FAMLY SYSTEMS, CHILDHOOD & ADOLESCENCE

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Family Systems Theory

- **Understanding family dynamics helps a counselor in guiding and directing families as well as individuals.**

- **Theories considered here (very briefly!):**
  - **Ludwig von Bertalanffy, PhD (Austrian biologist)**
  - **Murray Bowen, MD (American physician)**
  - **Norbert Wiener: American mathematician & philosopher**

Ludwig von Bertalanffy, PhD

- **Austrian biologist (1901-1972)**
- **Introduced the <u>General Systems Theory</u> – applied in various fields, e.g. biology, cybernetics, thermodynamics, etc.**
- **Worked in Britain, Canada, and the U.S.**

Famous quote: "We are seeking another basic outlook: the world as an organization. This would profoundly change categories of our thinking and influence our practical attitudes. We must envision the biosphere as a whole with mutually reinforcing or mutually destructive inter-dependencies."

Bertalanffy & General Systems

- **Definition of "System": a set of parts (elements) interrelated among themselves and with the environment**
- **A change in one element can bring a change in others or in the system.**
- **Example – biological system: the brain:**
  - **Cells, anatomical divisions**
  - **Highly organized and complex**
  - **Specific functions**
  - **Association areas and fibers: highly connected**
  - **Adaptable (without regeneration): basis for recovery**

Seven Principles of Systems Theory

1. The whole is equal to more than the sum of its parts (due to mutual influence)
2. They have a structure and a relationship
3. They have boundaries (may vary and change)
4. Understanding the whole is essential for understanding the individual
5. Circular causality (see below, cybernetics)
6. Homeostasis: achieving a balance within the system
7. Systems are goal directed

Beautifully summarized in 1 Corinthians 12!!!

Murray Bowen, MD

- **American physician (1913 – 1990)**
- **Born in Waverly, TN; earned M.D. at UT, Memphis**
- **Studied human behavior – theory known by his name, Introduced alternatives to Freudian theories**
- **Originated the genogram: visual representation of family and generational members**
- **Was a psychiatrist, a scholar, and a professor (Georgetown, NIMH, University of Maryland, etc.)**
- **Theory mainly deals with influential relationships: family, society.**

Bowen's Eight Concepts

- Triangles

- Differentiation of Self

- Nuclear Family Emotional System

- Family Projection Process

- Multigenerational Transmission

- Emotional Cut-off

- Sibling Position

- Societal Emotional Process

Norbert Wiener

- **American mathematician & philosopher**
- **Noted for his work in cybernetics in 1948: *interdisciplinary* study of regulatory systems**
- **Applicable to various fields communication, learning, feedback, adaptation, engineering, computers, etc.**

Cybernetics – Select Brief Points

- **Cybernetics has had numerous definitions, as it has been applied in numerous field of study.**

- **Etymology: kubernáō (Gk): steer, drive, pilot**

- **Cybernetics does not ask "what is this thing?" but "what does it do?" and "what can it do?"**

- **Connection with family systems – studying the dynamics of adaptation and control:**

  - **Concept of feedback: the action of a system returns to it, and impacts it in a circular (loop) fashion, e.g. positive and negative feedback in hormone secretion e.g. thyroid gland; insulin. Family examples: reward & punishment; response to environmental stimuli.**

  - **Homeostasis: achieving a state of equilibrium between interdependent parts in response to change**

Applications

- **Individual vs. family approach in counseling**
- **Impact of family, school, culture, society**
- **Detecting unhealthy styles of communication and relationships within the family**
- **Importance of role models: especially parents, priests, teachers, and older siblings**
- **Importance of boundaries – within family, school, friendships**
- **Feedback – positive and negative.**
- **Cybernetic control – manipulative behavior of borderline personality. "Pushing your buttons".**

Family Therapy

- **Counseling a family as a unit to resolve conflict, improve relationships, reach better homeostasis**

- **Techniques are beyond the scope of this presentation; clinical training is required, but principles are often based on understanding of family dynamics in light of the above theories.**

- **Biblical wisdom is most useful: in relationships, insight, discipline, and role-modeling.**

Spiritual Application

- Family environment and parents' model: children observe, learn, mirror models: "When I call to remembrance the genuine faith that is in you, which dwelt first in your grandmother Lois and your mother Eunice, and I am persuaded is in you also" (2 Tim 2:5)

- *"Although there are exceptions, but in most cases, godly parents have godly children"* (Bishop Youssef)

- The importance of learning the lives of great saints – "Consider the outcome of their way of life and imitate their faith" (Hebrews 13:7)

- Differentiation and 'expressed emotionality': self-control is a fruit of the Spirit! (Gal 5:22)

- Father of confession: role model, guide, counselor. Family approach is often necessary. Limitation: unrealistic expectations from family, "fix him!"

Spiritual Application

- A Christian counselor is more than a counselor – living the gospel
- Being prepared – counselors are human also!: "But you be watchful in all things, endure afflictions, do the work of an evangelist, fulfill your ministry." (2 Tim 4:5)
- Negative feedback: responding to 'itching ears' & consumerism – being manipulated by audience: " For the time will come when they will not endure sound doctrine, but according to their own desires, *because* they have itching ears, they will heap up for themselves teachers" (2 Tim 4:3)
- Learning from practical cases: e.g. Fr. Gawargios series – "Memories of a Servant"

Red Flags in Childhood behaviors

Pre -Schoolers

- frequent, unexplained headaches, stomach aches and /or fatigue

- over activity or excessive restlessness

- frequent sadness

- low tolerance for frustration

- irritability

- lack of pleasure in previously enjoyed activities

General Signs of Concern

School Aged Children:

- frequent, unexplained headaches & stomach aches
- significant weight gain or loss
- feeling sad, hopeless, weepy or empty
- feelings of being "bad" or "stupid"
- having unexplained bruises or wounds
- unprovoked anger or aggression
- starting to refuse to attend school or skipping school
- dropping out of favorite activities
- withdrawal, little interest in playing with others
- running away
- Speaking of death

General Signs of Concern

Adolescents:
- sudden change in behavior
- self-destructive behavior (e.g. cutting)
- "spacing out" frequently
- making suicidal or violent statements or threats
- antisocial or delinquent/malicious behavior
- inattention to appearance, hygiene or grooming
- risk taking behaviors with little thought to consequences
- extreme sensitivity to rejection or failure
- slowed physical responses or increased physical agitation
- social isolation, hopelessness
- lethargy or grogginess

Common Contributing Factors

- **Bullying**
- **Domestic violence**
- **Child/adolescent abuse**
- **Major family turmoil, parent divorce**
- **Relationships (teenage)**
- **Substance abuse (child or caregiver)**
- **Negative role models, poor adjustment**
- **Death of a loved one (natural, killed, suicide)**

General Principles

- **Formal treatment by professionals is usually necessary**
- **Be prepared for emergencies**
- **Remain calm, objective. Don't overreact.**
- **Do not try to solve serious problems yourself – involve those in charge**
- **Keep in mind legal aspects and obligations**
- **"Things like this" do happen in the church community**

Bullying

- **Definition: repetitive use of force, threat, or coercion to abuse, intimidate, or aggressively dominate others.**
- **There is usually a perception of superiority or imbalance by the bully, physically, socially, intellectually or economically.**
- **Very common, can be serious and devastating, and has been a leading cause of suicide in children**
- **Settings:**
  - **school**
  - **home (siblings)**
  - **online (cyberbulling)**
  - **yes, it can happen in church**
  - **other settings (work, military, etc.)**

