

“PERSONALITY DISORDERS”

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Because we live in the information age and we can Google literally everything, the average person is fairly familiar with some of the rank and file psychological disorders such as depression, anxiety, panic, phobias, compulsions, impulsivity, and addictions. Most people however are completely unaware of “personality disorders” and are uneducated as to how common and pervasive these disorders really are in our society, churches and families. If you understand them, the lights will go on and it will give you a new lens through which to see and understand persons who are causing severe relational distress around you.

What is a personality Disorder?

“A personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture , is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.” Diagnostic and Statistical manual of Mental Disorders, Fourth Edition (DSM-IV), published by the American Psychological Association.

What does it feel like to be around someone with a personality disorder? There are several characteristics that I see frequently in my office and hear on our nationally syndicated counseling radio talk show New Life Live (www.newlife.com).

- They have high levels of agitation and internal alarm when others have a lack of conformity to their hopes, expectations, opinions, beliefs or values.
- Because they have poor self-reflective skills and self-observation capabilities to accurately see how *they* are relating to others, they seem to only focus on the behaviors and attitudes of others.
- They are very hard to convince that they have a problem or that their perceptions are anything but accurate. Thus, they often struggle to admit culpability in relational problems. In contrast, many others who come into our offices are clear that they have a problem of some sort and are able to say aloud, “I am struggling with anxiety, anger, worry, an addiction ...etc.” They struggle with the concept of a marital struggle or negative core dynamic being “co-created” and that they play a part.
- Due to these characteristics, they tend to become agitated when others fail to comply with their standards and they become increasingly angry and controlling in an attempt to bring the other person into compliance.

They end up being defined by others as very controlling. They say things like “If you will just agree with me on these things, and do what I want you to do, things will be just fine!” There is a high need for others to see things their way.

- They are resistant to personal reflection or to hearing the reflections and feedback of others, thus their “readiness” or willingness to engage in the counseling process is very low or non-existent.
- Personality disorders are very destructive to the marriage and family dynamics and these disorders often go unchecked for years, even decades because the average person, spouse or pastor is untrained in identifying them.

What is origin of personality disorders?

Is “nature” or “nurture”? I’m sure its both. We all have a sin nature and can easily go astray and transgress God’s mind, will and heart. Even our genetic code is broken and for many of us this results in disabilities of many types including the ways our brain affects our minds.

As a child, the greater the distress foisted upon us by our families of origin (FOO) the greater our relational struggles within adulthood. Emotional trauma, abuse, neglect, misuse, disconnection and abandonment (either chronic or acute) will cause injuries within our souls. The love styles, spoken about in our book *How We Love* are all attachment injuries, common to us all that carry with us into adulthood. Very severe relational injuries that deeply affect the child in the early years, lead to the more severe personality disorders.

Again, they are pervasive patterns of thinking and reacting that encompass all aspects of the person’s emotions, thought patterns and logic. It is so deep and a part of the fabric of one’s soul, personhood or inner being, that it is called a “personality” disorder.

How many personality disorders?

There are ten different types and we will talk about them in more detail in weeks to come. They are:

1. Paranoid Personality Disorder
2. Schizoid Personality Disorder
3. Schizotypal Personality Disorder
4. Antisocial Personality Disorder
5. Borderline Personality Disorder

6. Histrionic Personality Disorder
7. Narcissistic Personality Disorder
8. Avoidant Personality Disorder
9. Dependent Personality Disorder
10. Obsessive-Compulsive Personality Disorder

Over the next few weeks, we will briefly describe each of them and try to address the following:

- Can they ever change?
- How do you work with someone who you may suspect has a personality disorder?
- What if you think you have one?
- How do I protect myself and my family.
- How does therapy help?
- What are the support systems to help friends and family?

In closing, God tells each of us that we are broken and that we need to understand clearly how the power of the Christ's shed blood and the strength of the Body of Christ (The Church) can help all of us all grow into a person of strength and maturity. Romans 6 will be our guiding text in this 5 week journey. Look ahead and read it.

