



Graduate Conference
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Who Am I?

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The Personality

I. Components of the personality

- ◆ The inherited, acquired and Godly characters
- ◆ The inherited, acquired and Godly skills and ability
- ◆ The acquired and Godly values and principals
- ◆ The Glorious qualities of God

II. Healthy Christian Personality

- 1- Philosophy, mission and goals
- 2- Wisdom and discernment
- 3- Inner peace and security
- 4- Self control
- 5- Creative and Innovative abilities
- 6- Confidence
- 7- Belonging, values and principals
- 8- Mental skills and abilities
- 9- Emotional skills and abilities
- 10- Social skills and abilities
- 11- Ability to give and sacrifice
- 12- Ability to enjoy and be in Christ

III. Introduction to the Healthy Christian Personalities

- A. The Dominant/Leading personality
- B. Influencing/Emotional personality
- C. Steady/Serving personality
- D. Compliant/Perfectionist personality

IV. Personality Disc Inventory Workshop

Please answer the questionnaire in the first page of the personality inventory booklet. Find your profile and what is needed and how to have a better effective personality.

A. The Dominant Personality

I. Biblical characters who represent this pattern:

Paul and Michal

II. Distinctive features of the dominant personality:

1. Emotions:
 - Accepts aggression
 - Tends to be restrained in expression
 - Limits his contact with others
2. Goals:
 - Dominance and control
 - Seeks unusual outcomes
3. Judges others by:
 - His own personal standards
 - Progressive ideas in getting tasks accomplished
4. Influences others by:
 - Setting a pace in developing systems
 - Being competitive
5. Value within an organization:
 - Initiates activities that bring about challenges
 - Focuses on the future
6. Overuses:
 - Bluntness toward others
 - Critical assessments
7. Under pressure:
 - Is easily bored with routine work
 - Becomes sullen when not in a position of power and influence
 - Becomes assertive and pioneering
8. Fears:
 - Not being influential
 - Not having authority to make preferred changes
9. Would increase effectiveness with more:
 - Warmth
 - Tactful communication
 - Team cooperation
 - Recognition that traditions and sanctions exist

III. Eight principles that will be useful in creating healthy relationships with a high D

1. They often become bored with routine work but operate best in an environment with challenging goals.
2. They like being “in charge”, and usually resist constraints.
3. Because of their strong drive to reach their goals, wise confrontation might be necessary in order to get their attention.
4. Once you have gained their attention, Show how their actions effect the fulfillment of mutual goals.
5. Be brief and to the point in your explanations, expect them to disagree, but feel free to leave if the volume gets too loud and direct.
6. Allow a cooling down period to reflect on their option before wanting a decision, use a messenger if necessary.
7. Be prepared for a quick change, once a commitment is made
8. Limit your expectations by understanding their greatest struggle.

B. The sociable personality

I. Biblical characters that represent this pattern:

Aaron and King Saul

II. Distinctive features of the sociable personality:

1. Emotions:
 - Has a willingness to accept others
2. Goals:
 - Gaining approval
 - Achieving recognition
3. Judges others by:
 - Their ability to express themselves in words
4. Influences others by:
 - Verbal praises
 - Doing favors for them
5. Value within an organization:
 - Relieves tension, promotes people and organization projects
 - Demonstrates openness and acceptance
6. Overuses:
 - Praise and compliments that might portray an exaggerated picture for others
7. Under pressure:
 - Can become careless, sentimental and appear disorganized in getting things accomplished
8. Fears:
 - A loss of recognition, which is often compensated for by an attempt to please everyone
9. Would increase effectiveness with more:
 - Control of time
 - Objectivity
 - Sense of urgency to complete tasks
 - Emotional control when under stress

III. Nine Principles that will be useful in creating healthy relationships with a high E

1. Recognize that they have a need to be leaders in groups and to express themselves verbally
2. Watch out for their tendency to test boundaries to their limits.
3. Realize that they have high level of confidence in themselves and others
4. Don't be surprised if they have difficulty following through on commitments
5. Seek to create a fun and friendly environment for them.
6. Allow them the opportunity to express their own thoughts and opinions
7. Create ideas to transfer talk to action
8. Recognize that they have a need for positive social recognition
9. Use confrontation only when necessary.

