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CHARACTERISTICS OF PERSONALITY TRAITS OF YOUNG WOMEN ASPIRING TO HAVE A CAREER AS A MEDICAL ASSISTANT

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Abstract: In this paper we intend to identify personality traits and adolescence disorders in people aspiring to have a career as a medical assistant. Medical care is a professional field where communication, empathy, reliability and attention to detail are essential but difficult to measure in a potential employee.

Key words: personality, medical assistant, career

Theoretical studies

At a young age the ***development of professional skills*** is based on the development of the cognitive system. Having a ***skill*** requires both a cognitive, informational dimension, and a formative dimension, aimed at producing a change at behavioral level, as well as affective, emotional adherence to a set of personal, social and professional transformations that occur throughout career evolution.

In recent years, medical assistants have had to enrich their professional knowledge. The type of knowledge that plays an essential role in professional development in the medical field is ***declarative knowledge, procedural knowledge, conditional or strategic knowledge, metaknowledge***. Therefore, it is very important to have a desire to study and a capacity to understand what you

are studying. In addition, medical assistants need to evaluate things quickly and act immediately when the situation requires it.

Training of healthcare professionals is important for the professional development process of each employee, but also for the development of the professional organization. It corresponds to several types of specific objectives: organizational change and development, adaptation to technological development, development of employee skills and habits. If a person from the organizational environment tries to define the steps they are going to take throughout their career, they may encounter smaller or larger obstacles that have or have not been anticipated. A medical assistant that was employed recently may encounter many problems of integrating herself by not knowing the rules, group norms or the way to accomplish tasks. In such situations a more experienced colleague, a manager or a person specially trained to provide this type of support can help the medical assistant analyze the situation, evaluate existing options and encourage her to promote.

Among the authors that demonstrated the importance of mentoring in the professional development of medical staff, we mention: Dolan and Schuler (1994), Cole (2000). The methods used in learning and professional development are important because they shape the personality traits of future medical assistants and they can be used inside or outside the organization through continuous professional training.

Research objective
Identifying personality traits and adolescence disorders in people aspiring to have a career as a medical assistant

Research hypotheses
1. It is assumed that there is a correlation between the school problem factor and the emotional stability factor.
2. It is assumed that there is a correlation between the generalized anxiety factor and the conscientiousness factor.
3. It is assumed that there is a correlation between the self-concept factor and the autonomy factor.

Methods of psychological investigation
FFPI Questionnaire - intended to evaluate the five suprafactors of the Big Five model (Extraversion, Emotional Stability, Conscientiousness, Kindness and Autonomy).

Adolescent disorder assessment scale (APS-SF) - a tool for evaluating psychopathology and psychosocial problems faced by adolescents aged between

12 to 19 years old. The 115 items of APS-SF directly assess the symptoms specific to the clinical disorders included in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV, American Psychiatric Association, 1994), as well as those of other problems and behaviors that interfere with good psychosocial adaptation and personal competence. APS-SF comprises 12 clinical subscales and 2 validity subscales. Six clinical subscales focus on DSM-IV symptomatology. These were designed to reflect the main symptoms presented in DSM-IV and associated with the following disorders: Conduct Disorder (CD), Oppositional Defiant Disorder (ODD), Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), Posttraumatic Stress Disorder (PTSD), Substance Use Disorder (SUD). The other six clinical subscales assess relevant aspects related to adolescent psychosocial problems. These subscales include: Eating Disorder (ED), suicide, schooling problems, predisposition to violence / anger, self-conception, interpersonal problems. The two validity subscales regarding the defensive attitude (DEF) and the consistency of responses (CR) examine the issues related to the validity of responses.

Sample population

The population of the sample includes 1st year students at Hipocrate post - secondary school Constanta, all of them aspiring to a career of medical assistants. In this paper we have used a probabilistic sample with rational selection, comprised of 76 subjects.

Percentage of subjects based on age and gender criteria: 39.47% of research participants are under 25 years old and 60.54% are above 25 years old. 93.37% of participants are women and 2.63% of participants are men.

Ethical principles

The research in question respected the ethical principles that allow it to be undertaken in optimal conditions. We have obtained the informed consent of the research participants by providing the following information:
- Presentation of procedures used in the research,
- Presentation of risks involved in the research,
- Presentation of the nature, purposes and use of the research,
- Freedom of participants to withdraw from the research at any time.

The intimacy and fundamental rights of the study participants have also been respected. We have informed participants that the data provided is confidential.

Analysis and interpretation of results
HYPOTHESIS 1

_{Figure 1.} It is assumed that there is a correlation between the school problem factor and the emotional stability factor.

The verification of the hypothesis was done based on the results obtained by the entire sample, taking into consideration the school problem factor recorded in the ***FFPI Questionnaire*** and the emotional stability factor recorded in the ***Adolescent disorder assessment scale (APS-SF)***.

Table 1
Central tendency and dispersion indices –
School problem factor and Emotional stability factor

Statistics		PS School problems	FFPI Emotional stability
N	Valid	76	76
	Missing	0	0
Mean		3,76	53,87
Median		4,00	55,00
Mode		0	57
Std. Deviation		2,576	11,954
Variance		6,636	142,889
Skewness		,082	-,180
Std. Error of Skewness		,276	,276
Kurtosis		-1,058	,408
Std. Error of Kurtosis		,545	,545
Sum		286	4094

The table shows the starting indices used in statistics: mean, median, mode and standard deviation. The median obtained by the participants are as follows: School problems - 4.00; Emotional stability - 55.00.

Taking into account the existing reality and the data series, by using the Statistical Package for the Social Sciences programme (S.P.S.S.), the normality of the distribution was verified first, for each factor.

Table 2
**Tests of Normality – School problem factor and
Emotional stability factor**

Tests of Normality						
	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Emotional stability factor	,065	76	,200[*]	,986	76	,568
School problem factor	,095	76	,086	,932	76	,001
*. This is a lower bound of the true significance.						
a. Lilliefors Significance Correction						

The level of significance is **not** greater than 0.05 for the School problems factor, hence the data is not normally distributed. Therefore, the next step was to apply **Spearman's** rank-order correlation test, a nonparametric method.

Table 3
**Correlation between: Emotional stability factor
and School problem factor**

Correlations				
			FFPI Emoţional Stability	PS School problem
Spearman's rho	**Emotional stability factor**	Correlation Coefficient	1,000	-,347[**]
		Sig. (2-tailed)	.	,002
		N	76	76
	School problem factor	Correlation Coefficient	-,347[**]	1,000
		Sig. (2-tailed)	,002	.
		N	76	76
**. Correlation is significant at the 0.01 level (2-tailed).				

The table above confirms the assumption that the two aspects correlate. There is a negative correlation with regards to the factors of School problems and Emotional stability. The correlation has a value of -0.347, at a significance level of less than 0.05, therefore the more the emotional stability decreases, the more the school problems become more intense. In this context, as stated in professional tests, emotional stability has been highlighted as a performance predictor in the workplace (Judge and Bono, 2001; Salgado, 1998; Tett et al., 1991) and as an agreeable established predictor of work accidents (Clarke, 2006). There is also other research that demonstrates its support for an association between the emotional stability of medical assistants and the quality of safety (Teng et al., 2009), as well as the perceptions of the patient regarding the quality of care (Teng et al., 2007).

HYPOTHESIS 2

It is assumed that there is a correlation between the generalized anxiety factor and the conscientiousness factor.

The verification of the hypothesis was done based on the results obtained by the entire sample, taking into consideration the generalized anxiety factor recorded in the ***Adolescent disorder assessment scale (APS-SF)*** and the conscientiousness factor recorded in the ***FFPI Questionnaire***.

Table no.4
Central tendency and dispersion indices –
Generalized anxiety factor and Conscientiousness factor

Statistics		FFPIConstiin ciozitate	AGanxietatege neralizata
N	Valid	76	76
	Missing	0	0
Mean		56,34	7,41
Median		58,00	8,00
Mode		63	10
Std. Deviation		11,672	3,283
Variance		136,228	10,778
Skewness		-,217	-,930
Std. Error of Skewness		,276	,276
Kurtosis		-,939	-,033
Std. Error of Kurtosis		,545	,545
Sum		4282	563

Taking into account the existing reality and the data series, by using the Statistical Package for the Social Sciences programme (S.P.S.S.), the normality of the distribution was verified first, for each factor.

Table 5
Tests of Normality

Tests of Normality						
	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
FFPI Conscientiousness	,137	76	,001	,965	76	,035
generalized anxiety	,148	76	,000	,878	76	,000
a. Lilliefors Significance Correction						

The level of significance is **not** greater than 0.05 for both Conscientiousness and Generalized anxiety factors, hence the data is not normally distributed.

Therefore, the next step was to apply **Spearman's** rank-order correlation test, a nonparametric method.

Table 6
Correlation between: Emotional stability factor and

Correlations			generalized anxiety	FFPI Conscientiousness
Spearman's rho	generalized anxiety	Correlation Coefficient	1,000	-,455[*]
		Sig. (2-tailed)	.	,026
		N	76	76
	FFPI Conscientiousness	Correlation Coefficient	-,255[*]	1,000
		Sig. (2-tailed)	,026	.
		N	76	76
*. Correlation is significant at the 0.05 level (2-tailed).				

The table above confirms the assumption that the two aspects correlate. There is a negative correlation with regards to the factors of Generalized anxiety and Conscientiousness. The correlation has a value of -0.455, at a significance level of less than 0.05.

HYPOTHESIS 3

It is assumed that there is a correlation between the self-concept factor and the autonomy factor. **The verification of the hypothesis** was done based on the results obtained by the entire sample, taking into consideration the self-concept factor recorded in the *Adolescent disorder assessment scale (APS-SF)* and the autonomy factor recorded in the *FFPI Questionnaire*.

Table 7

**Central tendency and dispersion indices –
Autonomy factor and Self-concept factor**

Statistics		autonomy factor	the self-concept factor
N	Valid	76	76
	Missing	0	0
Mean		53,84	4,13
Median		54,00	4,00
Mode		56	6
Std. Deviation		10,488	2,830
Variance		110,001	8,009
Skewness		,027	,287
Std. Error of Skewness		,276	,276
Kurtosis		-,082	-,878
Std. Error of Kurtosis		,545	,545
Sum		4092	314

The **Table** shows the starting indices used in statistics: mean, median, mode and standard deviation. The means obtained by the participants are as follows: Autonomy – 54.84; Self-concept - 4.13.

Table 8

Tests of Normality – Autonomy factor and Self-concept factor

Tests of Normality	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Autonomy factor	,076	76	,200[*]	,987	76	,629
Self-concept factor	,103	76	,044	,947	76	,003
*. This is a lower bound of the true significance.						
a. Lilliefors Significance Correction						

The level of significance is **not** greater than 0.05 for the Self-concept factor, hence the data is not normally distributed. Therefore, the next step was to apply **Spearman's** rank-order correlation test, a nonparametric method.

Table 9

Correlation between:
Autonomy factor and Self-concept factor

Correlations			FFPI Autonomy	CS Self concept
Spearman's rho	**Autonomy factor**	Correlation Coefficient	1,000	-,430[**]
		Sig. (2-tailed)	.	,000
		N	76	76
	Self-concept factor	Correlation Coefficient	-,430[**]	1,000
		Sig. (2-tailed)	,000	.
		N	76	76
**. Correlation is significant at the 0.01 level (2-tailed).				

The table above confirms the assumption that the two aspects correlate. There is a negative correlation with regards to the factors of Self-concept and Autonomy. The correlation has a value of -0.430, at a significance level of less than 0.05.

Conclusions

The results obtained from performing the testing come in addition to the specialized studies carried out so far. Medical care is a professional field where communication, empathy, reliability and attention to detail are essential but difficult to measure in a potential employee. Medical assistants are the primary caregivers to the patients, hence they are the most vulnerable, and the degree of medical care can make the difference between life and death, or quality of life after illness.

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LOCUS OF CONTROL AND VALUES ORIENTATION AT TEACHERS

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Abstract: Values Orientation and Locus of Control, the assumption of responsibility, are the two major factors that I hilghlighted in this study. I considered these features important especially for school managers in using this information for the proffesional organisation of teachers. A Locus of Control and a values orientation towards proffesional values represent the features that can help the growth of proffesional efficiency. Through this study there has been used a sample of availability of 172 teachers of different ages from urban and country school working at different school levels. As instruments for this study there has been used the list of values and quizzes for locus of control. The obtained result were statistically adapted by being accentuated some significant correlations between the types of values towards the teachers are oriented.

Key words: values orientation, locus of control, teachers

Introduction

Teaching requires a continuos attention for the proffesional evolution with new generaations and new idioms. Proffesional demands in the school organisation becomes more and more diverse, more complex and more requester for all teachers.

In the cases where proffesionals are confronting multiple challenges from students and from the organisation (school programs, bureacucracy), there can be many situations where teachers implication is diminished.

There can appear modifications in work satisfaction, work efficiency, the level of implication. Part of these changes are dependent on the values orientation and the manner of assigning responsibility, the locus of control.

The values that a person achieves constitutes in strong components, more and less verbalised, but determines the orientation and the ablation of some actions. On the other way, the assigning of responsibility outward self can generate a behavior caracterized by a diminished responsibility. Both situations may lead to a diminished work efficiency.