We learned from last week that “A personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.” Diagnostic and Statistical manual of Mental Disorders, Fourth Edition (DSM-IV), published by the American Psychological Association.

There are three groupings of personality disorders. Cluster A, odd or eccentric Cluster B, dramatic and emotionally erratic, and Cluster C, anxious or fearful. This week we will look at the first cluster of three types.

PERSONALITY DISORDERS CLUSTER A: “Odd or Eccentric”

“Paranoid Personality Disorder is a pattern of distrust and suspiciousness such that other’s motives are interpreted as malevolent (.5-2.5% of the general population).” Must meet four or more of the following criterion:

1. They suspect (without basis) that others are exploiting or harming them.
2. Preoccupied with doubts about loyalty of friends, family and associates.
3. Reluctant to confide in others, suspecting disloyalty.
4. Reads inaccurate meanings into benign remarks or events.
5. Bears grudges, and unforgiving of perceived insults, or slights.
6. Perceives character is constantly being attacked by others.
7. Suspects that spouse is unfaithful.

“Schizoid Personality Disorder is a pattern of detachment from social relationships and a restricted range of emotional expression.” Must meet four or more of the following criterion:

1. Neither desires nor enjoys close relationships, including family.
2. Almost always chooses solitary activities.
3. Has little interest in sexual experiences.
4. Takes pleasure in few activities.
5. Lacks close friends or confidants other than close relatives.
6. Appears indifferent to praise or criticism of others.
7. Shows flattened emotions, coldness, indifference and detachment from others.

“Schizotypal Personality Disorder is a pattern of acute discomfort in close relationships, cognitive or perceptual distortions and eccentricities of behavior (3% of the general population).” Must meet five or more of the following criterion.

1. Incorrect interpretations of incidences or events.
2. Odd beliefs, superstitious, fantasies & preoccupations, telepathy or clairvoyance.

3. Body illusions and unusual perceptions about movements affecting environment or other's behavior.
4. Odd thinking or speech.
5. Suspicious & paranoid thoughts.
6. Inappropriate & constricted emotional responses.
7. Behavior & dress that others think eccentric or peculiar.
8. Lack of close friends.
9. Excessive social anxiety & paranoid fears.

All of these usually manifest in late adolescence or early adulthood. They must be professionally diagnosed so as to not be confused with other conditions. Understanding these observations can help to explain "uncle Harry" or "Aunt Wilma's" unusual behaviors. More importantly though, if the person is close to you like a spouse or a child, you need to know what it is you are up against.

THERAPIST'S INTERVENTIONS & GOALS:

Therapist's challenge is to win their trust, help them understand their condition and take them through a process of healing.

FAMILY INTERVENTIONS & GOALS:

The challenge to the spouse or family member is to learn strategies to gain control of your marriage or family system. There is a need to gain control, reclaim your life and protect the vulnerable.

SCRIPTURAL INTERVENTIONS & GOALS:

Personality disorders just like all mental illness, are a manifestation of sin. We are all broken. This is due to the innate nature of the fallen human condition as well as harm done to us by other's sinful behaviors upon us. It is a missing of the mark, a transgression, a violation of the heart, mind and will of God. The Apostle Paul wrote this about the liberation of the believer in Christ.

*"What shall we say then? Are we to continue in sin that grace might increase?
May it never be! How shall we who died to sin still live in it?
Or do you not know that all of us who have been baptized into Christ Jesus
have been baptized into His death?
Therefore we have been buried with Him through baptism into death,
in order that as Christ was raised from the dead through the glory of the Father,
so we too might walk in the newness of life.
For if we have become united with Him in the likeness of His death,
certainly we shall be also in the likeness of His resurrection,
knowing this, that our old self was crucified with Him,
that our body of sin might be done away with,*

*that we should no longer be slaves to sin;
for he who has died is freed from sin.
Now if we have died with Christ, we believe that we shall also live with Him,
knowing that Christ having been raised from the dead, is never to die again;
death no longer is master over Him.
For the death that he died, He died to sin, once for all;
but the life that He lives, He lives to God.
Even so, consider yourselves to be dead to sin,
but alive to God in Christ Jesus (Romans 6:1-11)."*

The only hope for all of us is to understand that because of our privileged position in Christ, we're dead to sin and no longer obligated to follow its lead. We have a new master and the hope of growth (sanctification) by choosing to claim our newfound position as Christians and purposing to obey God's direction with respect to Biblical world view, attitudes, and behavioral changes. Therefore, we believe, that all persons who embrace Christ, can grow out of any condition within which they find themselves, including personality disorders.