Bullying - Types

1. **Verbal bullying is saying or writing mean things. Verbal bullying includes:**
   - Teasing
   - Name-calling
   - Inappropriate sexual comments
   - Taunting
   - Threatening to cause harm
2. **Social bullying, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes:**
   - Leaving someone out on purpose
   - Telling other children not to be friends with someone
   - Spreading rumors about someone
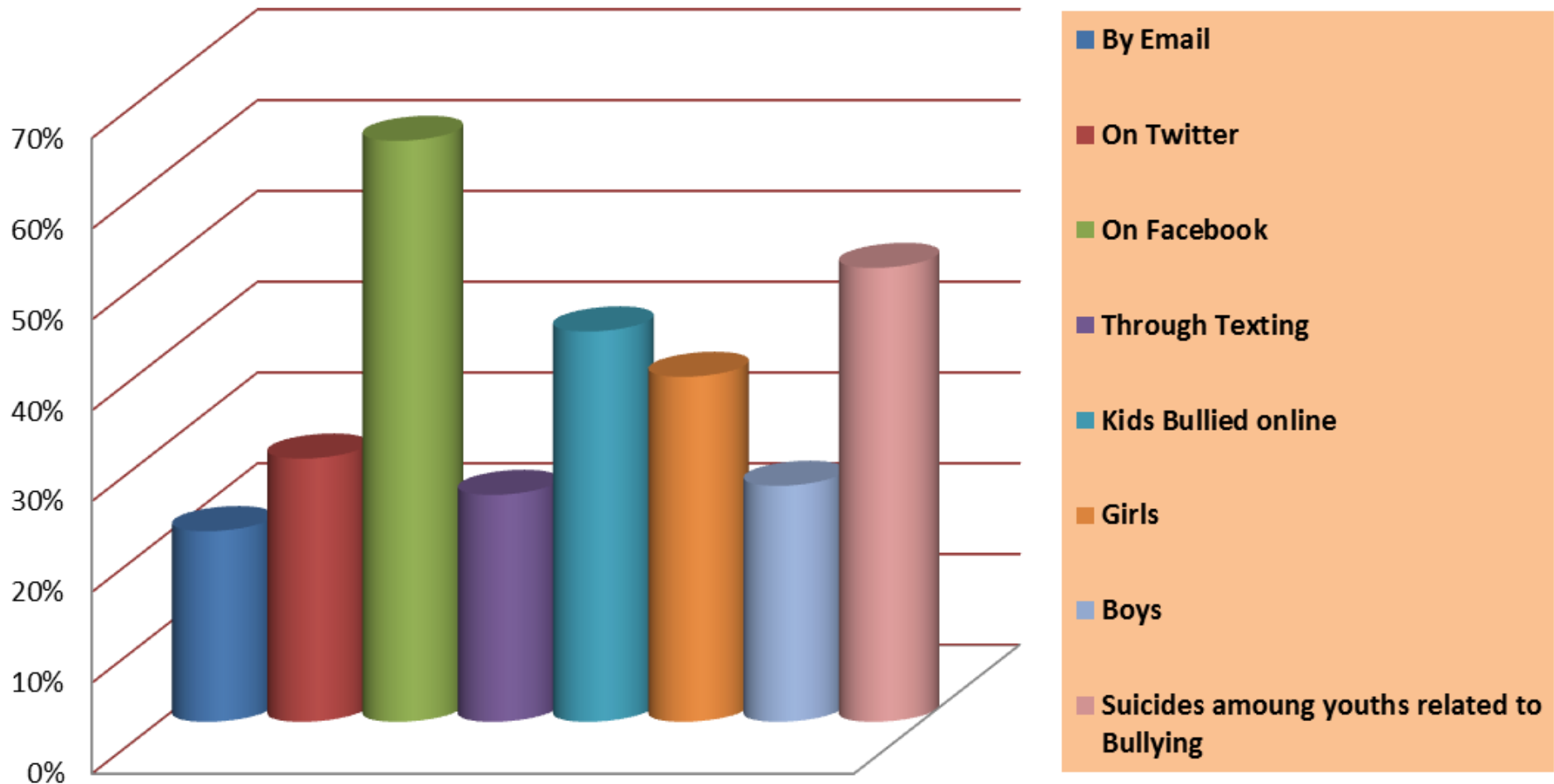   - Embarrassing someone in public

Bullying – Types (cont'd)

3. Physical bullying involves hurting a person's body or possessions. Physical bullying includes:

- Hitting/kicking/pinching
- Spitting
- Tripping/pushing
- Taking or breaking someone's things
- Making mean or rude hand gestures

4. Cyberbullying: any bullying that uses any technological device. This includes email, instant messaging, social networking sites (such as Facebook), text messages, and cell phones.

Cyber Bullying: Methods, Statistics

Facts on Cyber Bullying

Legend:
- By Email
- On Twitter
- On Facebook
- Through Texting
- Kids Bullied online
- Girls
- Boys
- Suicides amoung youths related to Bullying

Bullying – Common Triggers

- like having power over other peers
- Be rewarded or reinforced by adults or peers
- like negative attention, think it's "cool" or funny
- Someone else is bullying them
- have problems at home, poor role model, family "culture"
- Common societal effects: violent movies, social media
- Aggressive personality
- Lack of adult supervision
- Jealousy (e.g. *envy against a gifted peer*)
- Revenge
- Has features of conduct disorder or antisocial personality disorder

Bullying - Common Risk Factors

Potential victims:

- Are *perceived* as inferior, e.g. being overweight or underweight, "slow", "stupid", "ugly", "poor", wear different clothing, being new to a school,
- May have a disability
- Are perceived as weak or unable to defend themselves
- Are depressed, anxious, or have low self esteem
- Are less popular than others and have few friends
- Do not get along well with others, seen as annoying or provoking

Bullying - Effects

- Depression, anxiety, increased feelings of sadness and loneliness.
- Self-harm, consequences of depression - up to suicide
- Changes in sleep and eating patterns
- Loss of interest in activities they used to enjoy. These issues may persist into adulthood.
- Physical health complaints (headache, stomach ache)
- School: decreased academic achievement—GPA and test scores
- Decreased participation. They are more likely to miss, skip, or drop out of school, church, or other involved setting.
- A very small number of bullied children might retaliate through extremely violent measures (stabbing, shooting)

Bullying – Select Guidelines

- Establish yourself as a visible authority (leader)
- Have clear rules. Be firm, not harsh.
- If bullying is reported - know the story – what is happening, from both sides and input from others. Assess the problem.
- If bullying is observed, give firm direction to stop. Do not ignore it.
- Notify those in charge, discuss with another church leader

Child Abuse and Neglect

DEFINITIONS:

- **Physical abuse**: any act that results in a non-accidental physical injury, such as beating, punching, kicking, biting, burning, and poisoning. ("Spanking"/discipline should not result in injury)

- **Emotional abuse**: conveying to children that they are worthless, flawed, unloved, unwanted, or endangered – e.g. belittling, serious threats to abandon or harm, intentional exposure to violence or graphic scenes

Child Abuse and Neglect: Definitions

- **Sexual abuse**: sexual behavior between a child and an adult or between two children when one of them is significantly older (>/= 5 y) or uses coercion. The perpetrator and the victim may be of the same sex or the opposite sex. It can include touching, fondling, molestation, exposure, or penetration.