Theoretical Foundation

The termn of value, such often used not only in the language expertise but in daily language too or the human area of acitivity from the perspective of which the definition is made. Thus, every domain of philosophy, estetics, psychology and sociology, this term of specific toning is circulating.

The concept of value anwers two main theoretical functions: a critical function, through which it can delimit the value from the non-values, namely it can be identified criterions of performance in a different domain; a function of „indicator of global cultural identities", specifying what is ideal and desirable in a certain age or culture,and denoting particular representations, atitudes and specific beliefs (Georgiu, 2001, p. 31).

From this category there is „ faith that depends on a person and his preferential action", to whom it can be assigned energy and cognitive dispositions. Because of these elements of cognitive, affective nature which attends a value, it becomes and essential motif that offers a certain behavioral orientation. Stabilized in time, though the consistency of diverse manifastations in certain existential contexts, this value is associated to a constant feature of personality. In this way, after the same author , A. Cosmovici and M. Caluschi they define that values are established in directive lines for the individual acitivity characterizing the individual and staying at the base of his character.

Values have a state of actional motifs, they activate not only as modes of conduit but as bends of it. „ Values represent general principals about what is desirable and worthy of following in life.", they functioning as a society levele and group level or individual level (Rotariu, Ilut, 2006, p 33).

J. Zaller (1991) uses this term of value in his acceptance of individual predisposition, relative stable in accepting or denying certain types of arguments or idea in specific situations. From the perspective relation individual – society , one of the important definitions offered to value is that of Kluckhohn – value

being a „ conception, explicit or implicit, distinctive for an individual or characterized by a group, as regards to what is desirable, which influences the selection of modes, middles and aims available of action." (Inglehart, 1997).

M.Rokeach (apud Sacara, 2006, p.16) defines the values as „ rezistent beliefs referring to a certain mode of conduit or to a certain aim of existence that guides the actions, atitudes, judgings and comparisons upon certain objects and specific situations.". The author intercepts in this definition the social dimension of values- they referring to a way of conduit and an actional finality in the context of the relation between the individual and the objects or the specific situations in the social background- and the individual dimension, as a form of resistent beliefs as features of personality.

Value orientation reflects a chain of needs and directions in the persons behaviour. (Murtezani, 2017) Danney Ursery (Ursery, 2006) asserts the fact that values are structured in a complex system with a role of guiding that reflects the priorities and the individual politics that the individual adopts in his relation with the background,manifested especially in the process of making decisions. Some studies (Rossier et al. 2017) marks out the bond between values and the management of career in life, and others (Weber, 2017) marks out the importance of values fot the expousing of a certain managerial style. This is why we consider the identification of this orientation important for the refererence to proffesion and the organisational background of every person.

The notion of „ locus of control" was propounded by Rotter 1966 for the identification of resonsability upon the events, upon the situation in which there is a person. Thus, this attribution can be localised outside the person or to the level of the person. There has been identified two categories – external locus of control, naming the persons that adopt this external style , and internal locus of control- adopted by internalists. These persons assumes their own actions and the belief that they can intervene on the external background in which they develop their activity.

Thus, there is the difference beside the personal efficiency that reffers to the balance between the convictions about self and own capacities. Locus of control reffers to the conviction that the control upon the own actions and upon the results. Instead, the persons that have an external locus of control are extrinsically motivated, their responsibility is more deminished, having the tenedency to adopt behaviour assessed by those around them. At the same time they consider that they have an unsignificant influence upon the external background, upon the contexts of life. On the other part, persons with an internal locus of control have an intrinsec motivation, they practice their influence upon the context of life, they debate all the decisions of those around them , have a better tolerance to the background pressures.

Taking into account the complexity of this fenomen of assigning the control, there has been outlined in time clarifications about forms of manifestation of it. Thus, Antonovski (1991) mentions that the place of external control can be a defensive denotement- it assignes the failure of certain external aspects, protecting the self, or with a passive denotement- a person with a lack of controlor negative of the context of life. In the same time, the internal loc of control can be manifested as the assumption of responsibility of own results of behaviour or taking all the blame for not accomplishing different actions and minimalizing the importance of success.

In the other way Abramson (1978) sustained that persons differ from their unique way of reacting to different events and he marked out that it should have been made the distinciton between the situation in which the events are uncotrolalble for all the persons and those where all the events are uncontrollable only for a part. In the first case we reffer to „ universal helplesness" , and in the second case „ personal helplessness „

Concerning the proffesional effeiciency of a person based in his type of locus of control , T. Herbert (1981) succeds in hilihlighting why the interns could be more effiecient than the external:

- Internal are more attentive to the information they can receive from the background   and that are very useful in their future behaviour;
- Internals are very interested in making their background conditions better;
- Internals accord a great value to their personal competences through records and are more preoccupied with personal abilities and only in particular for the faliluers;
- Internals have the capacity to be more rezistent to influence tempts.

Internals believe that they can affect the results and the events ebery time and that the future will follow as their wishes. Externals believe that they have no power and that they are incapable of influencing an event, regardless of how much effort they will make and that their destiny is just luck or chance or other. (Herberth, 1981)

As we base on these theoretical dates that emphasize the importance of value orientaion and the loc of control for the person behaviour, we consider the study if these features for teahcers also important. A value orientation towards proffesional values or to relationships value would be a good indicator for a better adaptationand proffesional efficiency. Furthermore, the identification of an internal locus of control could indicate a higher level of assumption of own decisions and actions, absolutelt necessary developed effieciency of learning.

The objectives of study

The present study has been realised starting from the following objectives:
- The identification of the locus of control type for teachers
- The assignment of the dominant type of value for teachers
- The assessment of the correlation level between the types of values towards the teachers go

The study assumptions

Assumption no.1. Teachers adopt as dominant values those from the proffesional and emotional category.

Assumption no.2. There is a statistical significant positive correlation between the emotional values and reflexive, proffesional and psycho-moral and relational and material.

Assumption no.3. Many of the teachers have an intermediar locus of control, beeing very dominant the tendency towards an internal locus of control.

Sample

The sample has been formed of 172 teachers, based on the availability feature. The component of the sample is one eterogen from the point of age, the didactic level, and the years spent in education. Like in all school backgrounds the sample is dominated by the feminin gender ,85% of evaluated persons. From the point of age the distribution is represented by Chart no. 1. It can be observed that the majority of teachers in the study are aged between 26- 45 years. Regarding the didactic level- 25% of the teacher are at the definitive level, 29% have the second Grade in education, and 40% have the first grade in education.

Table 1.
The distribution of the years spent in
education of every teacher in the sample.

Years in education	Less than 5 years	6-10 years	11-15 years	16-20 years	Over 21 years
Number of teachers	17	21	34	34	66
Percent	9,83	12,14	19,65	19,65	38,73
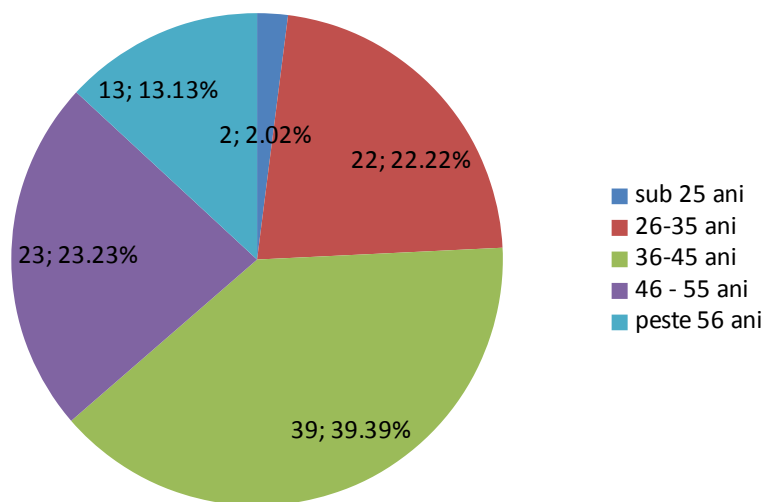
Figure 1.   The chart has got the distribution of the years spent in
education of every teacher in the sample.

Instruments of analysis

In order to emphasize the value orientation of teacher it has been used a list of values, adapted by the example of Rockeach, that proposed the two categories: instrumental values and final values. (Rokeach, 1973) This sample stayed at the base of certain studies made by Al. I. Dumitru (2001) and by P. Ilut (2004).

From the study made in 2010 (Dughi, T, 2011) on 520 persons, on the base of the factorial analysis, there has been established six categories: material values- material comfort and matrial accumulation, relational values- friends, social recognition, creativity, self securance, responsibility, trust, emotional values- harmony, affectivity (love); proffesional values- proffesional success, dignity and psychomoral values- politness,fairness, intelligence, religious faith. The participants at the study had to prioritise these values from 1 to 10, offering to each value a single degree where 1 is most important as value and 20 is the less important value.

The quizz that I used in the study was established by Stephen Nowicki and Bonnie Strickland, in 1973, adaptation of Rotter Scale- locus of control. The scale is formed by 40 items as an answer such as YES/ NO.

The results are assessed as the following:
- *0-6 points*- internal locus of control- persons who obtain this score have a strong faith in their own capacity ti influence the results of their actions, they do not

consider that succes or failure is based on luck or bad luck; internal locus of control is associated in the expertise literature with a high tollerance to stress.

- *7-15 points*- intermediate locus of control- it means an inconsistent point of view abiut the control of their own actions; persons with an intermediate score consider that they can influence certain events from their life, but others cannot influence at all.

- *16-40 points*- external locus of control- persons that obtain scores bigger than 15 points beleive that events from their life can excel their own capacity of control; they do not consider that there can exist a connection between their behaviour and the obtained results; persons that obtain associated scoes of external locus of control consider that luck or succes owes to luck or no chances; external locus of control is associated to a high level of stress.

Analysis and interpretation of dates

The statistic analysis of the obtained dates through the application of the values list emphasizes a preponderent orientation to proffesial and emotional values, these having the best scale in the hierarchy made by all teachers. These tyoes if values have been places on the highest places by the majority of teachers as it can be observed in the table no. 2 and chart no. 2. These two categories are followed by a very low value , by other two categories- psychomoral values and those reflexive. On the last two places are placed the values from the relational values category and with the least importance- average 12,5, material values.

Table 2 .
Table statistic dates referring to value orientation

	Mat.	Rel.	Refl.	Emot.	Profes.	Psycho moral
count	172	172	172	172	172	172
mean	12,5	12,3	9,3	8,7	8,7	9,4
std	5,49	3,36	3,38	4,53	4,30	3,43
min	0	0	0	0	0	0
25,00%	9,375	10,6	7,2	5	6	7,25
50,00%	13,25	13	8,9	9	8,5	9,5
75,00%	17,5	14,6	11,2	12	11	11,75
max	19,5	18	20	20	19	20

Where: mat. = material   rel. = relational   emot.= emoțional
      refl. = reflexive   profes. = profesional
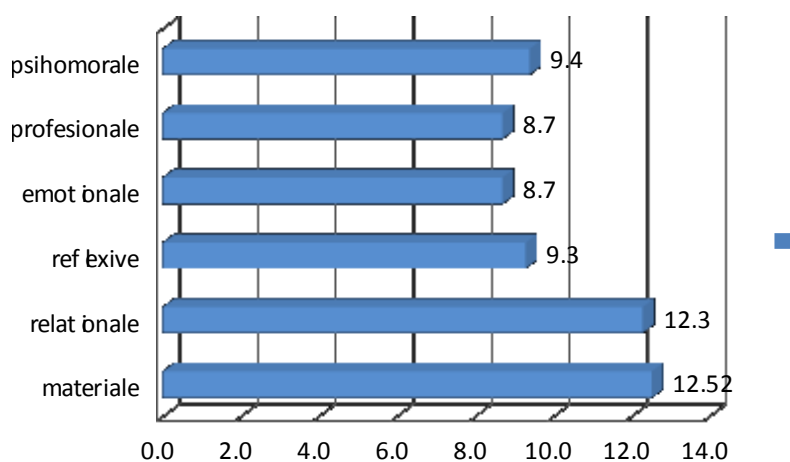
Figure. 2.Types of values depending on the obtained average

This type of value orientation denotes the preoccupation of teachers for the proffesional domain, for the didactic activity, but for the autodevelopment of the own capacities and affectivity it can be found in the specific didactical work, the interrelation with children, the assurance of affective conditions for their development.

It is confirmed the hypothesis no. 1 that stipulated that the majority of teahcers arre orientated upon values and upon proffesional and emotional values.

Looking at the hypothesis that there exists a significant statistic positive correlation between emotional and reflexive values, proffesional and psychomoral and relational and material, they are also confirmed. According to the statistic analysis, using the correlation coefficient Pearson, there has resulted a positive correlation between these types of values.