From last week we learned that there are three groupings of personality disorders. Cluster A, odd or eccentric Cluster B, dramatic and emotionally erratic, and Cluster C, anxious or fearful. Last week we looked at the Cluster A grouping in which we discussed paranoid, schizoid, and schizotypal personality disorders. This week we will examine Cluster B.

PERSONALITY DISORDERS CLUSTER B: "Dramatic and emotionally erratic."

"Antisocial Personality Disorder" is a pattern of blatant disregard for, violation of the rights of others that starts in childhood, develops in adolescence and carries into adulthood. Its prevalence is 3% of the general population but in clinical (counseling offices and psychiatric hospitals), judicial (courts and jails) and addiction treatment settings the prevalence of the populations being managed can be up to 30-40%. Three or more of the following criterion are necessary for diagnosis:

- Lawbreaking and arrests.
- Deceitfulness, lying, conning others for personal profit.
- Impulsivity and failure to plan ahead.

- Irritability and aggressiveness and fighting.
- Recklessness and disregard for safety of self and others.
- Consistent irresponsibility and failure to sustain consistent work or honor financial obligations.
- Lack of remorse and rationalizing their hurting of others.

“Borderline Personality Disorder” is a pattern of *instability* of interpersonal relationships, self image, mood & emotional fluctuations and impulsivity. It has a prevalence of 2% of the general population, 10% of outpatient / therapy settings, and 20% of inpatient settings. It is estimated that 75% of all persons with BPD are female. A diagnosis can be made when a client has five or more of the following:

- Frantic efforts to avoid real or imagined abandonment.
- Pattern of unstable and intense interpersonal relationships characterized by extremes of idealization and devaluing. Tendencies toward fusion or enmeshment with others and a lack of boundaries or separation.
- Identity disturbance (self image obsessions) and resulting modification of body (obsessive exercise, dieting, plastic surgery etc.)
- Self destructive impulsivity in sexuality, spending, substance abuse, reckless driving, binge eating.
- Recurrent suicidal gestures, behavior, threats or self mutilating behavior.
- Affect (moods and emotions) instability with high levels of reactivity including depression, anxiety, and irritability.
- Chronic feelings of emptiness.
- Inappropriate intense anger outbursts and difficulty controlling anger and fighting.
- Temporary moments of stress related paranoid thoughts or dissociation episodes.

This is a common disorder which presents frequently in couple’s therapy where the highly conflictual couple has been to many different counselors who have quickly been rejected when the therapist confronts the BPD.

Their marriage is characterized by high states of conflict and violent and combative behaviors alternating with emotionally intense sexualized make up sessions where life is “wonderful”. Borderlines are often into marriage 3-4 before they begin to notice that they are the common denominator. These highly sexualized females seem like a “guy’s dream”, but they end up being their worst nightmare.

A severe “Vacillator” may in fact be a BPD. Why the term “borderline”? In their extremely agitated reactive states, the BPD person’s thoughts are so distorted that they are literally on the *borderline* between reality and “imagined” reality (“psychosis”). They have very poor self reflective skills and thus always imagine that *others* are the cause of their relational problems. They can be very high functioning in careers and capacities, yet when triggered emotionally, they decompensate within seconds and become “internally immature” and become very difficult to work with.

As a pastor, I was ignorant of these various personality disorders and found myself trusting and getting burned by people I thought I knew fairly well. Now as a Pastoral Counselor who specializes in couple’s therapy, I see this disorder fairly frequently.