C. The perfectionist personality

I. Biblical characters who represent this pattern:

Esther, John and Moses

II. Distinctive features

1. Emotions:
 - Competent in doing things right
 - Restrained
 - Cautious in expressing feelings
2. Goals:
 - Security
 - Minimizing high risk decisions
3. Judges others by:
 - Precise standards
4. Influences others by:
 - Meticulous planning and preparation
 - Attention to quality
5. Value within an organization:
 - Conscientious approach
 - Maintains high standards
 - Quality-control thinking
6. Overuses:
 - Standards operating procedures
 - Dependency on people and processes that have worked in the past
7. Under pressure:
 - Becomes tactful
 - Diplomatic with others
8. Fears:
 - Antagonistic response from others
9. Would increase effectiveness with more:
 - Clarification of responsibilities
 - Independent initiative
 - Confidence in self

III. Twelve Principles are important to remember in helping to create a positive environment for a high P

1. They have a preference for intellectual pursuits
2. When requesting their participation in a project, be ready to give specific details.
3. They will usually exercise caution and restraint
4. They need assurance of support for their efforts
5. Be prepared to answer questions in a patient and persistent manner
6. Be willing to provide re-assurances that no surprises will occur
7. Support your plan with accurate data and specific information
8. Strongly reject any “poor me” statements that they may give
9. Disagree with the facts and not the person
10. Be willing to offer assistance if their fears persist.
11. Recognize that they are conscientious, maintain high standards and complete assignments given to them
12. Modify your expectations by understanding their greatest struggle.

D. The Serving Personality

I. Biblical characters who represent this pattern:

Abraham and Hannah

II. Distinctive features

1. Emotions:
 - Accepts affection
 - Rejects aggression
 - Tends to suppress his own angry thoughts or actions
2. Goals:
 - Acceptance of and by others
3. Judges others by:
 - Their tolerance and how they include others
 - Loyalty
4. Influences others by:
 - Offering understanding and friendship
5. Value within an organization:
 - Supportive
 - Strives for harmony
 - Shows empathy
 - Service oriented
6. Overuses:
 - Kindness
7. Under pressure:
 - Adopts a low profile
 - Tries to smooth waters
 - Can be persuasive by using information effectively
8. Fears:
 - Dissension in relationships
9. Would increase effectiveness with more:
 - Confidence in who he is and what he can do
 - Being firm when necessary
 - Self-assertive
 - Would benefit from saying no when appropriate

III. Nine Principles are important to keep in mind when dealing with a high S

1. They usually seek acceptance and try to maintain stability
2. They prefer environments that maintains the “status quo”, unless specific reasons are given for change
3. They seek to avoid conflict within relationships
4. They demonstrate loyalty and support for those they respect
5. They strive for security for their families
6. They need to be given time to adjust to an opportunity and to visualize requests made of them.
7. They need personal assurances of support
8. They seek out close personal friendships
9. They need the persons dealing with them to modify their expectations of them by understanding their greatest their struggles.

Evaluate some of your qualities

- I hate to admit my weaknesses, even if they seem obvious to others.
- I get irritated when other people make mistakes
- I tend to use words like 'should', 'ought', 'must', 'can't' when I'm talking to other people.
- I tend to do an important job myself because someone else might not do it right,
- I'm uncomfortable with ideas that are different,
- I'm annoyed and upset more often than I'd like to be,
- Once I have formulated an opinion, I don't tend to change it.
- I stay away from people whose opinion is different from mine,
- When I'm working on a project, I often become so focused that I get irritated when people interrupt me and I tend to snap to them.
- I get impatient when other people can't understand what needs to be done,
- I would rather let people have a false favorable impression of me than be open and vulnerable.
- When someone tells me about a personal problem, I feel I have to provide a solution
- I use silence to punish those who disappoint or disagree with me.
- Before starting a project, I dwell on it constantly to be sure I'll do it just right
- When someone else is in a bad mood, it puts me in a foul mood too.
- Critical thoughts come to my mind more often than I would like.
- When someone confronts me about my opinions or beliefs, I immediately begin to formulate a rebuttal.
- I have a mental list of standards people should meet before I accept them
- I sometimes resent having to do so much for my family.
- I'm uncomfortable when others share very personal emotions with me.

Personality and Psychoemotional Disorders in Marriage

A. Personality Disorders

- 1. Paranoid P.D.**
- 2. Anti-Social P.D.**
- 3. Border-line P.D**
- 4. Histrionic P.D.**
- 5. Narcissistic P.D.**
- 6. Avoidant P.D.**
- 7. Dependant P.D.**
- 8. Obsessive Compulsive P.D**
- 9. Passive Aggressive P.D**
- 10. P.M.S Personality Disruption**
- 11. Sadistic P.D.**
- 12. Self-Defeating P.D**
- 13. Multiple Personality Disorder**
- 14. Gender Identity Disorder**

B. Psychoemotional Disorders

I. Why understanding Psychoemotional Disorders is Important?

- 1. Understanding and suffering**
- 2. Annulment of Marriage**
- 3. Genetic Inheritance**

II. Some of the most common Psychoemotional Disorders in adults:

- 1. Generalized Anxiety Disorder**
- 2. Obsessive-Compulsive Disorder**
- 3. Depression**
- 4. Manic-Depression Disorder (Bipolar illness)**
- 5. Schizophrenia (thought disorder)**
- 6. Attention-Deficit/Hyperactivity Disorder**