Table 3.
Table of value coefficient of correlation Pearson
for the value orientation

	Pearson product-moment correlation coefficients					
Values	Mat.	Rel.	Refl.	Emot.	Profes.	psychomoral
Mat.	1	0,305	0,000	-0,043	-0,189	-0,194
Rel.	0,305	1	0,008	0,023	0,035	0,176
Refl.	0,000	0,008	1	0,333	0,163	0,177
Emot.	-0,043	0,023	0,333	1	-0,0265	0,223
Profes.	-0,189	0,035	0,163	-0,026	1	0,451
Psycho moral	-0,194	0,176	0,177	0,223	0,451	1
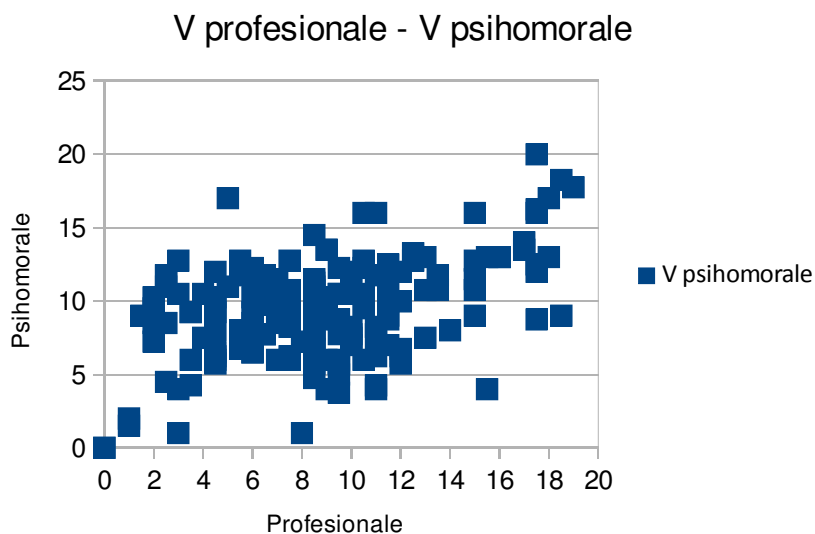
Figure 3. Correlation between psychomoral and proffesional values

As it can be observed in table no. 3 and chart no. 3, the parameter of correlation the highest – 0,45- it is inserted in the case of proffesional and psychomoral values. The amount indicates a correlation to an acceptable level of correspondence between these types of values, that means that persons that have placed on the first places the proffesional values have a tenedency to accord a high importance to psychomoral values too.

At a lower level of acceptance there are the pairs of material and relational values, that it means that persons consider the material values important to an important level, they are important as the relational values. The correlation between the emotional values and those of reflexive values, is accountably because we believed that the measure in which they were assessed inemotional values life affectivity and harmony being direct proportional with the measure in which there are assessed the calues from the reflexive categories such as trust, autocontrol, self trust.

According to the hypotesis that the majority of teachers have as a characteristic an intemediate locus of control is confirmed as it cand be observed from the chart no. 4. It can also be ascertained from the statistic analysis the fact that the tenedency is for an internal locus of control, the average of values being about 9,4 very close to the inferior limit of an intermediate control locus of control. The standard aberration value of 3,8 and the median of 9 confirms this

tendency of internal locus of control, knowing that the limit value of the interval of intermediate locus of control is 7.
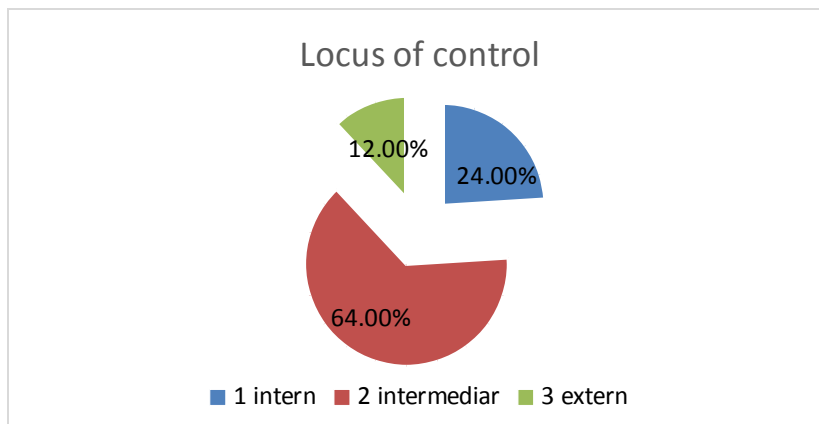
Figure 4. The distribution of locus of control

This fact denostes a good capacity of teachers of assuming the results of their own actions, capacity of initiative and action. Faith that things depend on our own actions, specific to those with an internal control determines a predisposition for action, to proactive atitiudes. These atitudes are benefic in the case of teachers because the proper didactical activity expects a good capacity of cordination of pupils of taking initiative and assumption.

Conclusions

The analysis at the level of organisation of the type of locus of control and the value orientation of teachers can constitute the premise of a good knowledge of the raport upon these at a school background. On the base of the analysis of these dates there can be created the amelioration context of proffesional performances through the adaptation of atitudes and behavioral to the proffesional requirements of school organisation. It could be obtained thus a balance towards the personal satisfaction of teachers and organisational performance.

According to statistic dates presented in our study can be ascertained the predominant orientation of teachers towards the proffesional values and to the emotional values that constitutes a good premise for the procurance of a high proffesional performance. Teachers that are occupied with proffesional development and the establishment of relations based on harmony and emphaty are, actually, persons resource in the school organisation frame.

If these atititudes are doubled by the assumption of responsibility according to actions and to their results, than we can talk about high chances of obtaining good performance for the didactic activity. We are mentioning here a limit of our study- the absence of the correlation between the values of orientation and locus of control that makes us recomend the utilisation of other instruments for the determination of measure in which teachers believe that they have control on background and upon the level fo assumption of the results of their own actions.

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MEANING OF LIFE FOR YOUNG PEOPLE WITH TYPICAL DEVELOPMENT AND THOSE WITH INTELLECTUAL, HEARING AND VISUAL DISABILITIES

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Abstract: The meaning of life comes from some needs and naïve possibilities and it`s build progressively under the influence of the values promoted by a subculture but also from some significant life experiences. Therefore, current behaviors are determined by needs but also by aspirations under the form of the meaning of life. We shall detect behaviors of satisfying some needs, of promotion, of defense and of avoidance of a self-image, of some values and even of a life philosophy that represent a hole that we named `meaning of life`.

This meaning of life, being built under the social norms influences, will present resemblance but will also differ from one individual to another through significant experiences and disability. Therefore, we wanted to study some constitutive aspects of the meaning of life with young people with typical development and with intellectual, visual and hearing disabilities.

Key words: meaning of life, purpose of life , young people with intellectual, visual and hearing disabilities.

The meaning of life doesn`t show up just like that, it is obtained in a social way, by interacting with others, based on cultural norms. The meanings identified in each and every one of us, don`t just show up, out of nothing, they must be built because nature endows us with needs but doesn`t give them meaning. The person

may choose, in the best case scenario, out of the meanings given by the cultural or social norms.

Sometimes, the meaning of life might be represented by a chaotic accumulation of obligations, projects and feelings, that seem to make sense. A remarkable difference between societies and structures it`s given by the measure they impose a certain set of beliefs and convictions to their members. Each person builds its own meaning of life, whether they realize it or not.

Victor E. Frankl says that each individual has its own vocation, its own mission, which will lead to fulfilling a certain task that needs to be fulfilled. (Frankl, 2009). A person can find its own meaning of life only by being responsible, but what really matters it`s not the meaning of life in general, but more likely the specific sense of one`s life at a certain point. The major problem of our times is that modern life gives people a multitude of meanings like language, information, communication, mass-media, symbols, institutions, norms, but not all of these give in exchange a guide about fundamental values.

`The values crisis`, as it`s named by Baumeister, R.F., represent the only major problem regarding investing life with meaning (Baumeister, 2011). In the majority of cases, people rely only on finding personal identity and on self-knowledge. These give great importance to Self by cultivating exaggerated personal identity, therefore value becomes fundamental. Life has many meanings and therefore there is a chance that most lives do not fit in a single story of life.

The multitude of meanings may determine cases in which certain individuals might ruin their whole life by wrongly identifying their `true` meaning of life, because the overall meaning of life depends exclusively on us and if we are not cautious enough, our meaning of life might turn into an undefined and unsolved blend of daily problems, complaints, opinions unsafe and clichés. It is important therefore to know how to build their own lives meanings.

Existentialists were aware that most people do not organize their life as they feel and how they want, but do what they are asked and what others do.

If the purpose can be chosen by the individual, then comes authenticity, that is that meaning can be chosen based on their own decisions so given the chance to choose consciously, but where not yield pressures culture or immediate circumstances, the individual is likely to choose a mixture of fragments of meaning. (Heidegger, apud Baumeister, 2011).

Sometimes, the meaning of life might be represented by a chaotic accumulation of obligations, projects and feelings that seem to make sense. A remarkable difference between societies and structures it`s given by the measure they impose a certain set of beliefs and convictions to their members. For example, some cultures have a rigid approach, by imposing a certain lifestyle to

each individual while other cultures offer multiple approaches, which makes it difficult for those in search of a suitable meaning for their lives.

Regarding the first issue, the explanation is given by W. Thomas who says that we humans react based on meaning, and these reactions have physical consequences ,which means that if something has physical consequences, then it`s real. "If men define situations as being   real, they become real through their consequences.` (Thomas, W., apud Baumeister, 2011, pag. 572).

The second problem finds its solving through an example according to which the description of money or coins by molecular aspects, atomic aspects of color, shape, etc., omit   real   money function meaning. (Baumeister, 2011).

Life is the result of natural biological processes; it is a physical reality because   it is made out of atoms and molecules which follow the laws of nature. About life it is known that it may exist without making sense, but there are cases where meaning precedes life, like in the situation a couple decides to have a baby.

Meaning does not mean the refusal of people to seek happiness or exposing themselves to the risk of harm, but improving, or even overcoming these natural needs. There is a need which fits the limit between natural and cultural needs such as the need to belong to a social group because every human being, at any age would be, feels the need to establish and maintain interpersonal relationships with others.

The meaning is related to language and mental connections, it is the shared mental representation of possible links between objects, events and relationships. A feature, the most obvious of meaning, is the ability to establish associations and differences. Even other species with very low intelligence learn how to make associations and differences. Association and differentiation facilitate the design and use of symbols.

Meaning is divided into two main categories. One is the ability to help us discern patterns in the environment, and the second one refers to the individual's ability to control his own behavior and internal states through meaning. For people to be able to adapt, to keep a balance, a harmony between them and the environment, it involves both the possibility that the environment may change so that the person may adapt, but also how man can change in order to perform the same behavior.

The meaning can have several levels. The levels refer to the number and complexity of the links established with other units of meaning. There are short and long term effects of the meaning. The short term ones are represented by lower levels of meaning, while the long term ones are represented by higher levels of sense. (Vallacher şi Wegner, apud Baumeister, 2011).

The use of meaning on lower levels ,as name, tend to be concrete and limited in time, however, the use on higher levels can refer to complex relationships. Complex meanings are constructed by combining simple meanings ,also known under the term of *construction*. The lower levels tend to have narrow time frames and are often *deconstructed*, meaning they are deprived of elaborated interpretations. Besides all that, we can say that it is possible to live without finding a meaning which involves all aspects of life. In a man's life we can identify quite a number of short-term projects and purposes, what organizes its immediate activities into meaningful units, but which may not be assembled into a network of superior meanings, through which we could interpret the person's whole life. (Emmons, apud Baumeister, 2011) The most important type of meaning is **standard,** being an abstract concept, used to measure and evaluate objects, people and events.

The use of meaning involves interpretation that is the process by which things or events are given a meaning. The way individuals interpret human life requires knowing the meaning of life.

To interpret something, people compare that thing with other things that they already know or know how they work. Similarly works discerning the meaning of life. By using some standards we can determine whether life is good or bad.

The meaning of life is a product which combines two different things: it creates meaning and gives it to life. Meaning refers to ideas that establish connections between things and arises as a result of simple associations and differences. (Baumeister, 2011).

The four basic needs of meaning are: **purpose, value, effectiveness and self value**. When a person does not meet the needs of sense, certainly concludes that life does not have enough sense.

Purpose does not necessarily have to be fulfilled or achieved in life, because a person might live a life that is full of meaning by continuously trying to reach a goal, but which will not be achieved not even until death. Human behavior is guided by purpose and results. Using meaning increases the use of goal-orientation because meaning is a significant factor influencing behavioral self-control. Meaning also helps the individual to organize their behavior so as to lead to fulfilling their purpose.

Purpose involves three aspects in order to be achieved: imagining the way or the mood, analyzing and evaluating behaviors in terms of their effectiveness in achieving the goal and the last one, the person has to make decisions to achieve the set goals. The meaning of present events and activities are given by future events because it allows the person to interpret present situations by relating to future events.(Baumeister, 2011).

Human beings are very motivated find valuable sources and to justify their actions. The need of value refers to human motivation of feeling that his actions are correct, good and justifiable. People must feel that their past and present actions are not reprehensible and offensive and want to see their lives as being of positive value. A person`s conviction that a certain action is correct and just is the reason that he will do it , just as the belief that an action might have negative repercussions can prevent us from performing that activity. So we can say that value is a form of motivation.