- <u>Neglect</u>: failure to provide adequate care and protection for children – e.g. abandonment, expulsion from home, disruptive custodial care, inadequate supervision, reckless disregard for a child's safety, or withholding physical, emotional, or medical care

Child Abuse and Neglect - Reminders

- As a church servant, teacher, or leader, you will likely encounter victims of abuse
- Prevention is crucial: educate parents and caregivers (especially new immigrants who are not familiar with the law). Educate them about the law ahead of time (don't wait until you notice a "red flag"). Organized classes may be necessary.
- Remember obligations: professionals (including pastoral staff) have a _legal_ obligation to notify authorities if there is a clear reason to think there is abuse or neglect by a caregiver
- Remember your own limits and boundaries: you can be reported/accused if your style is too forceful, angry, or negligent

Child Abuse and Neglect – The Law

- **Federal Law: The Child Abuse Prevention and Treatment Act was passed in 1974 and has been amended several times, most recently in 2003. Definitions and requirements are detailed.**

- **State Law: ALL states, and D.C. have laws requiring the reporting of incidents of abuse (child, adult, elderly). In many states, there are mandated reporters due to their profession, including church personnel.**

Example: Mandatory Reporting in Florida

- **§39.201(1)(a), Florida Statutes:** *"Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care* shall report *such knowledge or suspicion to the department in the manner prescribed in subsection"*

Example: Mandatory Reporting in Florida (cont.)

- **Categories of mandated *professional* reporters: Physicians, nurses, mental health professional, school personnel, school worker, day care center worker, *practitioner who relies solely on spiritual means for healing*; foster care or institutional worker, law enforcement officer, judge**

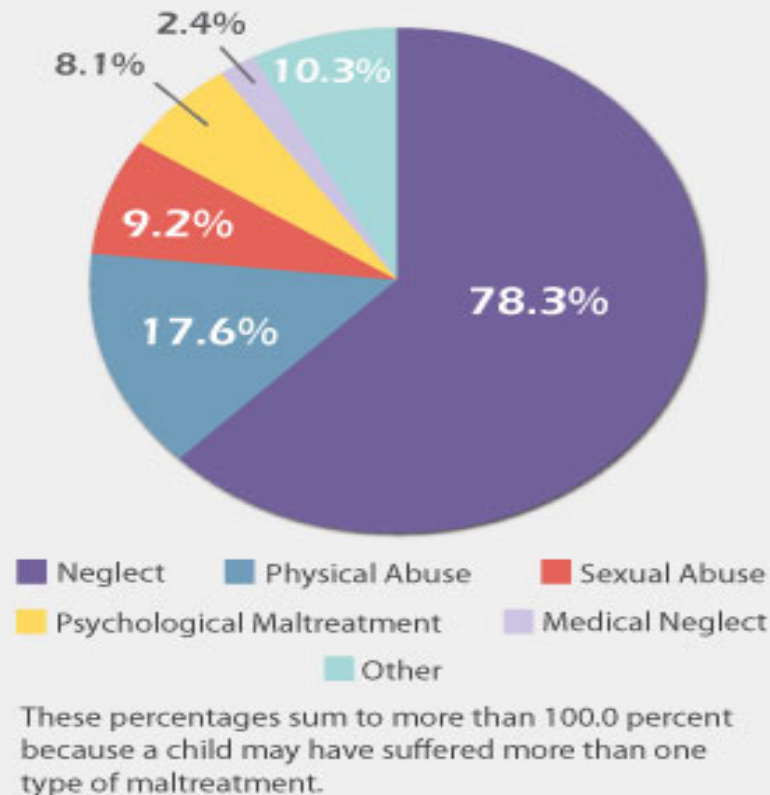- ***Not reporting "knowingly and willfully" is a Third Degree Felony - §39.205(1), Florida Statutes***

Reporting Abuse or Neglect

- **Check your state law – variations exist.**
- **Reporting is usually to state department (usually "child and family services"). Hotlines are in phone books and online.**
- **This is very sensitive: check with leaders or more experienced persons to know applicability (don't overdo it). Get advice.**
- **False reporting is punishable by law.**

General Statistics

- **A report of child abuse is made every ten seconds**

- *More than **five children die every day** as a result of child abuse.[2]

- It is estimated that between 50-60% of child fatalities due to maltreatment are **not recorded as such on death certificates.** [3]

- Approximately 80% of children that die from abuse are under the age of 4. [1]

- More than 90% of juvenile sexual abuse victims know their perpetrator in some way. [4]

- Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education.

- About 30% of abused and neglected children **will later abuse their own children,** continuing the horrible cycle of abuse. [5]

- About 80% of 21 year olds that were abused as children met criteria for **at least one psychological disorder.** [5]

- The estimated annual cost of child abuse and neglect in the United States for 2008 is **$124 billion.** [6]

Types of Child Abuse[1]

2.4%
8.1%
10.3%
9.2%
17.6%
78.3%

- Neglect
- Physical Abuse
- Sexual Abuse
- Psychological Maltreatment
- Medical Neglect
- Other

These percentages sum to more than 100.0 percent because a child may have suffered more than one type of maltreatment.

Child Abuse Consequences

- Abused children are **25% more likely to experience teen pregnancy.** [5]

- Abused teens are **more likely to engage in sexual risk taking,** putting them at greater risk for STDs. [5]

- Top ↑

US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012)

Recognizing Abuse and Neglect

Hints:
- Withdrawal from friends or usual activities
- Changes in behavior — such as aggression, anger, hostility or unusual restlessness
- Depression, anxiety or unusual fears or a sudden loss of self-confidence ("I'm no good")
- Complaints of pain (headaches, stomachaches)
- Reluctance or looking as if he/she doesn't want to go home
- Attempts at running away
- Rebellious or defiant behavior
- Loss of previously acquired skills
- Desperately seeks affection
- Attempts at suicide or harm self

Recognizing Abuse and Neglect

Physical abuse signs:

- Unexplained injuries to eyes or temples – typically on one side
- Bruises or burns to cheeks, buttocks, legs, feet
- Repetitive or frequent injuries
- Injuries that don't match the given explanation
- Fractures
- Untreated medical or dental problems

Recognizing Abuse and Neglect

Sexual abuse signs:

