened, unsettled and off balance.

CYCLING BETWEEN NEED AND RAGE: The person with BPD may cycle rapidly between being very needy and childlike and being rageful and verbally abusive. This is extremely unsettling for their partners becasue you never know what to expect at a given time.

GASLIGHTING: The person with BP will deny your reality and undermine and devalue your perceptions. They will frequently deny that events occurred, lie about their actions and behavior, or deny that they said or did certain things. In some cases this is not a conscious deception. If a borderline has been disassociating,* they may indeed remember what happened very differently. For their partners this is extremely disturbing. It leads them to doubt their own experience, reality and eventually their sanity. Ironically, the *partners* of BP's often present for treatment first with statements like "I feel like I'm going crazy" or "I don't know what's real anymore."

***Disassociation is a state of not being present, browning out, losing time etc.** Some BP's disassociate during episodes of raging. They may have no memory, or only partial memory of things they say or do when angry.

CONSTANT CHAOS / CRISIS MAKING: The person with BPD often seems to be in constant conflict with others. (Neighbors, friends, lovers, co-workers etc.) They may deliberately start arguments for the sake of excitement. Simple problems or issues are frequently blow out of proportion to crisis status. The person wiht BP may be "addicted to drama" since it creates excitement. (Many non-BPs also are addicted to drama.)

How do we distinguish a psychological disorder from demon possession?

The Bible gives some examples of people being possessed or influenced by demons. From these we can find some symptoms of demonic influence as well as gain insights as to how a demon possesses someone.

Here are some passages:

Matthew 9:32-33; 12:22; 17:18; Mark 5:1-20 (this is a major passage about the demoniac of the Gadarenes); 7:26-30; Luke 4:33-36; Luke 22:3 (Satan possesses Judas); Acts 16:16-18.

In some of these passages the demon possession causes:

1. physical ailments (inability to speak, epileptic symptoms, blindness, etc.);
2. in other cases it causes the individual to do evil (Judas is the main example); in Acts 16:16-18 the spirit apparently gives a slave girl some ability to know things beyond her own learning (a spirit of divination); in the case of the demoniac of the Gadarenes who was possessed by a multitude of demons, he had superhuman strength, cut himself, went around naked, and lived among the tombstones.
3. King Saul, after rebelling against the LORD, was allowed to be troubled by an evil spirit (1 Samuel 16:14-15; 18:10-11; 19:9-10) with the apparent affect of a melancholy mood and an increased desire and readiness to kill David (God's next anointed king of Israel).

Thus, there are a wide variety of possible symptoms of demon possession.

- These include physical impairments,
- personality changes such as major depression or
- uncharacteristic aggression (as with King Saul), masochism, supernatural strength, a disregard for modesty or "normal" social interaction (as with the demoniac of Gadarenes), and perhaps the ability to share information that one has no natural way of knowing (such as with the fortune-telling of the slave girl of Acts 16).

It is important to note that nearly all of these characteristics may have other explanations, so it is important not to label every depressed person or epileptic individual as demon possessed. On the other hand, I think that in our western culture, we probably don't take Satanic involvement in people's lives seriously enough. But what I am saying is that we should not be looking for a demon behind every bush!

In addition to these physical or emotional distinctions, one can also look at **spiritual attributes** as showing demonic influence.

These may include a refusal to forgive (2 Corinthians 2:10-11) and the belief in and spread of false doctrine, especially concerning Jesus Christ and His atoning work (2 Corinthians 11:3-4,13-15; 1 Timothy 4:1-5; 1 John 4:1-3). 1 Corinthians 12:3 states that no man can say that Jesus is the Lord except by the Holy Spirit. Some use this declaration "Jesus is Lord" as a kind of litmus test, i.e., based upon this verse they believe that demons will not say that Jesus is Lord or Master. As to the accuracy of applying this verse in this way, I cannot judge for certain.

In reviewing the verses in which Jesus healed diseases that were caused by demon possession and those that were not, it is difficult to distinguish between the two for we are not given a list of characteristics that set them apart from one another. One distinction is that while some people are born blind, dumb, lame, etc., it is never said that any who are sick because of demon possession were born that way. In one case, the epilepsy caused by demon possession could be traced to "childhood" (Mark 9:21) but not to birth.

Concerning the involvement of demons in the lives of Christians, the apostle Peter is an illustration of the fact that a believer can be INFLUENCED by the devil (Matthew 16:23). Some refer to Christians who are under a STRONG demonic influence as being "demonized", but never is there an example in Scripture of a believer in Christ being POSSESSED by a demon, and most theologians believe that a Christian CANNOT be possessed because he has the Holy Spirit abiding within (2 Corinthians 1:22; 5:5; 1 Corinthians 6:19).