There are two kinds of BPD’s... those who do not want to listen to the diagnosis and run from therapy and those who are tired worn out and find relief through diagnosis. This latter group is more willing to do the hard work to try to grow.

Sometimes I am left working with the spouses of unwilling BPDs and our therapy consists of learning to love, confront, set boundaries, manage emotional reactivity, listen to deep hurts from the past and speak loving truth into their tormented souls. Strength and containment help to create security and eventually the BPD male or female may begin to listen to someone who stays with them as opposed to abandoning them. They can be redeemed with grace and truth and lots of patience.

*“Therefore, do not let sin reign in your mortal body that you should obey its lusts,
and
do not go on presenting the members of your body to sin as instruments of
unrighteousness;
but
present yourselves to God as those alive from the dead,
and your members as instruments of righteousness to God.
For sin shall not be master over you,
for you are not under law but under grace (Romans 6:12-14).”*

Yes, with time, truth, insight, understanding, teaching, emotional empathy, grief and anger work, the believer can learn to control their minds and behaviors. It is the redemptive hope for this lifetime. It is the redemptive hope for eternal life as well.

Recommending reading: *Stop Walking on Eggshells* by Mason.

Thanks for listening.

Love,
Milan & Kay

Next week we will talk about the last two disorders within Cluster B, “Histrionic Personality Disorder” and “Narcissistic Personality Disorder”

Last week we looked at Cluster B personality disorders which are the *dramatic* and *emotionally erratic* types. We covered the antisocial and borderline personality disorders which are all around us as neighbors, family members, children, co-workers and spouses. “Maybe it’s even me?”

Knowing how to recognize dominating and relationally maddening behaviors is the first step in creating a loving intervention to help bring the wounded person’s attitudes and behaviors into check.

This week we will examine “Histrionic Personality Disorder” and “Narcissistic Personality Disorder” as well as continue our reading of God’s Word in Romans 6.

“Histrionic Personality Disorder” is a pattern of excessive and pervasive emotionality and attention seeking behavior. In the general population the prevalence is 2-3% and in outpatient and inpatient settings, the percentages increase to 10-15%. A diagnosis can be made if at least five of the following criterion.

- Is uncomfortable in a variety of contexts unless he or she is the center of attention.
- Interaction with others can be characterized by inappropriate sexual seductive or provocative behavior.
- Rapid shifting and shallow emotions.
- Uses physical appearance to draw attention to self.
- Style of speech that is excessively impressionistic (generalized and vague) lacking detail.
- Shows self dramatization, theatricality and exaggerated expression of emotion.

- Is suggestible, that is easily influenced by others or circumstances.
- Considers relationships to be more intimate than they actually are.

“Narcissistic Personality Disorder” has some similarity to Histrionic Personality disorder in that there is an excessive desire for attention. Yet can best be described as having a grandiose sense of self importance, need for admiration and a lack of empathy for others. Five or more of the following criterion are required to make a diagnosis.

- Has a grandiose sense of self importance and expects to be recognized as superior.
- Is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love.
- Believes he or she is special or unique and can only be understood by other people of high status.
- Requires excessive admiration.
- Has a sense of entitlement, unreasonable expectations of others, favorable treatment and automatic compliance with his or her expectations.
- Interpersonally exploitive and takes advantage of others to achieve his or her ends.
- Lacks empathy for others and is unwilling to recognize or identify with the feelings and needs of others.
- Is envious of others and believes others are envious of them.
- Shows arrogant and haughty behaviors or attitudes.

Light bulbs going on? Recognize anyone? See yourself in a mirror? We'll discuss more over the next two weeks as to how we create interventions in others and in ourselves. What does God's word say about change and transformation? Do we have to stay stuck for a lifetime? No we don't. While miracles don't take place overnight in personality disorders, we do believe in *slow miracles*. It starts with truth, acceptance and the realization that our position in Christ gives us a platform upon which to build a new growth track.

*“What then? Shall we sin because we are not under law but under grace?
May it never be!*

Do you not know that when you present yourselves to someone as slaves for obedience, you are slaves of the one whom you obey, either of sin resulting in death, or of obedience resulting in righteousness?