- **Sexual behavior or knowledge that's inappropriate for the child's age**
- **Trouble walking or sitting or complaints of genital pain**
- **Blood in the child's underwear**
- **Statements that he or she was sexually approached**
- **Abuse of other children sexually**
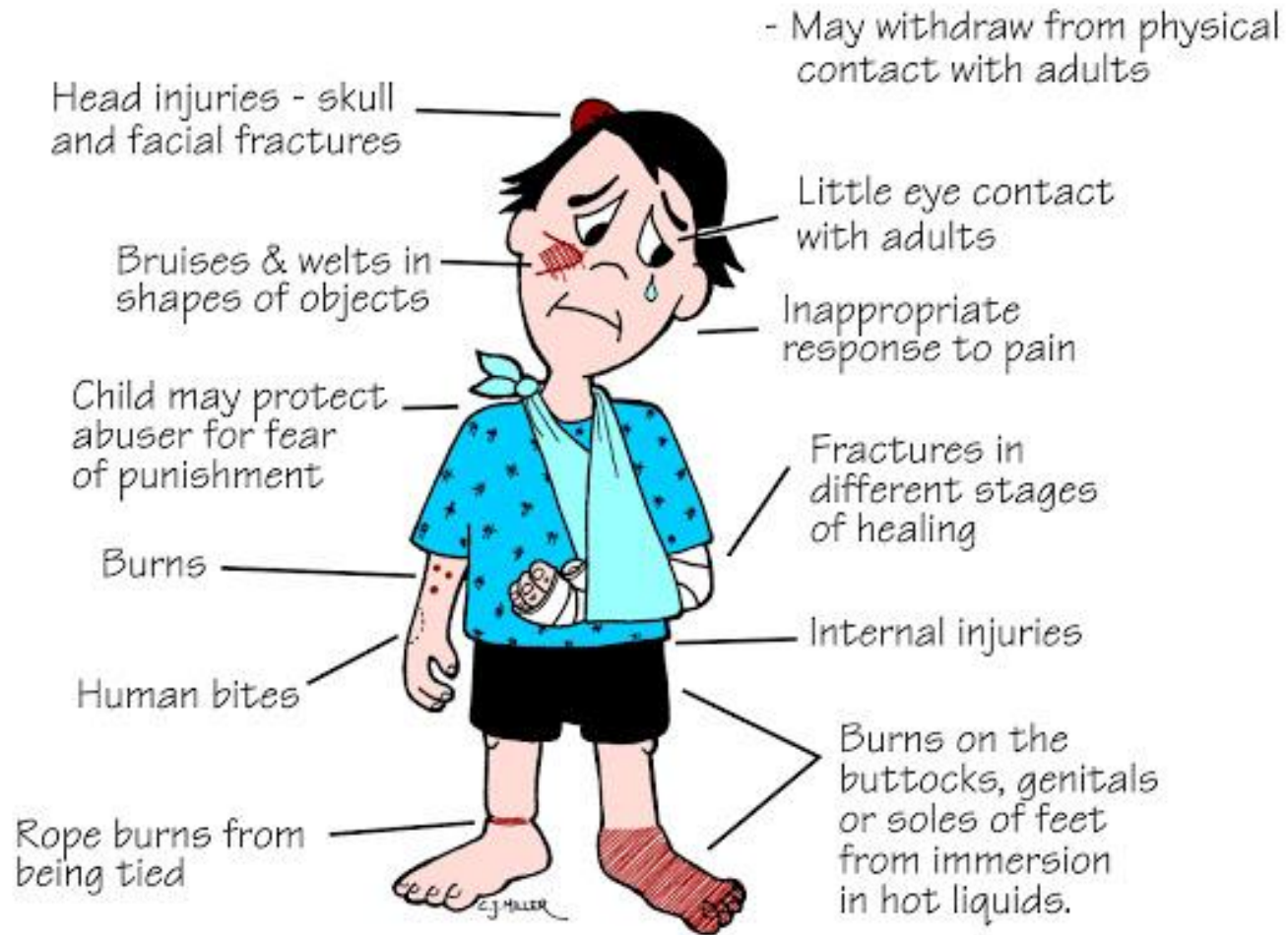
Recognizing Abuse and Neglect

Signs of neglect:
- Poor growth or weight gain
- Poor hygiene
- Lack of clothing or supplies to meet physical needs
- Eating a lot in one sitting or hiding food for later
- Seeking, hoarding, or stealing food or tangible items
- Lack of appropriate attention for medical, dental or psychological problems or lack of necessary follow-up care
- Emotional swings that are inappropriate or out of context to the situation
- Being left unattended by caregiver

Recognizing Abuse and Neglect
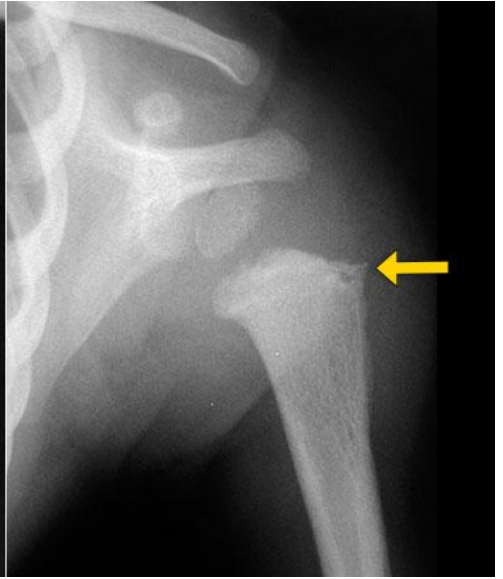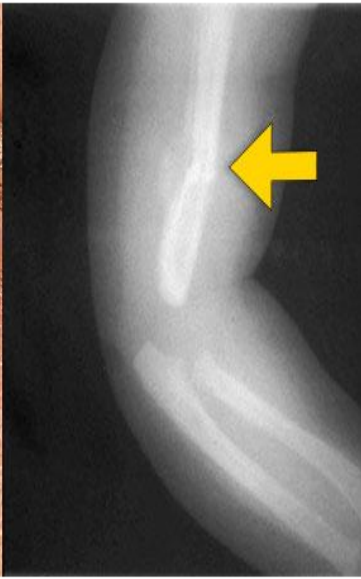
Parental Behavior:

- Shows little concern for the child
- Appears unable to recognize physical or emotional distress in the child
- Denies that any problems exist at home or school, or blames the child for the problems
- Consistently blames, belittles or berates the child and describes the child with negative terms, such as "worthless" or "evil"
- Expects the child to provide him or her with attention or care
- Uses excessively harsh physical discipline or asks teachers to do so
- Demands an inappropriate level of physical or academic performance
- Severely limits the child's contact with others
- Offers conflicting or unconvincing explanations for a child's injuries or no explanation at all

CHILD ABUSE

- May withdraw from physical contact with adults

Head injuries - skull and facial fractures

Little eye contact with adults

Bruises & welts in shapes of objects

Inappropriate response to pain

Child may protect abuser for fear of punishment

Fractures in different stages of healing

Burns

Internal injuries

Human bites

Rope burns from being tied

Burns on the buttocks, genitals or soles of feet from immersion in hot liquids.

C.J. MILLER

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Mercer County Child Advocacy Center

Subdural hematoma

Retinal injury

Subhyaloid hemorrhages/preretinal
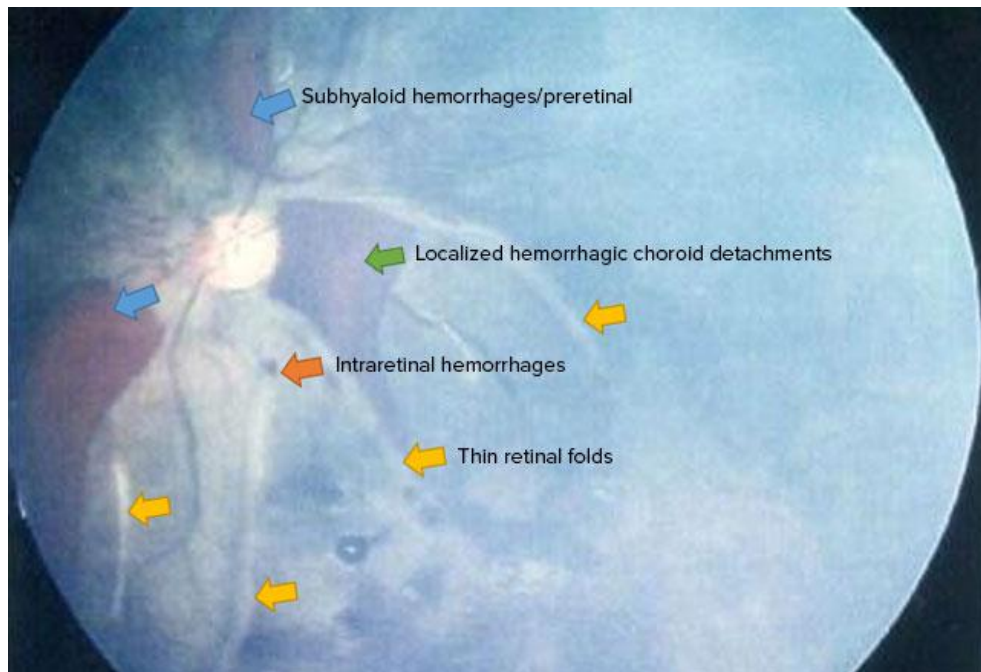
Localized hemorrhagic choroid detachments