The meaning of life involves both positive and negative values. Negative values are those that prohibit certain acts. All societies have moral values that describe acceptable behaviors even though most of the moral rules are negative. However, rules tell us what not to do. But kindness does not mean, just the mere absence of evil.

A third need is that of the feeling of effectiveness. People need to feel that, to some extent, can control events.

Effectiveness means that people can feel capable and strong enough to have a meaningful life. A meaningful life represents more than just having goals and values, they need to be able to achieve certain goals and to accomplish values. Effectiveness is closely linked to the concept of control so that individuals can test their sense of effectiveness by controlling the environment. But if a person should perceive its own effectiveness without controlling the environment, it might feel that that need is unsatisfied.

The last need of meaning, the fourth, it that of feeling oneself as being valuable. People must find their life purpose, so that they appear in a favorable light. This need is usually manifested by identifying an aspect through which the person can feel superior to others. The part that helps people excel in many actions is the attempt of becoming superior to others. In other words, the people`s need represents the attempt to find a basis for the positive value of self, the search for criteria that they consider good and valuable and by which they can convince others about these qualities because, another need of the individuals it that of being respected by themselves and by their peers.

The four needs of meaning are of double importance. First they help us understand how people form their meaning of life, and secondly, they help us in our study of a person`s meaning of life.

Research Objectives
Objectives and research hypotheses
1. Highlighting some structures of the meaning of life for young people with typical development and for those with intellectual, hearing and visual disabilities
2. Analyzing issues about the meaning of life in the four categories of youth.

Research hypotheses
1. We assume that the meaning of life is marked by age specific: need for independence, family, fun and work.
2. We assume that disabled young people the value of life is given by their health and seeking respect from peers

Research methodology
Inspired mainly by RF Baumeister, we created a questionnaire to identify the meaning of life, life fears, frustrations and life situations avoided as well as indifferent life situations. (After Baumeister, RF, 2011).

The questionnaire contains 15 items with open answer. The responses are analyzed by weight and interpreted according to the meaning set out above, regarding the aspect of the meanings of life.

Samples research
They were selected (random selection) four batches of 30 young people (a total of 120 subjects) with chronological ages between 18-35 years, and relative equality between the sexes as follows: a group of young people with typical development (TT), a group of young people with visual disabilities (TDV), a group of young people with mild intellectual disabilities (TDI) and a fourth group of young deaf people (TDA). They are taught either in special technologycal schools or are graduates of the special education system and belong to persons with disabilities associations.

Presentation, analysis and interpretation of survey data

Table.1
Share of the main responses of youth to item 1

item	Answer	TT (%)	TDV %	TDI (%)	TDA (%)
1. What do you appreciate about life?	Honesty	**40**	**30**	0	0
	Health	23,3	**30**	10	**20,3**
	Family	20	0	26,6	30
	People/their character	0	**30**	0	**26,6**
	respect	0	0	**40**	0
	other	16,6	10	13,3	20

We note that young people with typical development mostly appreciate *honesty* (40%) young visually impaired people also appreciates (30%) *honesty, health and people*, those with intellectual disabilities appreciate *respect* (40%) and those with hearing disabilities appreciate *people`s character* (26.6%) and then, *health* (20.3%).

Table. 2

Share of the main responses of the young to item 2

Item	Answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
2.what are you indiffe rent about?	Malice	**46,6**	**43,3**	0	0
	Beating	0	0	20	0
	Gossip	0	0	0	20
	Strangers	0	0	**43,3**	0
	Nothing	23,3	30	23,3	**46,6**
	Stupidity	23,3	20	0	0
	Football	0	0	0	13,3
	other	6,6	6,6	13,3	20

Regarding the elements of life that are treated with indifference, *malice* is mentioned by young people with typical development (46.6%), those with visual disabilities also mention *malice* (43.3%), those with intellectual disabilities noted *strangers* (43.3%) and those with hearing disabilities state that *nothing* in life is indifferent to them. (46.6%).

Table. 3

Weight of the main responses of young people in Item 3

Item	Answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
3. What do you enjoy in your life?	Family/friends	**33,3**	**30**	23,3	**40**
	Progress	16,6	0	0	0
	Happiness	**33,3**	0	0	0
	Movies	0	0	0	26,6
	Work	0	0	**36,6**	0
	walking	0	**36,6**	**30**	0
	Trips	0	0	0	20
	Socializing	0	20	0	0
	other	16,6	13,3	10	13,3

Regarding the elements that make the greatest pleasure in life, young people with typical development mentioned *family* and *joy* (33.3%), those with visual disabilities, *walking* (36.6%) and *family* (30%), those with intellectual disabilities *work* (36.6%) and *walking* (30%) and those with hearing disabilities, *family / friends* (40%).

<div align="right">Table. 4</div>

Weight of the main responses of youth to item 4

Item	Answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
4.what do you think might harm you?	Illness	**40**	30	0	**36,6**
	Evilness	23,3	**56,7**	**43,3**	26,6
	Beating	0	0	30	0
	Betrial	23,3	0	0	0
	Earthquake	0	0	0	20
	Nobody	0	0	16,6	0
	Other	13,3	13,3	10	16,6

Regarding fears, *disease* is mentioned by young people with typical development (40%) and by those visual impairment (36.6%), those with visual disabilities mention *malice* (56.7%), as well as young people with mild intellectual disabilities (43 ,3 %).

<div align="right">Table. 5</div>

Weight of the main youth answers to item 5

Item	answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
5. What would you like to do but you are not able to at the moment?	Independence	**30**			
	To gain my sight back		**36,6**		
	Walking	**30**	30	13,3	**33,3**
	Playing			33,3	
	Working	23,3	20	**40**	
	Staying				16,6
	A home				13,3
	Talking				16,6
	other	16,6	13,3	33,3	20

We see answers vary at the item covering the gap between actual behavior and the desired way: young people with typical development would like *to walk* and *be independent*, although they do not do this (30%), *walking* is also prized, although they do not do it, by young people with visual disabilities (30%) and by those with hearing disabilities (33.3%). *Work* is what young people with intellectual disabilities lack (40%). In addition, young people with visual disabilities want *to see* (36.6%).

<div align="right">**Table. 6**</div>

Share main youth answers to item 6

Item	Answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
6. what wouldn`t you like to do?(what you avoid doing?)	Fighting	**36,6**		**50**	
	Evil		**46,3**		**33,3**
	Lying		26,6		
	Offending		16,6		
	Beating			13,3	
	Unfulfillement	20			
	Others words	30			
	Learning			30	
	Cleaning				16,6
	Staying in the country side				20
	Loneliness				13,3
	Other	13,3	10	6,6	16,6

Responses regarding avoidance behaviors have focused on the frameworks of doing harm - young people with visual disabilities (46.3%), those with hearing disabilities(33.3%) and on those of quarrel, young people with typical development (36.6%) and those with intellectual disabilities (50%).

Weight of the main responses of young people to item 7

Item	answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
7. what does it mean to you to live a good life?	Fulfilling wishes	20			
	Money				**40**
	To see		20		
	Voice				20
	Having fun		16,6		
	Family	**33,3**			**33,3**
	The company of friends			20	
	peace			**30**	
	Independence			**36,6**	
	Health	**33,3**	**43,3**		
	other	13,3	20	13,3	6,6

Various subjects gave answers to the question of what constitutes a good life for them. Young people with typical development appreciate *family* and *health* (33%), *health* being assessed also by visually impaired young people (43.3%), *peace* (30%) and *independence* (36.6%) represent welfare for young people with intellectual disabilities, and for those with hearing disabilities *money* (40%) and *family* (33.3%) are significant.

Weight of the main responses of young people under Item 8

Item	answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
8.what do you want to receive from life?	Happiness	**46,6**	20		
	Respect			**30**	
	Health	23,3	**56,6**	23,3	30
	A job			**33,3**	13,3
	Money				**50**
	Sight		23,3		
	Family	20			
	Other	10		13,3	6,6

Regarding life `offerings`, young people with typical development (46.6%) want to receive *happiness*, those with visual disabilities want *health* (56.6%), young people with intellectual disabilities want *employmen*t (33.3%) and *respect* (30%) and those with hearing disabilities want to receive *money*.

Weight of the main responses of youth to item 9

Item	Answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
9. how do you think you should act?	Respect	**43,3**	**60**		20
	Nice			**70**	**33,3**
	Polite			26,6	
	fair				**36,6**
	Common sense		16,6		
	optimism	20			
	Dignity	26,6	16,6		
	Other	10	6,6	3,3	10

Respectful behavior is appreciated by young people with typical development (43.3%) and those with visual disabilities (60%) and "*nice*" is considered by those with intellectual (70%), hearing (33.3%) disabilities. The latter also appreciate *correct* behavior (36.6%).

Share of the main responses of youth to item 10

Item	Answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
10. Is your current behaviour the one that you want?	Yes	**66,6**	**60**	**73,3**	**83,3**
	No	23,3	33,3	20	10
	Yes and no	10	6,6	6,6	6,6

A similar situation is given by all young people, when they evaluate that their current behavior is consistent with that they desire. The scores range between 60 and 83.3%.

Weight of the main responses of young people in Item 11

Item	Answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
11. do you believe that what happens to your life is of your own contributio n?	Yes	**90**	**60**	**70**	**60**
	No	3,3	30	26,6	33,3
	Yes and no	6,6	10	3,3	6,6

Regarding internal life control, young people think they are in control, in an overwhelming proportion (60 to 90%).

Weight of the main responses of young people in Item 12

Item	Answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
12. How would you like to be treated?	Respect	46,6	**76,6**	36,6	**36,6**
	Nice			**63,3**	
	With calm/with patience				**40**
	Civil				20
	As I treat them	**53,3**	23,3		
	other				3,3

When asked what concerns the way they want to be treated by others, the answers are different. Young people with typical development will have a *similar approach to that of their own* (53.3%), those with visual disabilities would like to be treated with respect (76.6%), "nice" will be the behavior of others towards young people with intellectual disabilities, and young people with hearing disabilities want to be treated with *respect* (36.6%) and *patience* (40%)

Weight of the main responses of youth to item 13

Item	answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
13. At the time being, are you treated as you like?	Yes	**63,3**	**40**	**63,3**	33,3
	No	13,3	**43,3**	30	13,3
	Yes and no	23,3	16,6	6,6	**53,3**

Currently they are treated according to their wishes typically developing young people and those with intellectual disabilities (63.3%), young people with visual disabilities are treated differently (40% according to their wishes and 43.3% inadequate), and those with hearing disabilities have part of the ambiguous attitude (53.3%).

Table. 14
Weight of the main responses of youth to item 14

Item	Answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
14.What do you think is the value of life?	Happiness	**36,6**			
	Respect			**33,3**	
	Family	30	33,3	10	36,6
	Money				**43,3**
	Health	16,6	**53,3**	**30**	13,3
	Other	16,6	13,3	16,6	6,6

The value of life is considered to be *happiness* by 36.6% of young people with typical development, *health* is appreciated by those with visual disabilities (53.3%) and those with intellectual disabilities. The last ones also value *respect* (33.3%) and young people with hearing disabilities appreciate *money* (43.3%).

Table. 15
Weight of the main responses of youth to item 15

Item	Answer	TT (%)	TDV (%)	TDI (%)	TDA (%)
15. Are you satisfied with your life?	Yes	**73,3**	**50**	**93,3**	**46,6**
	No	10	36,6	6,6	10
	yes and no	16,6	13,3	3,3	**43,3**

All young people are satisfied with their lives. Young people with typical development in a rate of 73.3%, the visually impaired 50%, people with intellectual disabilities 93.3% and 46.6% those with hearing disabilities, but there is room for improvement to 43.3%.

Conclusions

Our conclusions are based on the synthesis and interpretation of research results based on search attitudes and behaviors or identifying a way of life: items 1, 3, 7, 8, 9, 5:12; attitudes concerning fears identification and avoidance of situations and behaviors: items 4 and 6; life control situations and frustration: items 9, 10, 11, 12, 13, 15 and 5; indifference: ITEM 2.

1. Attitudes and behaviors identified or sought that give meaning to life.

a. Young people with typical development (TT): in the first place there is *family* and *happiness*, then *sincerity, joy* and *respect.*

b. Young people with visual disabilities (TDV): first we find *health*, followed by *respect* and third - *sincerity, people, family, walking, recovery of sight*.

c. Young people with mild intellectual disabilities (IDD): first is *respect* and *work,* then "*good behavior*", and in the third place we find *walking, independence, pea*ce *and health*.

d. Young people with hearing disabilities (TDA): f*amily* comes first, followed by *money* and in the third place, "*good behavior*" and *fair* and *friends*

2. Avoidant fears and behaviors:

a. Young with typical development (TT): *disease, argument, gossip*.

b. Young people with visual disabilities (TDV): *to hurt and to be treated with malice*.

c. Young people with mild intellectual disabilities (IDD): *malice, strife*.

d. Young people with hearing disabilities (TDA) : *disease, to do evil.*

3. Frustrations and locus of life control

Frustrations:

a. Young people with typical development (TT): *too little respect, independence and ride*

b. Young people with visual disabilities (TDV): *does not see and is not treated with respect*

c. Young people with disabilities mild intellectual (TDI): are not treated "well" and don`t have a job.

d. Young people with hearing disabilities (TDA): are not treated with patience, respect and do not walk enough.