But thanks be to God that though you were slaves of sin, you became obedient from the heart to that form of teaching to which you were committed,

*and
having been freed from sin (The Cross)
you became slaves of righteousness (Romans 6:15-18)."*

Thanks for listening.

Love,

Milan and Kay

Last week we talked about Histrionic and Narcissistic Personality Disorders and I asked you to think if you've seen or know anyone fitting the description.

Perhaps you said to yourself, "I can't think of seeing any lately?"

Ever heard of "Cougars?" No, not four footed type but the two legged 40+ year old females who stalk 20+ year old guys (called "Cubs").

There are TV shows, cruises and even a "Ms. Cougar Pageant" which promotes this new fad.

It's guaranteed that you'll find a good percentage of Histrionic and Borderline Personality disordered females within the contestants. They have a desperate need for attention with self image based upon turned heads and adrenaline producing flirtatious encounters. I'm quite sure that if you offer sex to the average 20 year old male without a moral compass, he'll take it. Quite sad actually, and he's not asking "Why?"... he's just asking when and where.

This week we are discussing Cluster C: Fearful and anxious personality disorders. They are: Avoidant, Dependent, and Obsessive – Compulsive Personality Disorders.

"Avoidant Personality Disorder" is a pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative criticism. They comprise .5-1% of the general population and up to 10% of the clinical patients. Four or more of the following may confirm a diagnosis:

- Avoids occupations with significant personal contact because of fear of criticism, disapproval or rejection.
- Unwilling to get involved with people unless certain of being liked.
- Shows restraint within intimate relationships because of fear of being ridiculed.
- Preoccupied with being criticized or rejected in social situations.
- Inhibited in new social situations due to feelings of inadequacy.

- Views self as socially inept, personally unappealing, inferior to others.
- Reluctant to take risks or to engage in new activities because they may prove embarrassing.

“Dependent Personality Disorder” is a pattern of submissive and clinging behavior related to an excessive need to be taken care of. This is one of the most prevalent personality disorders with mental health clinics. Five or more of the following point to the possibility of diagnosis.

- Difficulty making everyday decisions without advice or reassurance from others.
- Needs others to assume responsibility for most major areas of his or her life.
- Rarely disagrees with others for fear of loss of support.
- Difficulty initiating new projects due to poor self confidence in judgment.
- Will go to excessive lengths to obtain nurturance and support.
- Feels helpless when alone, because of fear of not being able to care for self.
- Quickly seeks others to care for him or her when a relationship ends.
- Preoccupied with fears of being left alone to take care of self.

Is it possible that many of our prisons might contain some of these sad individuals? And most certainly, some who would be identified as the “victim” love style would fit this disorder as well.

“Obsessive – Compulsive Personality Disorder” is a pattern of preoccupation with orderliness, perfectionism and mental and interpersonal control at the expense of flexibility, openness, efficiency and interpersonal closeness. They comprise about 1% of the population and 3-10% of those presenting in mental health clinics. Four or more of the following may point to a diagnosis.

- Preoccupied with details, rules, lists, order, organization or schedules to the extent that the major point of the activity is lost.
- Shows perfectionism that interferes with completion of a task.
- Devoted to work and productivity to the exclusion of leisure activities and friendships.
- Over conscientious, scrupulous and inflexible about matters of morality, ethics or values.
- Unable to discard worn out or worthless objects even when they have no sentimental value.

- Reluctant to delegate tasks, unless others submit to his or her exact way of doing things.
- Adopts a miserly spending style toward self or others, money is something to be hoarded for future catastrophes.
- Shows stubbornness and rigidity.