Intraretinal hemorrhages

Thin retinal folds
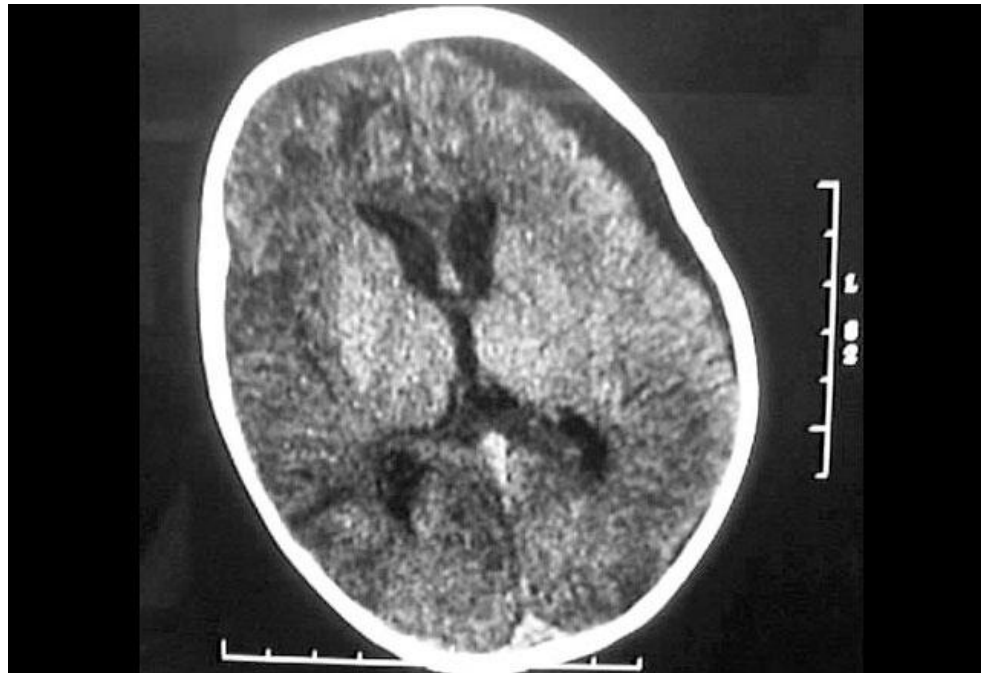
Child Suicide Rates In The U.S.

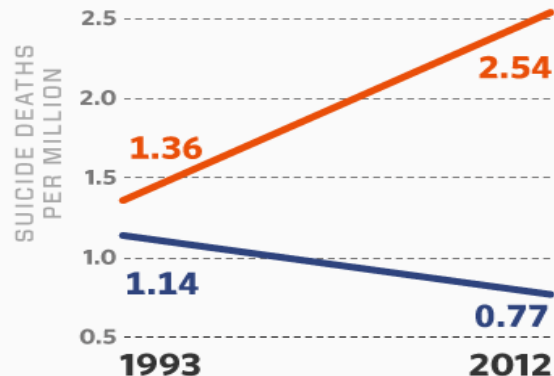Every year 33 children take their own lives, and among black kids aged 5-11, that number is only increasing

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-------------- BETWEEN **1993** AND **2012** ----------------

657 CHILDREN AGED 5-11
DIED BY SUICIDE

78.2% OF THOSE DEATHS WERE HANGING / SUFFOCATION

SUICIDE RATE FOR BLACK & WHITE CHILDREN

SUICIDE DEATHS PER MILLION

2.5

2.0

1.5

1.0

0.5

1.36

2.54

1.14

0.77

1993   2012

Between 1993 and 2012, the suicide rate among black children increased from **1.36** to **2.54** per million.

In white children, the suicide rate decreased from **1.14** to **0.77** per million.

EJ Fox / Vocativ

vocativ

Adolescence

- "Normal adolescence": successful psychological adaptation that is achieved while navigating the hurdles and meeting the milestones characteristic of this period of growth.
- Psychological maladjustment, self-loathing, disturbance of conduct, substance abuse, affective disorders, and other impairing psychiatric disorders emerge in approximately 20% of the adolescent population.
- Maladjustment in teens often results in traits of personality disorders, mental illness, teenage pregnancy, and suicide
- There are approx. 25 million adolescents in the U.S.

Stages of Adolescence: 1. Early

- From 12 to 14 years of age: is the period in which the most striking initial changes are noticed—physically, attitudinally, and behaviorally
- Boys and girls begin to criticize usual family habits, insist on spending time with peers with less supervision, have a greater awareness of style and appearance, and may question previously accepted family values.
- Increased challenging behaviors toward authority figures, including teachers and school administrators
- Many begin to experiment with cigarettes, alcohol, and marijuana (in the U.S

Stages of Adolescence: 2. Middle

- Between the ages of 14 and 16
- Lifestyles may reflect their efforts to pursue their own stated goals of being independent
- Abilities to combine abstract reasoning with realistic decision-making and the application of social judgment is put to the test.
- Sexual behavior intensifies, making romantic relationships more complicated, and self-esteem becomes a pivotal influence on positive and negative risk-taking behaviors.
- Tend to identify with a group of peers who become highly influential in their choices of activities, styles, music, idols, and role models.
- For most teens, the process of defining themselves as unique and different from their families can be achieved while still maintaining alliances with family members.
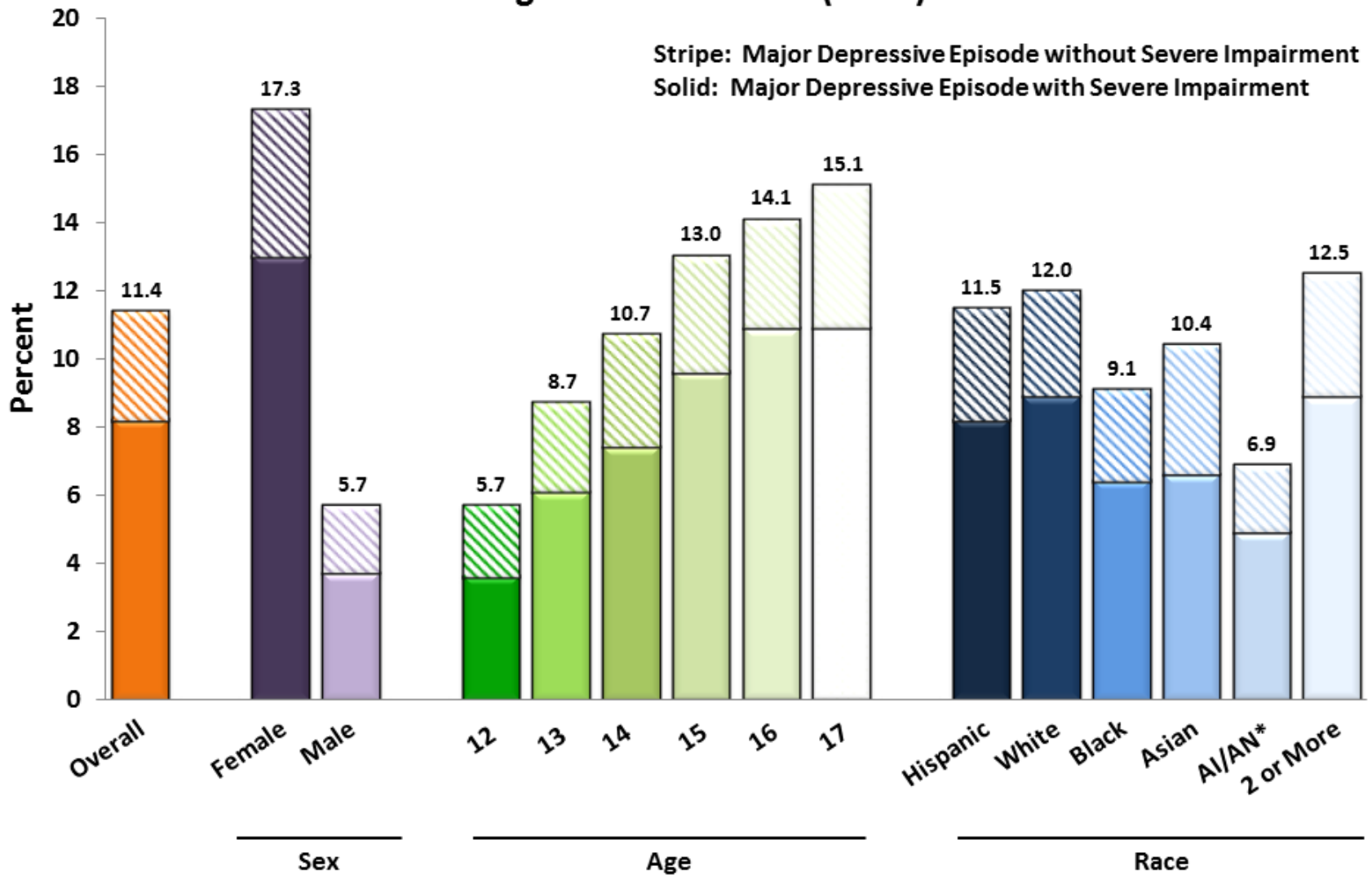
Stages of Adolescence: 3. Late