All young people say they are responsible and in control of their lives, yet visually impaired young people seem to believe that they lack control over their lives.

4. What are they indifferent to?

a. Young with typical development (TT): *malice*

b. Young people with visual disabilities (TDV): to hurt and be treated with malice.

c. Young people with mild intellectual disabilities (IDD): foreigners

d. Young people with hearing disabilities (TDA): malice

What seems to be alike to all young people is the need to be respected and to have a secure and pleasant environment amongst family or friends, to have fun and relax walking. They are trying to find a good health to enable them to be happy and be able to work. Honesty and independence are valued as much as money (especially by hearing impaired young).

They avoid and fear of: illness, quarrels, "wickedness" and gossip.

They think they can control their lives and the main frustration comes from disrespect, having little fun like walking, lack of patience, too little independence and even coming from disability (especially visual) which limits self-control.

Although they say they are indifferent to evil (TT and TDV) that does not come out of their previous answers. Young people with hearing disabilities are not indifferent to anything whatsoever, and those with mental disabilities are indifferent to strangers, being well anchored in the concrete known.

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DEVELOPMENT OF PSYCHOSOCIAL SKILLS OF CHILDREN - BRIEF THEORY -

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Abstract: This brief text focuses on the development of social, cognitive and emotional skills of young children.

It aims to define the theoretical concept of "psychosocial skills" defined by World Health Organization (WHO) in 1997 (WHO, 1997, 2003; Mangrulkar et al., 2001), and to demonstrate the way it is articulated with the Ottawa Charter to promote a global positive health, both physically and mentally (WHO, 1986).

The goal requires the development of psychosocial competences, which must be transmitted to the new generation, for it to be able to cope with everyday life situations and to build life conditions favorable for their good physical and mental health.

Key words: psychosocial skills, children, community health, health determinants, countries with limited resources.

This brief text focuses on the development of social, cognitive and emotional skills of young children. It aims to define the theoretical concept of 'psychosocial skills' defined by World Health Organization (WHO) in 1997, (WHO, 1997, 2003; Mangrulkar et al., 2001), and to demonstrate the way it is articulated with the Ottawa Charter to promote a global positive health, both physically and mentally (WHO-1986).

According to the Ottawa Charter (1986), the social determinants of health are: socio-economic support of health, and socio-economic support of child development, through the next factors: peace, living conditions, nutrition,

education, a sustainable and stable ecosystem, equity, social justice and social responsibility of health (WHO, 1986).

A study of investigation of the health of Canadians, that was carried out in 1994, shows that a healthy child development is part of the key determinants of health promotion (https://quizlet.com/78617587/social-determinants-of-health-flash-cards/).

The health of a population is measured through health statistic indicators, like: Death Rate, Standardized Mortality Rate (SMR), Life Expectancy, Child Mortality Rate (CMR). These indicators can be improved through health education (Gavrilă & Gavrilă, 2016).

Knowing how to solve problems, to communicate effectively, to be aware of oneself and others, and knowing how to regulate one's emotions are all psychosocial skills that have been implemented all over the world, under the impulsion of WHO. This concept is part of the 'empowerment' (WHO) that gives a person the power over the direction of their life. The Ottawa Charter pleads for acting on health determinants. Urie Bronfenbrenner's *Theory of Ecological Systems* (1979-1986) presents the systemic interaction between the various states of child development (Bronfenbrenner, 1979; 1986).

The prevention programmes 'Life Skills Training' (WHO, 2010; UNDOC, 2010) are based on the development of psychosocial skills. They are recognized as a determinant of health and well-being. Thus, effective intervention becomes one of the public health and community health levers, for both northern and southern countries, with more limited resources (UNICEF, 2012). By integrating this concept into education, there are created favorable conditions for a good physical and mental health of young children. The actors of the macro-system (policies, decision makers, funders), by promoting the implementation of development programs of psychosocial capacities, allow health, social and educational professionals (meso-system), to transmit to parents and children (micro-system) positive values and attitudes for their good health and well-being (Bronfenbrenner, 1979; 1986).

The insufficiency of psychosocial skills is one of the determinants of risky behaviors: psychoactive substance use, violent behaviour, risky sexual attitudes. Developing the psychosocial skills of children allows the prevention of mental health problems, mental disorders, and suicide. Their reinforcement enhances social interactions, allows positive relationships with their parents, increases well-being, and decreases unfavorable health behaviour. Together with increased self-esteem and resilience, psychosocial skills promote better academic results and good social skills. In addition, parents' psychosocial skills represent protective factors for behavioral problems and substance abuse disorders (Kumpfer, Fowler, 2017; Hutchings, Lane, 2005; Pettit, Bates, 1989).

Dunn and Hayes Sodh (1999) show, in their study, that health indicators are influenced by socio-economic and physical environments, level of education, psycho-social skills, genetics, early childhood development, and level of health services (https://quizlet.com/78617587/social-determinants-of-health-flash-cards/).

A practical exemple is the study of Gavrilă, about the deviant behaviour of adolescents. It shows how environmental factors, like different residential areas, are ethiological determinants of teenage deviancy (Gavrilă, 2014). Teenagers with behavioural disorders, 'through social and educational formative influences, can form positive character traits to dominate over the negative ones, their dominance leading to a balanced personality' (Gavrilă, 2014, p. 232). The study aimed to establish a relationship between the gender and family background of teenagers, and their deviant behaviour. The research comprised 60 Romanian teenagers, 29 living in urban areas, and 31 in rural areas. As a research method, the following questionnaires have been used: *Importance of Goal Scale, Paired Comparisons Survey,* and *Say-Say Correspondence Survey*. The results of the study show that there are differences between the adolescents living in villages and those from urban areas, both in terms of personal well-being and psychosocial abilities. Adolescents from rural areas are focused on developing community relational qualities, as altruism, while urban teenagers are more pragmatic and focuse on personal self-development, professional autonomy and empowerment, regardless of gender (Gavrilă, 2014, p. 237).

In accordance with *International Convention on the Rights of the Child* (1989), respecting children's rights represents an assessment tool for the social and economic level of development of different states (Gavrilă & Gavrilă, 2017, p. 128).

This approach is illustrated by experiments carried out in Europe in the living environments: schools, villages, sports activities. They can be transferable to resource-poor countries.

In the framework of respecting the human rights and children's rights, good physical and mental health of people constitutes a public health challenge. This goal requires the development of psychosocial competences, which must be transmitted to the new generation, for it to be able to cope with everyday life situations and to build life conditions favorable for their good physical and mental health.

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LIKING OR JUST WANTING? FOOD PREFERENCES AND NARCISSIST PERSONALITYT TRAITS

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Abstract: We study the association between narcissist personality traits and sweet, salt and fat related behaviors. 157 patients were included. The Millon Clinical Multiaxial Inventory – III (MCMI-III) was used for assessment of personality traits and PrefQuest was used for measuring recalled food preferences. The results confirmed that salt, fat and salt, sweet, fat and sweet taste preferences are positively associated with narcissist personality traits. The data provide novel insights into the relationship between narcissist personality and food taste preferences.

Keywords: food preferences, taste preferences, narcissist personality traits

Introduction

High intakes of sodium, sugar and fats have been linked to the development of chronic diseases such as cardiovascular diseases, obesity and diabetes (WHO/FAO, 2003). Liking for these nutrients also play a role in the sensory perception of food and would be seen as an essential component of desire, and desire a major contributor of preferences. There is a latent or stated presumption that food choices are a close or even direct reflection of sensory hedonic responsiveness (Mela, 2006).

We used the concept of "liking" and "wanting" as a subjective and habitual taste preference from a biopsychological paradigm (Elfhag & Erlanson, 2006; Berridge, 2004). The biopsychosocial theory applied to drug craving a distinction between liking and wanting implying different actions of brain system (Elfhag & Erlanson, 2006; Robinson & Berridge, 2001). Liking, or palatability,

refs to one's hedonic responses to a food and is a triggered affective state that requires no motivation for further reward (Garbinski & al., 2014, Berridge, 2009). Wanting, on the other hand, refers to one's motivation and appetitive drive to consume a food. It is postulated that eventual sensitization of brain systems after repeated exposure will in particular mediated the subcomponent of reward that can be labeled as "wanting". This would mean that a substance such as sugar can be craved, wanted and sought out, even it is not considered as pleasurable anymore (Elfhag & Erlanson, 2006; Berridge, 2004). When wanting is high, it makes the desire food more attractive and attention seizing which can trigger thoughts of eating (Garbinski & al., 2014; Berridge, 2009). However, liking and wanting go together to taste and food preferences.

Interactions of food components with human biology and with social and eating context give rise, in some predictable ways, to relatively stable individual food likes or preferences (Mela, 2000). Sensation seeking is one of the personality characteristics that has often been associated with individual differences in taste preferences and a close relationship between the gustatory system and personality (Sagioglou & Greitemeyer, 2016). For example, people with high in sensation seeking tend to be have an increased preference for spicy food and caffeine (Byrnes & Hayes, 2015). Bitter taste preferences are positively associated with antisocial personality traits and most robustly predict everyday sadism (Sagioglou & Greitemeyer, 2016). Preference for sweet foods predicts pro-social personalities, pro-social intentions and behaviors (Meier & al., 2012). People who liked sweet foods are higher in agreeableness (Bailey, 2016).

The construct of narcissism shows no sign of fading away. It is one the oldest personality construct, it continues to fascinate psychologist and it has infiltrated popular culture (Krizan & Herlache, 2018). As a result, the topic of narcissism is undergoing an exponential explosion in scientific attention. There are a flexible use of the term "narcissism", denoting everything from a self-oriented motivational state, a normal phase of psychological development, a configuration of personality traits, to a personality disorder. At its core, narcissism is defined by an orientation toward seeking out self-enhancement experiences from the social environment to satiate needs for admiration and recognition (Roche, Pincus & al., 2013). Clinical views of narcissism have understood that self-involvement presents with *grandiose* thought, feelings, and behaviors (e.g. vanity, exhibitionism, over-confidence) as well as *vulnerable* thoughts, feelings, and behaviors (e.g. defensiveness, withdrawal, and resentment) (Krizan & Herlache, 2018).

The personality viewed as an evolutionary adaptation (Millon, 1969, 1981, 1990, 2011) and personality disorder as a problem in adaptation give rise to individual differences in personality styles ranging on spectra from normal to

disordered. Personalities are considered an human successful or failed efforts to balance three essential bipolarities that comprise the goals of life: existential survival (avoiding death or pain and enhancing life and pleasure), ecological adaptation (passive environmental accommodation and active environment modification), and species replication (maximizing reproduction and self-focus on nurturing progeny and other focus) (Pincus, Krueger, 2015). The narcissist personality according to the evolutionary model, are one of two "independent" personality patterns classified as CEN spectrum (Confident, Egotistic, Narcissist) by Millon which stated that they exhibit a primary reliance on self rather than others, and have learned that maximum pleasure and minimum pain is achieved by diminishing the significance of others and turning passively to the high status they assign to themselves. There are described three levels of narcissism. The mild or normal level, termed the confident style, is self-centered but also successful in social and occupational settings. The abnormal or moderate egotistic personality demonstrates an outlook and behavior that begins to antagonize others by virtue of his presumptions and disclaim for others. The most serious level, the narcissist disorder, possesses arrogance and self-indulgence that justifies the designation as set forth in DSM criteria (Millon, 2011). Vulnerable narcissism and aspects of grandiose narcissism were identified in individuals with eating disorders (Fairburn & al., 2003). Moreover, the eating disorder identity compensates for the lack of a clear identity and sense of self (Fassino & al., 2009). Best practice standards include narcissism into the conceptualization of eating disorders (Bailey, 2016).

To the extent that the assessment of the subjective taste preferences and narcissist traits predict an outcome, the result would seem important from a process relates standpoint. The psychological effects of food preferences may provide information about the taste preferences and personality (Deglaire & al, 2012).

Methods
Participants

The participants were 157 subjects, 79 men and 78 women, with a mean age of 30.52±12.67 years (m±SD), and an age range of 18 to 80 years.
Instruments

Taste preferences. The preference for salt-, sweet- and fat was asses with Prefquest (Deglaire & al., 2010) which measures recalled liking for the four sensations: salt, sweet, fat an salt, and fat and sweet. PrefQuest (PQ) included for four types of items: liking for sweet, fatty-sweet, salt, and fatty-salt; preferences in the level of seasoning by adding salt, sweeteners or fat; preferences for types of dishes in a restaurant menu; overall questions about sweet-, salt-, and fat- related

behaviors (Deglaire, Schlich &al, 2012, 2014, 2015, 2016).

Narcissistic traits. Millon Clinical Multiaxial Inventory-III (MCMI-III) was used to identify and measure personality and narcissist traits. MCMI-III is a 175-item, true-false self report format. The inventory contains 24 clinical scales arranged into four distinct Clinical Personality Patterns, Severe Personality Pathology, Clinical Syndromes, and Severe Clinical Syndromes.

Procedure

The participants were selected within medical settings after they accepted to participate for a eating behaviors research. They were in ambulatory treatment for chronic or acute disorders. The patients were invited to a psychological assessment starting with personality assessment. From a number of 687 participants, were selected a number of 157 subjects which presents narcissist personality traits (mild, moderate and severe).

