

Personality Disorders

Dr. F. Alan Pickering

You are a marvelously complex human being made in God's image (Gen. 1:26-27; 5:1; 9:6), but because of our fallen nature many have developed unhealthy patterns that result in the development of a personality disorder. A personality disorder involves a pervasive pattern of thinking, feeling and behaving that makes an individual considerably ineffective in relationships, deficient in handling the responsibilities of life, and cultivates mental, emotional, or behavioral barriers to functioning well. This is referred to as "pathological personality functioning," and these pervasive patterns are resistant to change, and consequently keep a person from living life effectively. It is only when personality traits cause "significant functional impairment or subjective distress" do they constitute a personality disorder.¹ These patterns are exhibited in a wide range of social and personal contexts.²

The diagnosis for a personality disorder requires a look at the long-term patterns of functioning, which must have been evident by early adulthood and distinguished from other sources of mental states or physiological effects from medical conditions (mood disorders, substance abuse, posttraumatic stress disorder, personality change due to a medical condition, head trauma, etc.).³

Percentage and Diagnosis

It is estimated that between 12-15 percent of the general population has or has had a personality disorder on some level (mild, moderate, or severe). Personality disorders usually

¹ American Psychiatric Association (APA), *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (Arlington, Virginia: American Psychiatric Association, 2013), p. 645.

² APA, 2013, p. 646-47.

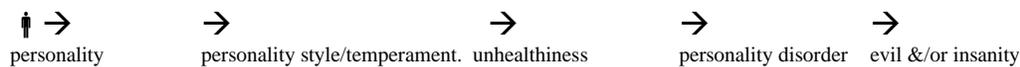
³ Ibid.

become recognizable during adolescence or early adult life, but most personality disorders are not apparent until the individual is in his mid to late twenties. It is usually 6-12 years later that one is finally diagnosed. It is only when an individual is clearly not effective in managing the stresses of life and/or taking his appropriate responsibilities, then it becomes apparent that something is not quite right with the individual.

How People Get Unhealthy?

The digression into becoming unhealthy is a process. It usually takes years to develop to a level of dysfunction. Over time, the person moves further and further out from an authentic and healthy core, functioning in ways that distort an individual's temperament and personality.

The following Figure illustrates the path of how one moves into this digression:



There are two significant ways a person develops a personality disorder. *First*, there is the spiritual/moral formulation. You are dramatically affected by others (Ps. 119.63; Ps. 101.4, 6; Pr. 13.20; 27.17; 1 Cor. 15.33). The experiences you have with people shape your brain in so many ways.⁴ Much of our human dysfunction and misery comes from interpersonal experiences. People are sinned against by others and then are given to sin. Nothing messes us up more emotionally, psychologically, relationally, socially, and spiritually than being sinned against and then turning around and sinning against others. Menninger, a renowned psychiatrist, documents this effect of sin upon the lives of patients he has cared for.⁵ In my own counseling practice, I have seen people wrecked by sin turn around and wrecked others—hurt people hurt.

⁴ Daniel J. Siegel, *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*, 2nd Edition (New York: Guilford Press, 2012); Richard M. Lerner, *Concepts and Theories of Human Development*, 4th Edition (New York: Routledge, 2018).

⁵ Karl Menninger, *Whatever Became of Sin* (New York: Bantam, 1978).

Second, your family of origin (immediate and extended family) greatly impacts your life. A child needs attention, affirmation and affection. When these needs are not met, a child gets warped.⁶ Parents who are absent, harsh with discipline, or model unhealthiness in some manner influence their children in varying degrees. If a parent is evil, the effects are dramatic.⁷ Parents with personality disorders can cultivate the same disorder in their own children. Family of origin problems can include deficient or destructive parenting, extreme marital conflict, abuse, a bitter divorce, and mistreatment of one sibling to another. Early tragic or traumatic childhood experiences, and the thoughts accompanying that experience can be seminal in developing a personality disorder. Negative self-commentary can build harmful thought patterns.