- **Between the ages of 17 and 19**
- **Start thinking about – or making a career choice**
- **Continued exploration of hobbies, interests, musical and artistic tastes, athletic participation, and social bonds lead a teen toward greater definition of self and a sense of belonging to certain groups or subcultures within mainstream society.**
- **Three more pursuits of independence:**
  - **Drive a car: implication - independent mobility, "I can come and go as I desire!"**
  - **Hold a part-time: implication - "If I make my own money, then I can make my own choices!"**
  - **Date and party: implication "If I can go out with someone, then I can act socially as a grown up!"**

Adolescence & Environment

- **Different circles, different effects: home/family, school, social circles (church, clubs, social media [e.g. Facebook], community or neighborhood**
- **Environment deeply influences:**
  - **Cognitive and social development**
  - **Moral and spiritual values development**
  - **Self esteem**
  - **Risk taking, violence, bullying**
  - **Alcohol, cigarette, and illicit drug use**
  - **Mental illness**
  - **Teenage pregnancy**
- **"Remember now your Creator in the days of your youth, before the difficult days come" (Ecclesiastes 12:1)**

12-month Prevalence of Major Depressive Episode with Severe Impairment Among U.S. Adolescents (2014)

Stripe: Major Depressive Episode without Severe Impairment
Solid: Major Depressive Episode with Severe Impairment

Percent

Overall: 11.4

Sex
Female: 17.3
Male: 5.7

Age
12: 5.7
13: 8.7
14: 10.7
15: 13.0
16: 14.1
17: 15.1

Race
Hispanic: 11.5
White: 12.0
Black: 9.1
Asian: 10.4
AI/AN*: 6.9
2 or More: 12.5

*AI/AN = American Indian/Alaska Native

Data courtesy of SAMHSA

Teens Drinking by Setting

Where Do Kids Drink?

Setting	Percentage
Party–No parents	71%
Friend's Home–No parents	61%
Party in Remote Location	48%
Party–Parents home	43%
Events	34%
Home	31%
Bar/Club	27%
Car	23%
Parking Lot	22%
Other	40%
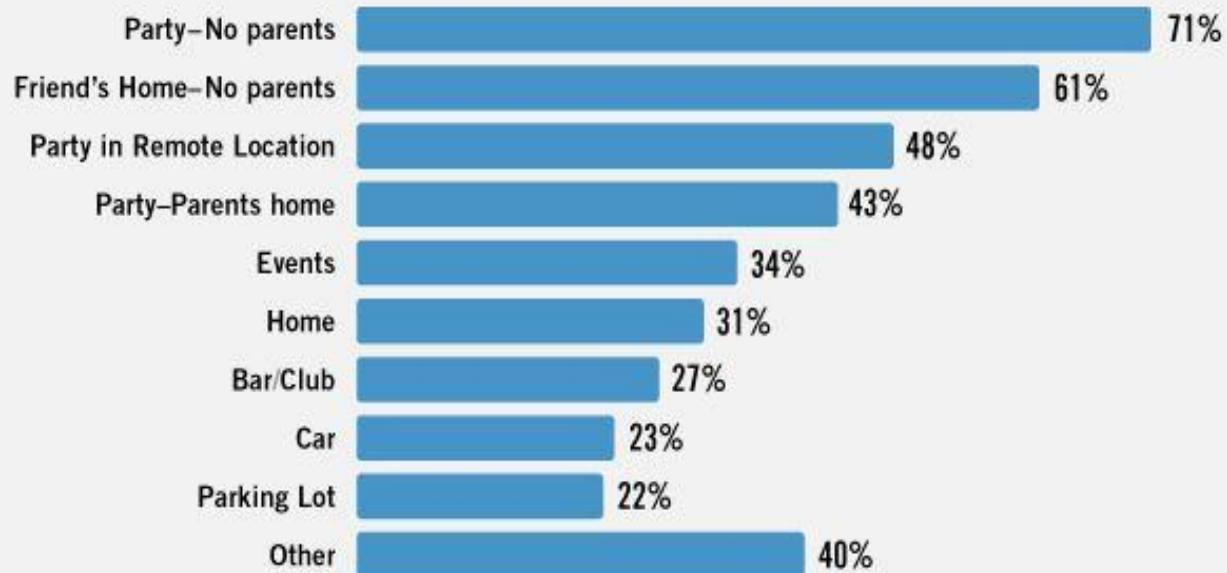
Source: TRU Study-Wave 42, 2003

National Survey: Cigarettes, Alcohol, Illicit Drugs
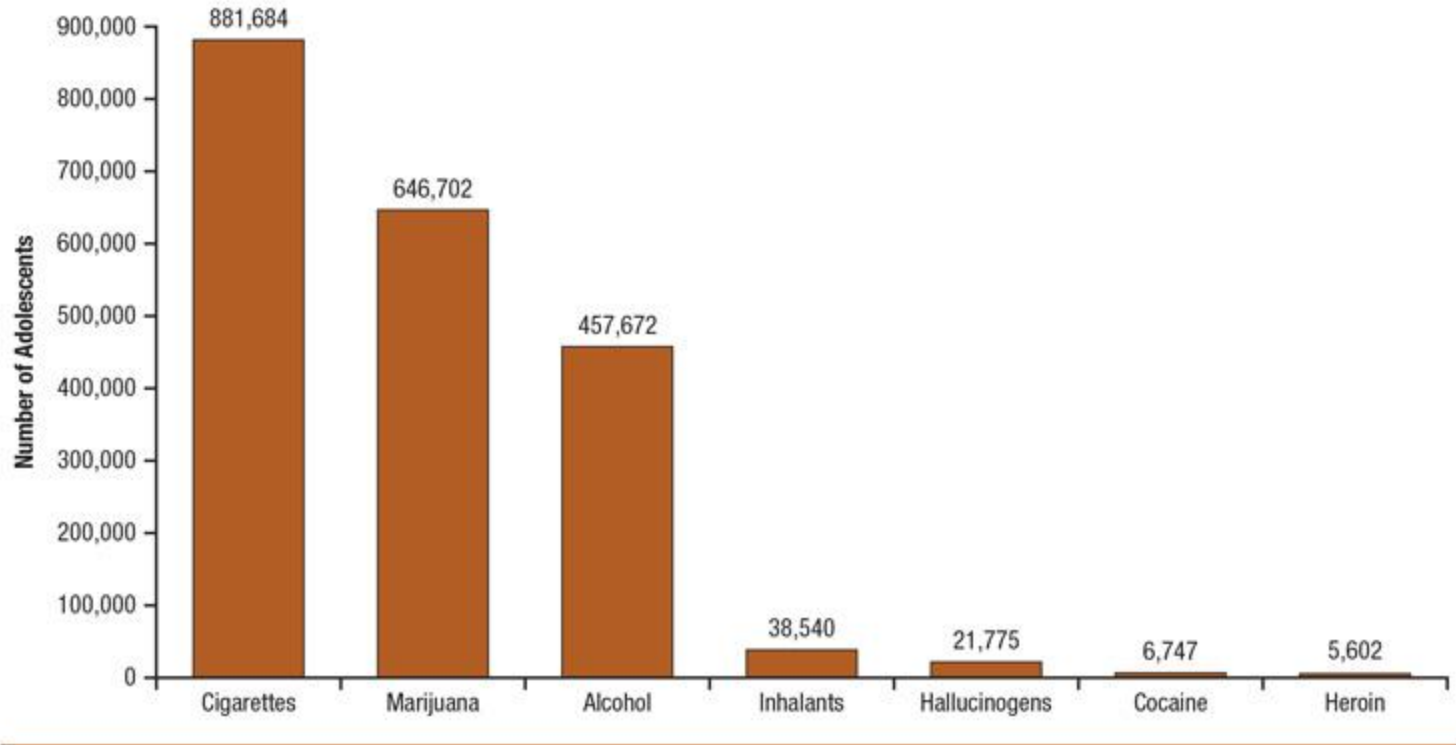
Source: 2010 and 2011 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Adolescent <u>Illicit</u> Drug Use