Statistical methods

The PrefQuest and MCMI-III subscales mere both found to have an acceptable normal distribution in the prevailing sample, and parametric test mere accordingly used for all analysis. Pearson $\chi 2$ was used for comparing taste preferences to sex, gender, age and personality and ANOVA was applied for the analysis on differences in taste preferences. Two-tailed significance tests were used and the selected level of statistical significance was p < .05. For all statistical analysis the Statistical Package for Social Sciences (SPSS) was used.

Results and Discussion

In Pearson correlation was observed weak relationship between narcissist personality and preferences for sweet food (r = 0.210, p=0.01), sweet-fat food (r=0.212, p=0.01), salty food (r=0.289, 0=0.01) and salty-fat food preference (r=0.178, p=005).

Table 1

Sweet, Sweety-fat, Salt, Salty-fat food preferences in relation to narcissist personality

		Sweet pref.	Sweety-fats pref.	Salty food pref.	Salty- fat food pref.
Narcissist traits	P - value	,210[**]	,212[**]	,289[**]	,178[*]
	Sig. (2-tailed)	,008	,008	,000	,026
	N	157	157	157	157

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

The result suggests a weak differentiation of food preferences for

sensorial attributes related with different levels of the narcissist personality. Grandiose or vulnerable narcissism, it characterized by lack of clear identity and sense of self, which could be pseudo-fuelled by food, no matter what kind of food or taste, even at the imaginary level. The narcissist personality style learned that the pleasure and satisfaction with life comes with the self-centering and minimizing the significance of others. In terms of food preferences, the psychological mechanism could be described as the narcissist centering on food as possession or achievement in detriment of sensorial or taste experiences with food. They "choose, but not choose" all taste types of food. In fact, they "want" the food, more that they "like" it. The narcissist personality style didn't know what they like because their innate low capacity to feel or interact with sensorial world.

Conclusions

Everyone has to eat. The food is everywhere for most of us, included persons with narcissist personality style, which is an independent personality with a passive social pattern (Millon). They don't look or search for anyone or anything, maybe not even food. In the same time the narcissist person always expects attention, gratitude and reward. The food is a type of reward for narcissist person that they think it deserves because their sensitivity to gratification. They want it even they don't really know if they like it. They have to learn what they really like and need. This type of discrimination and awareness could be achieved within relation with food, which is one of the most accessible contexts where the narcissist feels entitled to nurture their self. In the other hand, most researchers demonstrate the potential for chronic excessive food intake to sensitive "wanting: in disconnection from perceivable qualities of "liking", rendering individuals vulnerable to weight gain (Finlayson & Dalton, 2012). Because of narcissist's low capacity to discriminate between what they likes in behalf to egotistic behavior, they tend to oscillate between compulsive and restrictive eating. In this study we showed that sweet, salt, sweet and fat, salt and fat food, positively correlated with narcissist personality traits. These results can contribute to more understanding of narcissist personality and food preferences and may help to define psychotherapeutic intervention for shaping the narcissist personality in a more adaptive way. The narcissist personality could be shaped through the refinement of food preferences and the development of experiences with food. Future research must be done in this direction.

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ONLINE AGGRESSION TENDSENCIESW AND COGNITIVE EMPATHY TOWARDS THE VICTIM OF CYBERBULLING IN ADOLESCENTS
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Abstract: Empathy is an adaptive phenomenon in the act of inter-human communication, allowing a certain way of entering the psychology of the other as a means of elaborating own behavior pattern. Through empathy, we have the opportunity to better understand the other, to intuitively sense alterity's thoughts and affections, to anticipate behavior and even to act accordingly. In real, as in online environments, there are always two sides of this story, the best part is when the communication intention is good and the worst part is when manipulation interferes and the empathy serves to better understand victim's weaknesses to better use them against. Our research team has developed the project *Keeping youth safe from Cyberbullying*, ID 2016-3-TR01-KA205-036619 aiming to deeper understand the dynamics of different cyberbullying aspects in online environments among youth, by creating an online questionnaire assessing core concepts and perceptions about cyberbullying motives and effects. Our focus is in analyzing the effects of aggression tendencies on victim cognitive empathy in cyberbullying incidents, in 140 high school students. This research's conclusion brings an answer to the question of just how much empathy is needed for understanding cyberbullying victim's feelings and activating a prosocial behavior instead of turning it into a cruel act of psychological dominance all over the online pavement.

Key words: cyberbullying, curvilinear relationship, aggressivity, cognitive empathy

Why empathy?

Empathy is an adaptive phenomenon in the act of inter-human communication, allowing a certain way of entering the psychology of the other as a means of elaborating own behavior pattern. Through empathy, we have the opportunity to better understand the other, to intuitively sense alterity's thoughts and affections, to anticipate behavior and even to act accordingly. In real, as in online environments, there are always two sides of this story, the best part is when the communication intention is good and the worst part is when manipulation interferes and the empathy serves to better understand victim's weaknesses to better use them against. Empathy becomes a doorway of penetrating the interlocutor's internal reference, countering the aggressive manifestation, which will allow for a tolerant attitude, listening, and consideration of the partner's arguments as a prerequisite for interpersonal communication.

Looking at the bright side, in a society where people encounter difficulties in understanding each other, empathizing with someone else is generally seen as a positive issue, although the same capacity might equally turn the empaths against the other person in a cruel and vengeful way. To put is statistically, the greater the feeling of empathy for a victim, the greater the feelings of violence and wish to inflict pain is against any perpetrators (Buffone, A.E.K., & Poulin, M.J., 2014). We have found evidence of best friends turning into enemies when coming to cyberbullying. In a study on youth cyberbullying, conclusions underline that between classmates' interaction and just-for-fun online harassment there is a curvilinear relationship, demonstrating that best friends and as well as not knowing anything about your classmate (extreme aspects of classmates' interactions) gives incentives for the just-for-fun type of online harassment, while situating on the middle continuum in between extreme aspects of classmates' interactions is associated with an almost zero just-for-fun type of online harassment (Balas Timar, D., Demeter, E., Schwartz, C., Torkos, H., 2017).

All these findings seems perfectly right when analyzing the two components of empathy: affective and cognitive. Affective empathy, also called emotional empathy (Shamay-Tsoory, S.G., Aharon-Peretz, J., Perry, D., 2009) represents the capacity to respond with an appropriate emotion to another's mental state (Rogers, K., Dziobek, I., Hassenstab, J., Wolf, O.T., Convit, A., 2007). As Frans deWall (2008) stated, the ability to empathize emotionally is based on emotional contagion: being affected by another's emotional or arousal state. Cognitive empathy represents the capacity to understand another's perspective or mental state (Gerace, A., Day, A., Casey, S., Mohr, P. 2013) or the ability to understand what another person is thinking and feeling based on how one should think or feel. People use cognitive thought processes to explain the

mental state of others, thus being able to predict or explain others' actions by developing theories about human behavior.

Affective empathy can be subdivided into a) empathic concern defined as sympathy and compassion for others in response to their suffering and b) personal distress, seen as self-centered feelings of discomfort and anxiety in response to another's suffering (Frans deWall, 2008). Cognitive empathy can be subdivided into the following scales (Rogers, K., Dziobek, I., Hassenstab, J., Wolf, O.T., Convit, A., 2007): a) perspective-taking, the tendency to spontaneously adopt others' psychological perspectives, b) fantasy, the tendency to identify with fictional characters and c) tactical or strategic empathy: the deliberate use of perspective-taking to achieve certain desired ends. Looking at the empathy from this perspective, it is obvious that the construct involves multiple processes that incorporate on one hand automatic, emotional responses and on the other hand learned conceptual reasoning.

Currently the scientific debate concerning whether the impulse to help is based in altruism or self-interest is still very active.

Related to the second core concept of this research, aggression is generally considered to have a negative function eliciting disapproval, being evaluated as destructive and damaging regarding its consequences. Aggressiveness can be recognized through the manifestation of competition, through the struggle for survival, the delimitation of property, the need for perfection and success and not only. The environment itself provokes aggressiveness in many ways, and an aggressive environment can often be experienced as hostile, domineering, frustrating, and oppressive. Ellis (1976) considered positive aggression to be healthy, productive behavior if it promoted the basic values of survival, protection, happiness, social acceptance, preservation, and intimate relations. In the context of positive aggression, a certain amount of aggression is thought to be necessary and adaptive throughout childhood and adolescence because it helps build autonomy and identity (Gupta, 1983; Romi & Itskowitz, 1990). Furthermore, a certain degree of aggression or dominance empowers to facilitate engagement in cooperative and competitive activities, enabling a person to be healthfully self-assertive, dominant, and independent. According to this, positive aggression can take many forms, including self-protection, standing up in the face of negation, and none of the less defending against harm.

Thus, better understanding the picture of aggression/cyber-aggression and the causal factors beneath it are essential for understanding how to prevent the types of negative aggression in the future.

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Research methodology

The Erasmus project *Keeping youth safe from Cyberbullying*, ID 2016-3-TR01-KA205-036619, was developed by our research team, with the purpose of deeper understand the dynamics of cyberbullying in online environments among youth. Among the first research questions purposed by our team was the identification of the existent relationship between online aggressive tendencies and victim empathy in cyberbullying. In this regard, we have designed an online questionnaire aiming to gather descriptive data, general perceptions about cyberbullying phenomenon and perceptions about the safety of the educational environment, bystander motives of keeping silent, perceived parental support, and an auto evaluation scale centered on self-efficacy perceptions.

This paper's interest resides in analyzing the relationship between online aggressive tendencies and victim empathy in cyberbullying type incidents, due to the fact that according to arguments stated above, there is a "good" in aggressivity and a "bad" in empathy.

We have chosen single item measures because it owns the same efficacy in identifying statistical trends like multiple items scales, regarding online measuring of youth perceptions. Single item scales are usually used to represent global constructs (Wanous, Reichers, Hudy, 1997) that are conceptualized as mono facet or dimensions, like the ones we have focused on, online aggressive tendencies and victim empathy.

The two items that measure online aggressive tendencies and victim empathy:

Item 2 – *Please rate your opinion regarding the following affirmation: How often did you online harassed somebody?*
   1. Never.
   2. Seldom.
   3. Sometimes.
   4. Often.
   5. Almost daily.

Item 8 – *What do you feel about victims in online harassment?*
   a. They deserve it.
   b. I am sorry, but there is nothing I can do about it.
   c. That is a serious problem we have to stop.

Our hypothesis states that the two research variables: online aggressive tendencies and victim empathy are in a curvilinear relationship. In order to test our curvilinear hypothesis, we have used SPSS' multiple linear regression analysis, based on multiple regression analysis for curvilinear effects, where victim empathy was the dependent variable.

The study was conducted on a random sample of 140 high school students aged 17-19, of both sexes, 68 male (48.6%) and 72 female (51.4%), from both rural and urban environmental origins.

Results

In order to test our hypothesis that states that between online aggressive tendencies and victim empathy there is a curvilinear relationship, we have used a confirmatory factor analysis, based on multiple regression analysis for curvilinear effects.

A curvilinear relationship is described as a relationship between two or more variables which can be graphically depicted by anything other than a straight line. A particular case of curvilinear relationships is the situation where two variables grow together until they reach a certain point (positive relationship) and then one of them increases while the other decreases (negative relationship) or vice-versa, the graphically representation of the function being an U or an inverted U shape.

This relationship can be easily identified graphically by a Scatterplot, choosing additional two representations of the regression line: Linear and Quadratic model, for depicting curvilinear effects. The Scatterplot diagram presented in Figure 1, indicates the curvilinear relationship between online aggressive tendencies on the horizontal axis and victim empathy, represented on the vertical axis. The sample consists of 140 youth from Arad, Romania.
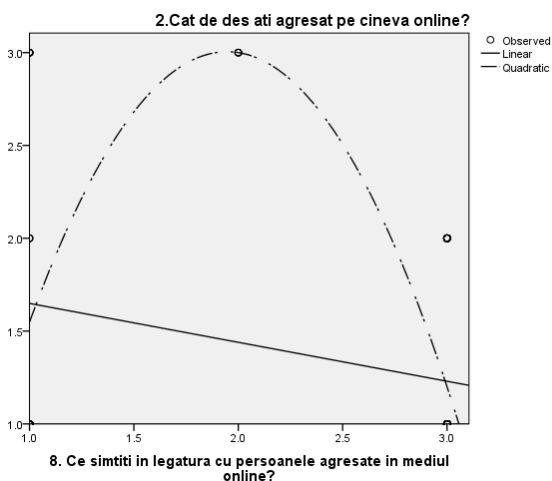

Figure 1. The curvilinear relationship between online aggressive tendencies (Item 2) and victim empathy (Item 8)

There is a very high correlation between online aggressive tendencies – Item 2 (m=1.33, SD=0.61) and victim empathy – Item 8 (m=2.53, SD=0.83) of r=-.284 significant at a p<.01 which methodologically allows us to proceed with multiple linear regression analysis.