OCPD is different than Obsessive Compulsive Disorder which is an anxiety disorder. OCD folk, like the TV show “Monk” are people who need to straighten, polish, arrange, wash hands, create daily rituals, and count things. They do this for their *own self soothing* ... finding relief through rituals. In contrast, people who are OCPD are very controlling of *others*. God says through the Apostle Paul:

*“I am speaking in human terms because of the weakness of your flesh.
For just as you presented your members as slaves to impurity and to lawlessness,
resulting in further lawlessness,
so now present your members as slaves to righteousness,
resulting in sanctification (Romans 6:19).”*

It is possible to escape these injurious patterns, yet with much work. A slave is only and totally devoted to the one he or she serves. Here, God is calling for a relentless pursuit and total dedication to doing what is right. Next week, we will discuss two things. The first is what specific steps can be taken to grow out of these conditions and the second is what you can do if someone you love has a personality disorder.

Thanks for listening.

Love,

Milan and Kay

- Psalm 119:29 “... Lord, help me to not lie to myself.” (Living Bible)
“Remove the false way in me.” (NASB).
- I John 4:18 Fear is not perfected in love.
- Re-parenting... from the inside out.

“PERSONALITY DISORDERS”

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People with personality disorders are very challenging. Many times they feel impossible. If you are the one with the disorder, I'm sure that you can attest to the fact that your emotions can be very hard to control at times. If you are associated with someone who has a personality disorder, life can be very difficult for you and your family. So how can we help? What can we do?

If you recognize yourself within one or several of the personality disorders, here are some things you can do to grow toward healthiness (not in any order).

- Own the diagnosis, and ask God to help you manage it.
- Humble yourself and confess the diagnosis to others, especially to your family.
- Ask forgiveness of them and others that you have hurt.
- Join a Christian 12 step group and work the steps within community.
- Accountability with a small group of people whom you trust and respect.
- Study the DSM IV (Diagnostic and Statistical Manual for Mental Disorders Fourth Edition).
- Study your childhood, talk to parents, siblings, aunts, uncles, cousins, family pictures, etc. to understand the culture within which you were raised.
- Get into therapy and a support group with similar struggles and go through a re-parenting experience.
- Invite your family to speak into your life when they see your personality disorder traits and characteristics surfacing.
- Learn to grieve and be angry at the people of the past who caused your pain and injuries.
- While you may never confront them directly, you may wish to write a letter (which you do not send) and / or share with a friend or therapist your true feelings and opinions.
- In some cases you may wish to confront those who hurt you, and this needs to be well thought through with good preparation and planning.
- Ultimately, forgiveness needs to be granted to them to free you from resentment or bitterness.

- Take each of the DSM IV Criterion for your personality disorder and trace it historically, mourn & grieve the reasons for its origins.
- Take responsibility to manage the symptoms and behaviors.
- Medication can help lower levels of anxiety, irritability, reactivity, mood swings and depression that often accompany personality disorders.
- Weekly family therapy to help your family learn new ways of relating, speaking and listening to each other.
- Individual therapy to help you learn ways of thinking, feeling and self regulating.
- Join a support group with others with same condition.

If you recognize someone that you love or are related to that has one or several of the personality disorders, here are some things that you can do to help them grow toward healthiness.

- Be a truth teller. Confront the person with the evidence that you see and show them the diagnosis and description from the internet or this newsletter.
- Pray
- Go to a support group for spouses of those suffering from the disorder.
- Protect self and family. If violent or threatening behavior occurs, call 911, have an escape plan and a safe house / family to which you can flee. Tell them ahead what your problem is and ask them to be ready to receive you 24/7.
- Affirm your love for the person with the personality disorder.
- Draw boundaries and establish limits to the others' behaviors and attitudes.
- Tell others, including church leaders what is going on in your house.
- Get into your own therapy to work on fear, assertiveness, victim thinking, boundaries, healing from your own hurt past.
- Create an intervention with a team to confront the spouse. If they will not listen, a legal separation may be necessary to get their attention.
- If they have committed adultery repeatedly and you cannot get them to repent and turn toward a healthy healing direction, divorce is an option.
- Learn to manage your own emotional reactivity.
- Invite and listen to deep hurts from their past and love them in their tormented souls.

- Your own internal growth will provide strength and containment which will help to create security for the other person.

While these lists are certainly not exhaustive, they provide a basis for growing, healing and protecting. I hope that they will be helpful.

Thanks for listening.

Love and blessings,
Milan & Kay