Pain Relievers (22.5%)
Inhalants (9.7%)
Tranquilizers (3.2%)
Hallucinogens (3.2%)
Stimulants (3.0%)
Cocaine (0.8%)
Sedatives (0.8%)
Heroin (0.1%)
Marijuana (56.6%)
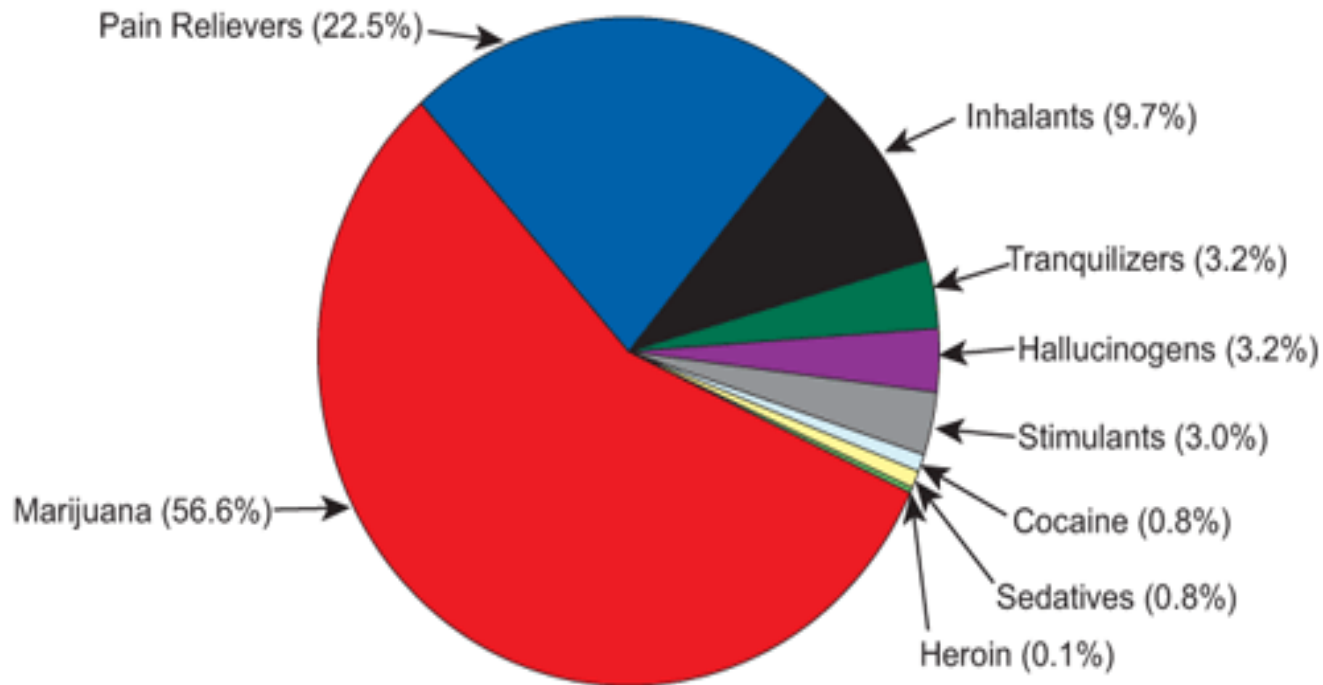
2.9 Million Initiates of Illicit Drugs

Note: stimulants: amphetamines & methamphetamine

Teenage Birth Rates in the U.S. (2014)

Figure 2: Teenage birth rates for 15 – 19 year olds by state, 2014

U.S. teen birth rate was 24.2 in 2014

Less than 20
20.0 to 29.9
30.0 to 39.9
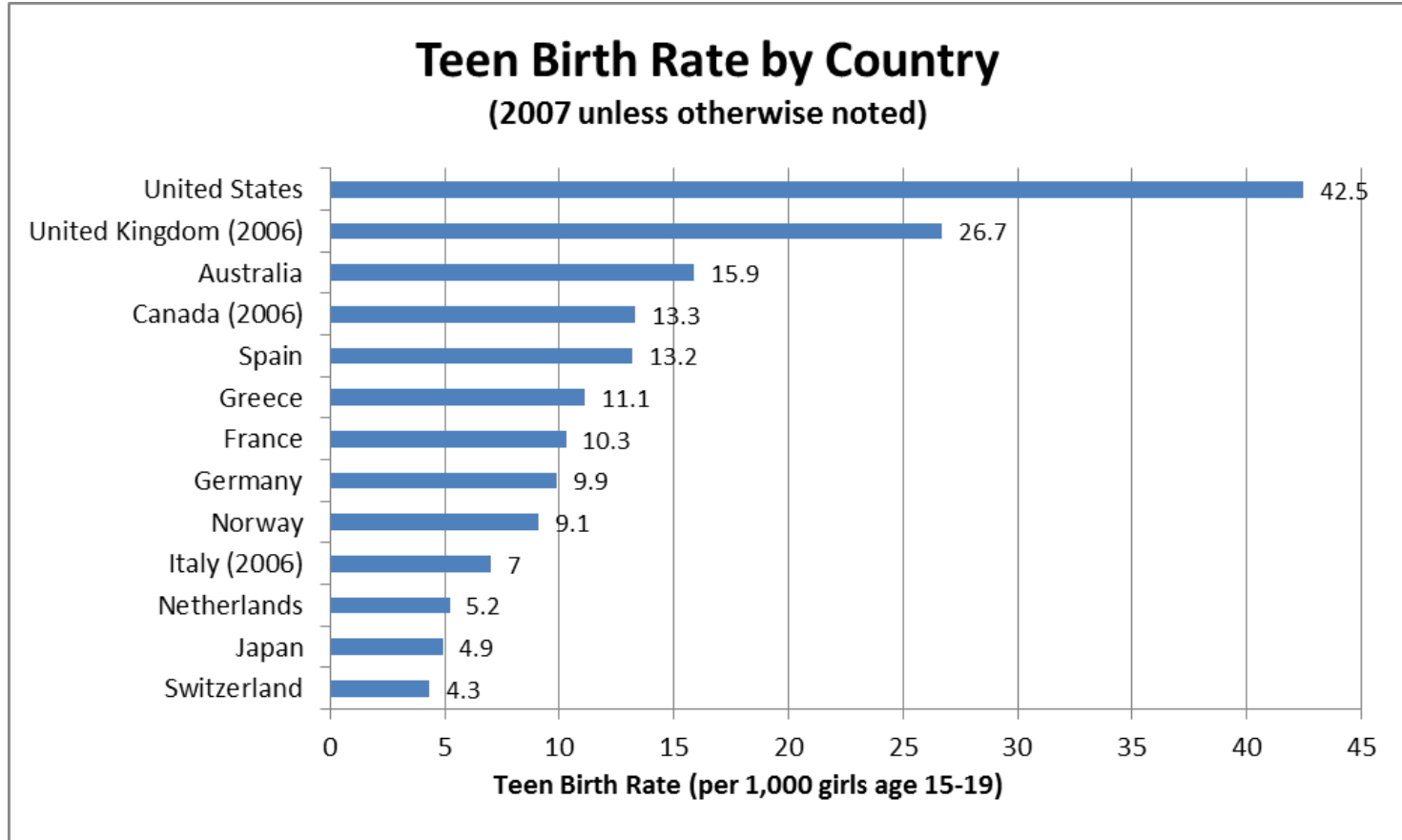
Teenage Birth, Pregnancy, and Abortion in the U.S.