Grouping of Personality Disorders

Personality disorders have been grouped into clusters to identify broad commonalities. It is important to note that some people will develop several personality disorders, usually, but not always within a cluster. The development of several personality disorders happens when the initial personality disorder is not treated, and subsequently the individual starts taking on greater dysfunctions, even to the point that "will proceed from bad to worse" (2 Timothy 3:13 New American Standard Bible, 1995). This is why an early interdiction is necessary—it could spare a person years and even decades of misery. It is vital to assess as early as possible, diagnose and treat the personality disorder, because you cannot change what you do not identify. The specific personality disorders include: antisocial personality disorder, avoidant personality disorder, borderline personality disorder, narcissistic personality disorder, obsessive-compulsive personality disorder, schizotypal, and schizoid personality disorder.⁸

⁶ Mark Laaser & Debra Lasser, *The Seven Desires of Every Heart* (Grand Rapids: Zondervan, 2008).

⁷ Scott Peck, *People of the Lie: The Hope for Healing Human Evil* (New York: Simon & Schuster, 1983).

⁸ APA, 761-781.

Why Assess Personality Disorders?

Why is it so important to assess personality disorders? There are two main reasons that will make a huge difference in a person's life, marriage, family, and even affect your church community.

First, there is the stewardship of your life. It is your responsibility to live effectively and efficiently as a person. God's gift to you is your life; what you do with your life is your gift to God. Stewardship is about living wonderfully to God's glory. This involves utilizing His wisdom to function in the most optimum ways.

Second, the quality of your relationships is determined by how healthy a personality you are. Unhealthy people tend to have unhealthy relationships; healthy people tend to have healthy relationships. We are all unhealthy in some ways and to some degree, because no one is perfect. But the healthier a person is emotionally, cognitively, behaviorally (within a spiritual construct), the greater the potential for happiness and success. It is virtually impossible for a disorder person to have sustained healthy relationships with others. The flaws are just too significant to allow sustained good in human interaction. Given this level of the depravity and fallenness of a human being, there is no question that *all* personality disorders will have significant negative effects upon functioning relationships.

Personality Disorders in the Church

The challenge regarding people with personality disorders in the church is significant. Generally speaking, you can't expect normal and excellent behavior from an abnormal individual. After years of analysis and working with many who struggle with personality disorders, I offer these general observations that may not be true in all churches, but usually are the case.

First, people with personality disorders have essentially been tolerated because no one knows what to do with such individuals. It is usually when a disordered person gets into some serious problem, sin or disrupts the church that the leadership feels compelled to get involved in a significant way.

Second, people have been able to function with personality disorders in the church without being challenged to grow out of their disorders. This is the dereliction of the church—everyone must be specifically challenges to grow to God’s glory, and especially out of a disorder.

Third, church leaders have had little training on how to identify, understand and work with people who are disordered. For instance, individuals with histrionic personality disorders have found church to be an excellent environment to feed and nurture their disorder. They can create drama to get attention or become the “cheerleader” for the congregation. Similarly, narcissistic personality types have found leadership an excellent perch from which to gain attention, control others, but do great damage. Dependent personality types have cultivated their disorder by being dependent on the church to sustain themselves. Uninformed sympathizers have enabled these kinds of flawed/unhealthy people. The result is that most of these people have not made significant gains as effective disciples of Christ and they have in fact had a negative effect upon a congregation.

Fourth, most people with personality disorders are unaware that they have a problem, and are not diagnosed until years, even decades of living in the disordered manner. Many are unable to get professional help because of the enormous expense for counseling. The church must do everything it can to encourage and even mandate individuals in the church to get the help.

Eventually this person may be filled with gratitude that there was an intervention that altered his/her life.

Fifth, the Church must throw no one under the bus or give up on people with personality disorders. The church must insist upon professional Christian help, and not put individuals into roles that will have counterproductive effects. The church must cease from enabling people with personality disorders.

Sixth, people with personality disorders can hurt the church—hurt people hurt. So, it is incumbent upon church leaders to protect the church from people who could do great harm. Leaders who are adept in identifying personality disorder patterns must move quickly to help those individuals get healthy and become nourishing individuals within the church family—this will often be a long process.

References

- American Psychiatric Association (APA). *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition. Arlington, Virginia: American Psychiatric Association, 2013).
- Laaser, Mark & Lasser, Debra. *The Seven Desires of Every Heart*. Grand Rapids: Zondervan, 2008.
- Menninger, Karl. *Whatever Became of Sin*. New York: Bantam, 1978.
- Peck, Scott. *People of the Lie: The Hope for Healing Human Evil*. New York: Simon & Schuster, 1983.
- Lerner, Richard M. *Concepts and Theories of Human Development*, 4th Edition. New York: Routledge, 2018.
- Siegel, Daniel J. *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*, 2nd Edition. New York: Guilford Press, 2012.