Note

#3 and #4 are mood disorders

I. Diagnostic Criteria for Generalized Anxiety Disorder

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance)
- B. The person finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past six months)
 - Restlessness or feeling keyed up or on the edge.
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)
- D. The anxiety or worry is not about having a Panic Attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive-Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety), gaining weight (as in anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondriasis), and the anxiety and worry do not occur exclusively during Posttraumatic Stress Disorder.
- E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- F. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism)

II. Diagnostic Criteria for Obsessive-Compulsive Disorder

A. Either obsessions or compulsions:

Obsessions as defined by (1), (2), (3), and (4):

1. Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate, and that cause marked anxiety or distress.
2. The thoughts, impulses, or images are not simply excessive worries about real life problems
3. The person attempts to ignore or suppress such thoughts, impulses, or image, or to neutralize them with some other thought or action.
4. The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion in schizophrenia)

Compulsion as defined by (1) and (2):

1. Repetitive behavior (e.g. hand washing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.
2. The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with that they are designed to neutralize or prevent or are clearly excessive.

- B. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable.
- C. The obsessions or compulsions caused marked distress, are time consuming (take more than one hour a day), or significantly interfere with the person's normal routine, occupational, academic functioning, or usual social activities or relationships.
- D. The disturbance is not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition.

III. Criteria for Major Depression Episode

- A. Five (or more) of the following symptoms have been present during the same 2 week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g. feels sad or empty) or observation made by others (e.g. appears tearful).
 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
 3. Significant weight loss when not dieting or weight gain (e.g. a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
 4. Insomnia or Hypersomnia nearly every day
 5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
 6. Fatigue or loss of energy nearly every day
 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The disturbance is not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition (e.g. Hyperthyroidism).

IV. Diagnostic Criteria for Manic Episode

- A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least one week (or any duration if hospitalization is necessary).

- B. During the period of mood disturbance, three (or more) of the following symptoms have persisted and have been present to a significant degree:
 - 1. Inflated self-esteem or grandiosity
 - 2. Decreased need for sleep (e.g. feels rested after only 3 hours of sleep)
 - 3. More talkative than usual or pressure to keep talking
 - 4. Flight of ideas or subjective experience that thoughts are racing
 - 5. Distractibility (i.e. attention too easily drawn to unimportant or irrelevant external stimuli)
 - 6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.
 - 7. Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g. engaging unrestrained buying sprees, sexual indiscretions, or foolish business investments)

- C. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

- D. The symptoms are not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication, or other treatment) or a general medical condition (e.g. Hyperthyroidism)

V. **Diagnostic Criteria for Schizophrenia**

- A. **Characteristic symptoms**: Two (or more) of the following, each present for a significant portion of time during a one month period (or less if successfully treated):
1. Delusions
 2. Hallucinations
 3. Disorganized speech (e.g. frequent derailment or incoherence)
 4. Grossly disorganized or catatonic behavior
 5. Negative symptoms, (i.e. affective flattening, alogia, or avolition)
- B. **Social/Occupational Dysfunction**: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are marked below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).
- C. **Duration**: Continuous signs of the disturbance persist for at least six month. This six month period must include at least one month of symptoms (or less if successfully treated) that meet Criterion A (i.e. active –phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g. odd beliefs, unusual perceptual experiences)
- D. **Substance/General Medical Condition Exclusion**: The disturbance is not due to the direct physiological affects of a substance (e.g. a drug of abuse, a medication) or a general medical condition.

VI. Diagnostic Criteria for attention-Deficit / Hyperactivity Disorder (ADHD)

A. Either (1) or (2):

1. Six (or more) of the following symptoms of inattention have persisted for at least six months to a degree that it is maladaptive and inconsistent with developmental level:

Inattention

- a. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
 - b. Often has difficulty sustaining attention in tasks or play activities
 - c. Often does not seem to listen when spoken to directly
 - d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
 - e. Often has difficulty organizing tasks and activities
 - f. Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
 - g. Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, tools)
 - h. Is often easily distracted by extraneous stimuli
 - i. Is often forgetful in daily activities
2. Six (or more) of the following symptoms of Hyperactivity-Impulsivity have persisted for at least six months to a degree that is maladaptive or inconvenient with developmental level:

Hyperactivity

- a. Often fidgets with hands or feet or squirms in seat
- b. Often leaves seat in classroom or in other situations in which remaining seated is expected
- c. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feeling of restlessness)
- d. Often has difficulty playing or engaging in leisure activities quietly
- e. Is often “on the go” or often acts as if “driven by a motor”
- f. Often talks excessively

Impulsivity

- g. Often blurts out answers before questions have been completed
- h. Often has difficulty awaiting turn
- i. Often interrupts or intrudes on others (e.g. butts into conversations or games)

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before the age of 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g. at school [or work] and at home)
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.