We are not told exactly how one opens himself up for possession. Judas' case may be representative, he apparently gave an open door to demon possession when he opened his heart to evil (in his case by his greed (John 12:6)). So it may be possible that if one allows his heart to be ruled by some habitual sin...it becomes an invitation for a demon to enter in. Also, from missionary experiences, demon possession can be related to the worship of heathen idols and the possession of occult materials. This seems to fall in line with Scripture that repeatedly relates idol worship with the actual worship of demons (Leviticus 17:7; Deuteronomy 32:17; Psalm 106:37; 1 Corinthians 10:20), so it should not be surprising that involvement with those religions or their practices could lead to demon possession.

Thus, it is my belief based on the above Scriptural passages as seen in the experiences of missionaries that many people open their lives up to demon involvement through the embracing of some sin or through occult involvement (both knowingly and unknowingly); examples may include drug/alcohol abuse and transcendental meditation...as these alter one's state of consciousness; but can also include the embracing of immorality, rebellion, or bitterness. In our country, we see an increase of Eastern religious teachings under the guise of the new age movement. The present environmental movement is most directly tied to this teaching and is a form of idolatry in that nature is held as a kind of god (very similar to the ancient teaching of pantheism). With this growth of pantheism in our nation, I believe we will see a rise of demon involvement as well.

The determining of whether an mental or physical illness is being caused by demonic influence or by natural causes would perhaps be aided through a study of the background of a person or their closest relatives to find out if there has been involvement in the occult or the embracing of a sinful habit that would serve as an open door for demon involvement in a life. If there has been and the symptoms of the illness date from the time of such involvement, it would seem to indicate a demonic source of the malady.

In summary, from the different Bible passages that relate to demonic involvement.

Here is a possible list of questions that one might be ask concerning someone's illness:

1. Has the malady come after birth (and cannot be attributed to an accident causing brain trauma or some other clear physiological problem)?
2. Has there been the embracing of a sinful habit or involvement in an eastern religion or occult practice?
3. Are there manifestations that go beyond the natural (superhuman strength, ability to know things not humanly possible to know, demonic voices from the person)?
4. Are there destructive (to one's self) or violent (to others) manifestations?

A “yes” answer to a number of the above questions could indicate a demonic source of the psychological ailment. I say “could” because I do not believe that we know all of the physiological causes for either physical or psychological problems. Let me make one more related point, all Christians are called upon to “test the spirits” (1 John 4:1-3). The “testing of the spirits” typically involves using biblical doctrine to determine if someone’s spiritual teaching is of God or of Satan but this passage has also been applied by some people to situations involving possible demonic possession by testing people’s response to biblical teachings such as those mentioned in 1 John 4:2-3. I cannot personally vouch for such application as I have never had occasion to do so.

Lastly, a word to the wise, some people develop an unhealthy fascination with the occult and demonic activity. This is ill advised to say the least. If we pursue God with our lives and are clothing ourselves with His armor and relying upon His strength (not our own) (Ephesians 6:10-18), we have nothing to fear from the evil ones, for God rules over all! And if we are going to be involved with direct demonic confrontation, we need to make sure that we are relying upon His strength and resources as mentioned in Ephesians 6:10-18 and not our own. *Adapted from: Got Questions Ministries.*

Basics steps how to counsel people with Personality Disorders

1. **Get information regarding the symptoms:** Get as much information as you can, ask question of the primary physician; talk to the social worker, have a family consider conference with rehabilitation counselor; go to the library and information; contact community resources.

2. **Distinguish between spiritual and physical symptoms**: If physical symptoms are excessive consider medical treatments know possibly alleviate the symptoms. When you do this, you will immediately know the cause of the spiritual problems – they come from the heart, but you will not know the cause of the physical complaints. The physical complaints may be caused by a body that is wasting away, by sin in the person’s life, or by Satan; or they may be a divine affliction for the purpose of teaching a person to rely on God alone.

   It is important initially to distinguish between these two categories (Phyiscal and Spiritual) for two reasons:

   1. If we confuse physical for spiritual symptoms, we are liable to hold people morally responsible for physical symptoms
   2. If we confuse spiritual for physical symptoms, we are liable to excuse sin or have little hope for spiritual growth when someone has a psychiatric diagnosis.

   To make this distinction, all you need are your two questions:

   1. Does the Bible command or prohibit this behavior?
   2. Can this behavior be best described as a strength or weakness

3. **Address heart issues.** Ministry to those who are in needs starts with compassion. Rom 12:15; 2 Cor 1: 9-11. Compassion, of course, is much more than sympathizing with a person’s pain. Compassion is active. It knows the isolating nature of the suffering.

   1. Be alert of Spiritual Warfare.
   2. Deal with Obvious Spiritual Problems.
4. **Maximize remaining strengths: correct or minimize weaknesses.**

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