For curvilinear relationship testing, the present study proposes a hierarchical multiple regression analysis, the dependent variable being online aggressive tendencies (Item 2), and the independent variable in step 1 victim empathy (Item 8), and in step 2 victim empathy (Item 8), and squared victim empathy (sqrtItem8).

Table 1 presents the fitting of the two models, linear – Model 1 and curvilinear/ quadratic – Model 2. As we can see in Model 1 the model that supposes linear relationship, online aggressive tendencies accounts for 7% of the variance in victim empathy with an F=12.088 significant at a p<.01. In Model 2, the model that supposes curvilinear relationship, online aggressive tendencies accounts for 26% of the variance in victim empathy with an F=25.651 significant at a p<.001.

Table 1.

Linear and curvilinear regression models for online aggressive tendencies (Item 2) and victim empathy (Item 8)

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.284[a]	.081	.074	.594
2	.522[b]	.272	.262	.530

a. Predictors: (Constant), Item8
b. Predictors: (Constant),Item8, sqrtItem8

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.259	1	4.259	12.088	.001[b]
	Residual	48.626	138	.352		
	Total	52.886	139			
2	Regression	14.408	2	7.204	25.651	.000[c]
	Residual	38.477	137	.281		
	Total	52.886	139			

a. Dependent Variable: Item2
b. Predictors: (Constant), Item8.
c. Predictors: (Constant), Item8, sqrtItem8

Coefficients[a]

BetaModel		Unstandardized Coefficients	Std. Coeff.	t	Sig.	
1 B Std. Error	(Constant)	1.859	.161		11.579	.000
	Item8	-.210	.060	-.284	-3.477	.001
2	(Constant)	-3.155	.846		-3.728	.000
	Item8	6.329	1.089	8.566	5.811	.000
	sqrtItem8	-1.626	.270	-8.861	-6.011	.000

a. Dependent Variable: Item2

All standardized coefficients of Beta (β= -.284; β=.8.566 and β=-8.861) are significant at $p<.01$ which gives a high consistency to our both models. Changing Beta coefficient's sign from + to - means that the effect is growing in the opposite direction, which demonstrates that the relationship between the two variables: online aggressive tendencies and victim empathy is not linear, but

curvilinear. The additional incremental predictive capacity of 19 percent, added by including the squared victim empathy variable which is accounting for the band in the regression line, indicates that there is a curvilinear relationship between online aggressive tendencies and victim empathy.

This curvilinear relationship demonstrates that extreme aspects, extremely reduced and extremely high levels of victim empathy, significantly influences the activation of online aggressive tendencies type of response, meaning that higher or lesser empathetic people towards a cyberbullying victim are more likely to manifest online aggressive tendencies towards the victim, while situating on the medium segment of victim empathy triggers the online non-aggressive tendencies response towards the victim in the cyberbullying event.

Until now, we are not aware of any research indicating a curvilinear relationship between online aggressive tendencies and victim empathy, thus, this study may help expanding the current body of knowledge on psychological aspects of triggering empathetic responds towards the victims in online aggressions.

Conclusions and implications

People, as social beings, are often put in a position to adapt to contexts of social interaction. Of course, these types of interactions are diverse and complex and require the acquisition and development of a series of pro-social behaviors and attitudes, which are not necessarily human-specific but have certain characteristics that are influenced by the social environment we come into contact with. Developing empathy in adolescents when it comes to online environments is related to the development of a so-called netiquette, or online morality.

Empathy is the ability to understand how another person feels. The concept of empathy in a broader sense includes: 1) knowing the inner state, thoughts and feelings of another person, 2) adopting the posture or matching the neural response with the one observed, 3) feeling what the other feels, 4) what a different person could do in a particular situation, 5) the imagination of what another person would think and feel in a certain situation, 6) the distress that occurs when we witness the suffering or pain of someone else, 7) feel compassion for a person in distress. We therefore observe the many facets that the concept of empathy covers.

Our focus was on analyzing the effects of aggression tendencies on victim cognitive empathy in cyberbullying incidents, in 140 high school students. This research's conclusion brings evidence that too-much-empathy will not necessarily trigger the lowering of online aggressive tendencies towards the victim, but the opposite. The right amount of empathy towards the cyberbullying victim will trigger online non-aggressive tendencies.

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METHODS OF PSYCHOLOGICAL INTERVENTION IN JUVENILE DELINQUENCY

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Abstract: During adolescence years, teenagers are more exposed and more susceptible to delinquency due to high levels of temptations, rebellious and affective instability. Being so exposed and vulnerable, in these situations of risk, the parents role in this can be overwhelming, followed by psycho-pedagogical counseling or educational counseling as a form of prevention in delinquent behavior and problem solving that students may face.

  Starting from these considerations, the interest granted to the domain is justified by a large number of psychologists/psychiatrists, due to the fact that these deviations of human behavior have an antisocial feature which is concerned about delicacy. Therefore, delinquency and criminality involve tackling the issue of juvenile delinquency.

    The main purpose of the present research in a school from Arad Country, was the in-depth knowledge of juvenile delinquency, in which the causes of this problem and the identification of the psychological interference could lead to the minimization of this phenomenon.

Keywords: juvenile delinquency, methods of psychological intervention

Theoretical foundation

       The delinquent is an individual with a surplus of past negative experiences. He feels constrained and threatened by the world in which he lives, without having anything to lose or a social defense state, he does not feel disturbed if he is criticized or incarcerated. There is little emphasis on the opinions of the people around him, and self-motivation and self-esteem in this case is at very low values (Mitrofan, Zdrenghea, Butoi, 1992).

       The term "deviance" defines, in a very broad sense, the deviation or violation of social norms and rules. This notion of "deviation" is found in sociology and social psychology as well as in criminology.

       It is very important to note that deviance is not a simple, present or absent property in certain behaviors, but is the product of a complex process that often involves society's reaction to those behaviors (Banciu, Rădulescu, 2002).

       Ion Pitulescu (2000) defines deviance as "an individual or collective human behavior that violates one or more written or unwritten norms imposed by a system of social responses (sanctions) that protect the general values accepted by a relatively stable and lasting social group."

       Deviance implies any human behavior or social action that is so completely different from all the conduct and actions of all other members of a social group (Rădulescu, 1998).

       Delinquency is a particular case of deviance. It is considered that a delinquent behavior has the following types of features:

          - has a series of negative consequences because it damages the interests of society;

          - is the subject of prohibitions or constraints formulated by criminal law

          - presents a deliberate intent, pursuing a destructive purpose;

          - includes merging intent with guilty action;

          - the deed is legally proved and sanctioned as such (Banciu, Radulescu, 2002).

       Studies and research into juvenile delinquency have shown that the atmosphere of disorganized families, lack of parental authority, control, and their affection, as a result of divorce, have led the children to commit social and antisocial acts (Kim, Canger, Lorenz, Elder Jr, Parent 2001).

       Therefore, divorce, which leads to family disorganization, can outline serious types of emotional and behavioral disorders that lead to social unsettling. However, other studies and researches have shown that although the disorganized family is an important cause of juvenile delinquency, it is not the only one to

blame for the emergence of all deviant conduct but it has its great "shortcomings" (Mitrofan, et. al., 1992).

It is, however, true that a child who feels frustrated by paternal love, feels rejected by his father, or who is often ill-treated by him, will not only learn how to react aggressively, but the object of his aggression will be not only his father's, but all the owners of the authority (Preda, 1981).

The family's role in educating young people has been greatly spoken, and not so often, parents are considered to be the only ones responsible for their children's inadequate behavior.

The education the child receives within the family is very important and can really constitute a major cause of the younger antishocial future behaviors. Therefore, both insufficient supervision and over-care of the child may represent important educational shortcomings, errors of the parents, which can lead the children to "escape" from the guardianship of all of them, committing various types of crimes, either to survive, or to prove its independence (Neacşu, 2010).

A social factor contributing to child education is school. Often, teachers, for lack of pedagogical tact, refer strictly to school curriculum, not taking into account the particular features of each student.

The emergence of various types of deviant manifestations of pupils is also related to the existence of some educational dysfunctions of the school, due to the fact that it effectively dominates an insufficient knowledge of all socio-familial conditions and the unsupervised by pupils of the school problem. (O. Pop, 2002)

Metodology

The delinquency research among adolescents has used a strategy that combines quantitative and qualitative research methods. The set of tools used for collecting information are:

a) The questionnaire, which followed:
- Characteristic features of teenagers in the urban versus rural environment
- Forms of manifestation of delinquent behavior among minors;
- Causes that lead to deviant behavior
- The level of society involvement in the prevention of juvenile delinquency;
- The student's support for the delinquent manifestations of his life.

b) Observation;

c) Case study.

The subject of the research was made up of 16- to 18-year-old teenagers, Gheorghe Lazar high school in Pecica and "Sava Brancovici" high school in Gurahonţ.

Case studies have involved students, teachers, and school psychologists.

The questionnaire was applied to 80 pupils in the 10th,11th and 12th grades of "Gheorghe Lazăr" high school in Pecica (urban area) and "Sava Brancovici" high school in Gurahonţ (rural area)

Results and discussion

The results of the investigation came from pupils completed questionnaires as well as case studies of teenagers with various behavioral problems, problems encountered by teachers, schoolmasters or school counselors.

I have chosen to enumerate only a few of the features outlined by students, while making a parallel between those in the rural and urban areas. The answers are from the most common to the most shocking, which could trigger an alarm signal.
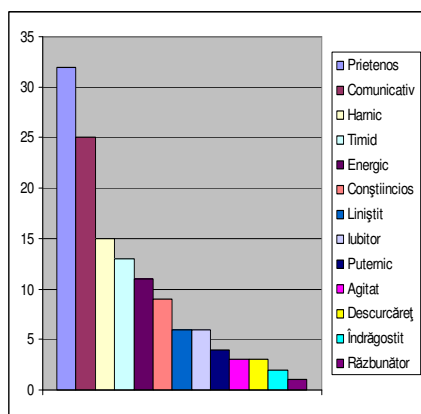

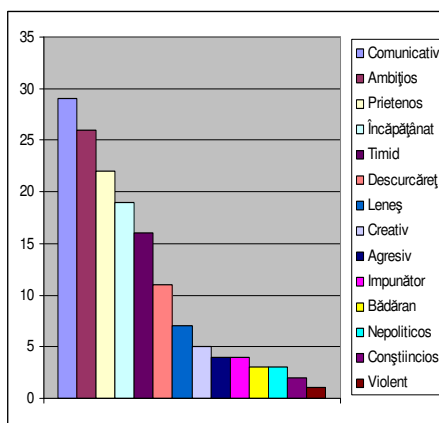Fig. 1. Characteristic features for urban students

Fig. 2. Characteristic features for rural students

As shown in Fig. 1, rural students mostly have positive characteristics. In fact, the only characteristic that could be classified as negative is "vengeance," which is anyway encountered in a very small number of students.

From these data, it is easy to draw the conclusion that a large part of rural adolescents have a high self-esteem, and the characteristic features listed are related to important values in life such as friendship, love, diligence, love, etc. In Fig. 2, we encounter new features not found in Fig. 1. We have positive and negative features in urban students. Here we are dealing with aggression, lack of politeness, laziness and even violence.

Self-esteem is lower than in rural areas, and urban teenagers appear to be aware of this, not finding it difficult to recognize it. This is also a good thing, to some extent, letting us conclude that although we are talking about some students whose behaviors tend to be largely deviant, we are also talking about some uninhibited young people, whom do not fear or feel shame to recognize what they are actually. (Buciuceanu 2007)

The second question also refers to the description of the respondents, but goes deeper into the problem, wanting to find out exactly how many teenage pupils have aggressive behaviors, and how many do not.
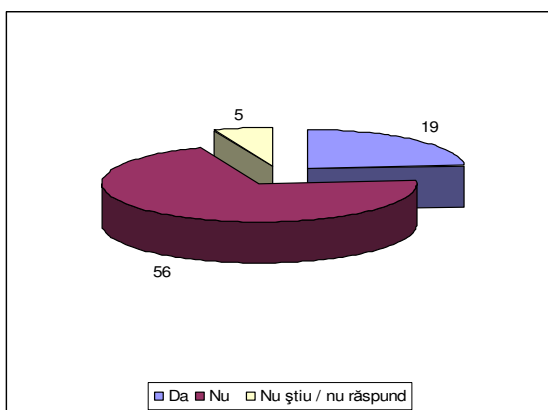
Fig. 3 Agression as a characteristic feature in teenagers

As expected, we can see from Fig. 3, that many more aggressive adolescents emerged than had been the case for the first item.

It should be noted that among the 19 respondents who answered positively, 7 are female and 11 are urban. Of the five questioners who have abstained from the answer, we can only say that they are either undecided or haven't quite understood what the term "aggressiveness" refers to, or have felt reserved to provide such information about them.

The third item refers to the students family of origin. Starting from the hypothesis that the family environment determines the development of the personality of the individual, I wanted to see to what extent this hypothesis is true, as well as the situation of the Romanian families in our time.