US teenage pregnancy

Rates per 1,000 women aged 15-19 years
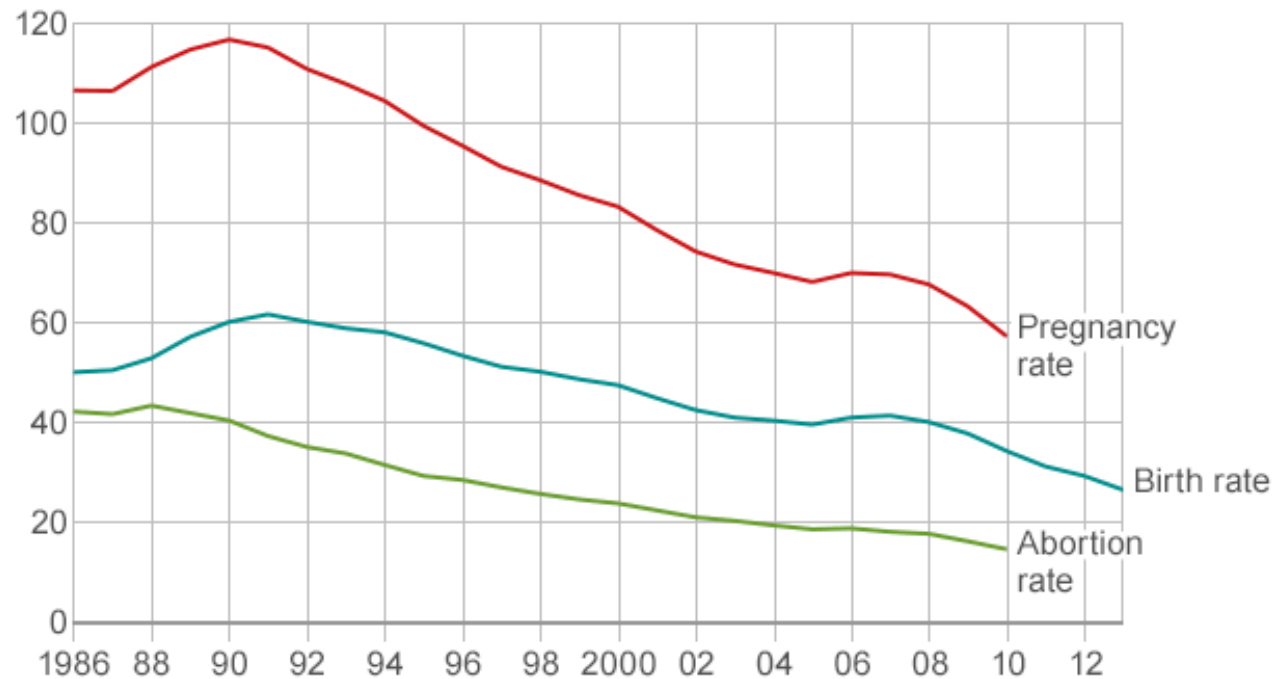
Source: US Department of Health and Human Services, Guttmacher Institute

Teenage Birth by Country

Personality Disorders

- Personality disorders are common and chronic. They occur in 10 to 20 percent of the general population, and their duration is expressed in decades.
- Approximately 50 percent of all psychiatric patients have a personality disorder, which is frequently present with other clinical disorders.
- Personality disorder is also a predisposing factor for other psychiatric disorders (e.g., substance use, suicide, affective disorders, impulse-control disorders, eating disorders, and anxiety disorders)
- Persons with personality disorders are far more likely to refuse psychiatric help and to deny their problems

Personality Disorders

Three main Clusters:

- **Cluster A includes three personality disorders with odd, aloof features (paranoid, schizoid, and schizotypal).**

- **Cluster B includes four personality disorders with dramatic, impulsive, and erratic features (borderline, antisocial, narcissistic, and histrionic).**

- **Cluster C includes three personality disorders sharing anxious and fearful features (avoidant, dependent, and obsessive-compulsive).**

Spectrum of personality disorders

There are currently 10 personality disorders but psychiatrists think this diagnostic framework is in need of an overhaul

CLUSTER	PERSONALITY DISORDER	CHARACTERISTICS	PREVALENCE IN US POPULATION

A — ODD BEHAVIOUR

- †**Paranoid** — Irrational suspicions and mistrust of others
- †**Schizoid** — Lack of interest in social relationships
- **Schizotypal** — Odd behaviour or thinking

1.5%

B — DRAMATIC

- **Antisocial** — Pervasive disregard for the law and rights of others; may account for half of prison population in some countries
- **Borderline** — Instability in relationships, self-image, identity and behaviour
- †**Histrionic** — Pervasive attention-seeking behaviour: shallow or exaggerated emotions
- **Narcissistic** — Pervasive pattern of gradiosity: need for admiration and lack of empathy

5.7%

C — ANXIOUS

- **Avoidant** — Social inhibition; feelings of inadequacy
- †**Dependent** — Pervasive psychological dependence on others
- **Obsessive-compulsive** — Rigid conformity to rules and moral codes; excessive orderliness

6.0%

9.1%*

*Some people have overlapping diagnoses

†Terms proposed for removal in next edition of the *Diagnostic and Statistical Manual of Mental Disorders*

Christian Faith and Personality

- The Bible and Church tradition cover every aspect of personality development: temperament, social relations, conduct, handling conflicts, making decisions, interactions, etc.

- The Holy Spirit is a Person/Hypostasis: dwelling in us through a life of communion and repentance, is designated "the Helper". Obedience is letting Him take control of our behavior

- The Church offers wise counsel through the priest and servants

- There are countless examples of transformed lives and personalities through Jesus Christ

- The Bible and the Church give us ample role models and saints, and Jesus Himself. A study of Bible characters is very helpful in personality development (just stay away from Judas Iscariot, Cain, Nabal, Achan, Jezebel, and the like!!!)

DO NOT CONFORM ANY LONGER TO THE PATTERN OF THIS WORLD, BUT BE **TRANSFORMED** BY THE RENEWING OF YOUR MIND.

– ROMANS 12:2