Fig. 4 the family of origin

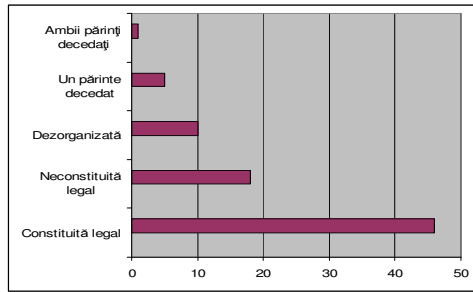Following the graph shown in Fig. 4, it can be clearly seen that most of the families are normal, legal, but there are also a large number of families with concubine, disorganized, single parent families or even with both deceased parents.

It seems that nowadays more and more couples prefer the situation of concubinage, and there are almost as many disintegrating or disorganized families.

The fourth question also concerns the family of origin, the status of parents, more precisely the parents' job. I was interested in learning about the school environment and how much time parents have to spend with teenagers.

Therefore, in the case of mothers, the most frequent trades were those of a cashier, a commercial agent, a medical assistant, a tailor, or a civil servant.

In the case of fathers, I have encountered trades such as: driver, engineer, electrician, mechanic, security guard or unskilled worker.

As with the previous items, the students' answers again noted differences between rural and urban areas, the predictable differences that I expected to meet. This time, the differences referred to the lack of parental occupation, which is alarming for many rural areas.

From the above tables, there are large differences between rural and urban backgrounds regarding the status of the parents of the students surveyed

The fifth question in the questionnaire also referred to the pupils' background, namely brothers and sisters. Here the differences between rural and urban areas were not so great.
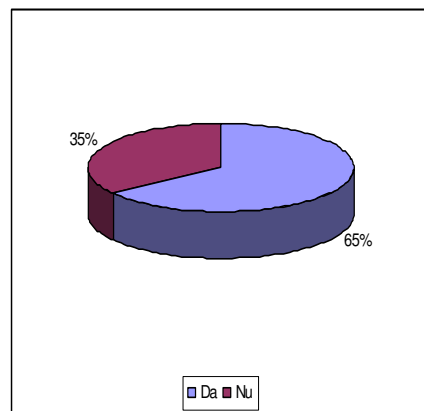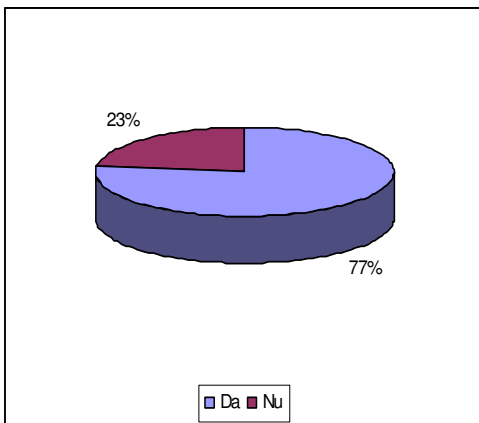
Fig. 5 Rural environment
siblings

Fig.6 Urban environment
siblings

As shown in Fig. 5 and 6, in both rural and urban areas, more than 50% of students said they still have siblings. Of these, more than 60% have a single brother or sister, and in urban areas less than 10% have more than 2 brothers, while in rural areas more than 10% have more than 2 brothers .

The sixth item of the questionnaire refers to family violence. The purpose of this question was to collect more and more data about the family environment in which the teenager grew up and about the education received.

Again, we found differences between urban and rural areas, but not very large. So I chose to do another parallel between the two investigated environments to find out how much family violence influences adolescent life.

Fig.   7   Family   violence   in   rural   enviornment
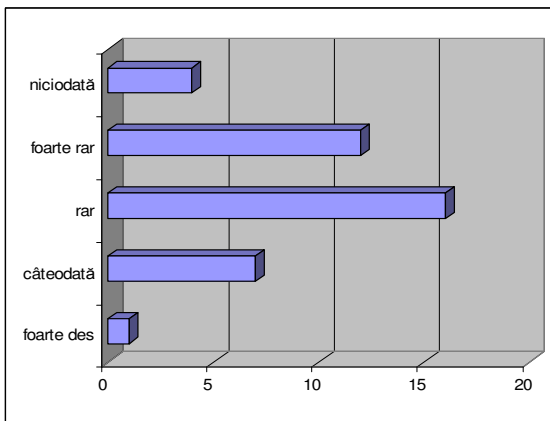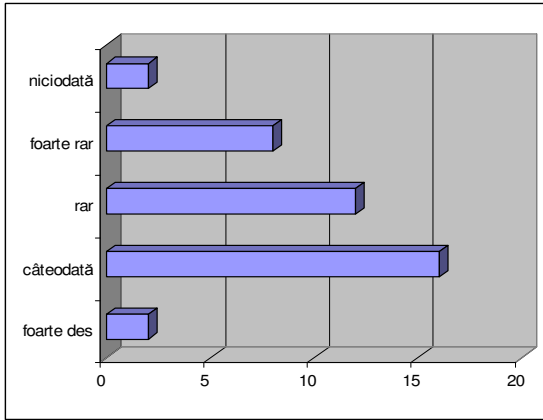
Fig. 8 Family violence in urban enviornment

As Fig. 7 shows, violence is used in rural areas, but in most cases it is not used frequently. Most of the respondents said that this is sometimes the case, but there is also a small group of questioned respondents who have responded that in their families violence is very common.

Even in the urban environment we do not find very large differences, but we have a few, which are important to be mentioned and analyzed.

Thus, as shown in Fig. 8, violence in urban areas is less common than in rural areas, most of whom consider this to be rare.

Family violence appears to be present in both environments, in larger or smaller proportions. It is interesting to note that all respondents who have chosen the "very often" variant come from disorganized families, and those who have chosen the "very rare" variant all come from normal, legally constituted families.

By question no. 9, I referred to unpunished offenses committed by adolescents. In this context, responses were different from those of the previous question, but the responses between rural and urban were similar.

According to the processed data there is a category of about 20% of adolescents who have committed crimes, but for which they have not been punished in any way. In the top of these anti-social acts of illicit nature in the countryside is theft and physical abuse, and in the urban environment there is vandalism, physical abuse and driving without a permit.

It should also be noted that all juvenile questioners in the urban area are male, while in rural areas the proportions are equal.

Another important aspect would be related to the families of origin, which in the case of the rural ones are mostly normal, legally constituted, and in the case of the urban environment, the families of origin are mostly disorganized, with parents have a criminal record.

Also, among the respondents who confirmed the committing of unpunished offenses, only 4 of them were characterized as aggressive.

The next question presented in the questionnaire also refers to the delinquency phenomenon among minors in order to produce a clearer statistic on the number of juvenile delinquents in Romania. The question referred to the friends / colleagues of the questioned adolescents who committed illegal deeds. The responses between rural and urban areas were again similar.
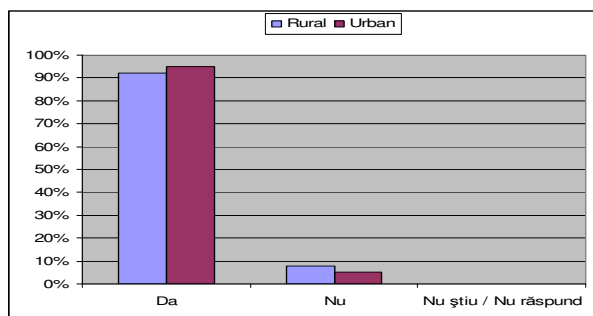

Fig. 10. Record of answers to the question "Do you know any friends/colleagues of your age that have commited illegal deeds?"

As can be seen from Fig. 10, a great number of adolescents said they had knowledge of minors who committed criminal offenses, and only less than 10% had denied this.

There was no answer to this question.

The next question was to find out the adolescent's opinion about the offenses, namely, their gravity, choosing the one he considers the most serious. The answers were as predictable as possible, which shows that adolescents are not as immature as it is supposed to.
Adolescents have a clear view of important things, which shows that they are perfectly aware of the facts they commit, especially when it comes to delinquency, whether in rural or urban areas (Iacobuţă 2002).
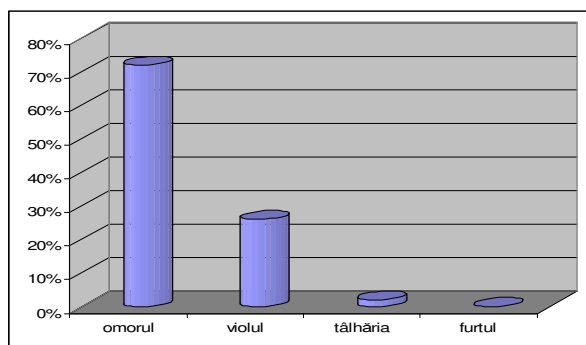
Fig. 11 Classification of crimes depending of severity

As Figure 11 shows, in adolescents' view, murder is the most serious offense, followed by a rather large rape difference. In most adult opinion surveys, all these two offenses show a very high percentage, which shows that adolescents think like adults.

Robbery was regarded as a serious offense by one person, while the theft was not considered by anyone to be a serious crime. It is, however, interesting that theft, the most common crime among adolescents, is not considered a serious offense, while the most rare murder among minors is considered by most respondents to be the most serious offense.

Through question 12, I wanted to find out the main reasons in the teenagers' view, for which young people commit antisocial acts.

The students had a choice of up to 3 variants from the proposed list, and the answers were very varied and interesting at the same time.
It is important to note that many respondents have exhausted all three options required by the questionnaire.
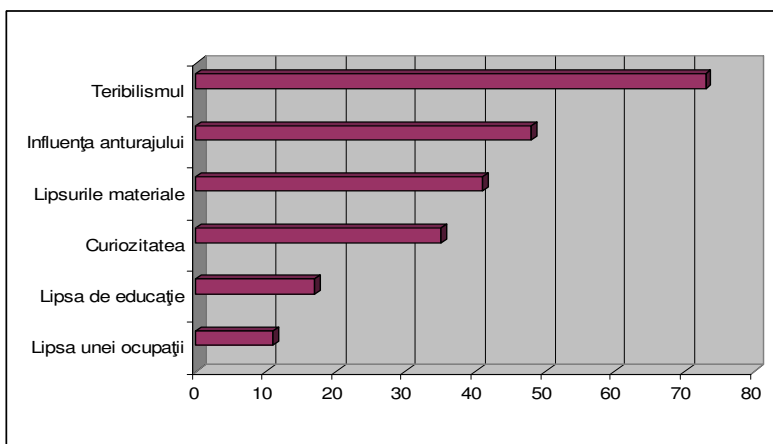
Fig.12 Reasons why teenagers commit antisocial act

As Fig. 12 shows, adolescents considered that the main reason why anti-social acts are committed at this age is terrorism, followed by a small difference from entourage influence, material shortages and curiosity. Less listed were the lack of education and the lack of occupation.

We also analyzed the answers of the students who confessed to the previous questions that they have committed criminal offenses. They chose 60% curiosity, and the remaining 40% was divided between rebellious and material shortcomings. None of the respondents have chosen the variants "entourage influence" or "lack of education".

Another interesting aspect was the fact that the "lack of education" variant was chosen by 100% of girls, 80% of which belong to the urban environment. It should also be noted that disobedience was 100% chosen in urban areas.

Conclusions

This questionnaire confirmed the hypothesis that delinquent behavior is formed and not inherited. A very important role here has the environment in which the minor grows and develops. If the family uses violence, then there is a risk that the minor will have a violent and aggressive behavior.

Minors are a vulnerable social category. The reasons that lead to delinquency are varied, ranging from fearlessness and disobedience to the influence of the entourage. To combat the social phenomenon of juvenile delinquency it is more than necessary to actively involve the competent authorities, educational institutions and society.

It is gratifying, however, that juvenile delinquency among high school adolescents occurs at a relatively small percentage, and we can not talk about serious facts that can affect society.

A negative thing found in the questionnaire survey was the family situation in Romania. We have found many cases of families in concubinage and disoriented families. In many cases, we have noticed that it may be a factor leading to deviant behavior among adolescents. The differences between rural and urban areas were not major, and where they existed, it was demonstrated that high school students in the urban environment are more emancipated and more modern than rural ones, but antisocial facts and their causes are, to a large extent, the same.

Yet, although juvenile delinquency is not very common in high schools, it is a growing phenomenon and quick and sustainable solutions should be found to diminish this issue that affects the whole of society.

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THE IMPORTANCE OF POSITIVE LANGUAGE FOR THE QUALITY OF INTERPERSONAL RELATIONSHIPS
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*Words know about us things we don't
know about them* (Salome, 2002)

Abstract. The present paper aims to explore and highlight the importance of positive language for the quality of interpersonal relationships, as stated in the specialised literature. The analysis is particularly relevant to practitioners working in helping professions. We underline both the significance of the power of words, grounded in their capacity to do harm or good, we describe the features of positive communication and identify solutions for a positive communications to increase the quality of interpersonal relations.

Key words: communication, positive language, interpersonal relationships

Introduction

The academic interest regarding the connection between language and the quality of human relationships springs from the fact that we live in a network of social relationships which are based on the complex, diverse and dynamic interaction between individuals. Communication is fundamental for human interaction and is considered as one of the key factors in the development of a relationship (Finne and Grönroos, 2009; Dagger, David and Ng, 2011; Gavrilă-Ardelean, M. and Gavrilă-Ardelean, L., 2016).

Although the research in the area of verbal communication, as well as that of interpersonal relationships, has a long history, beginning with the 1980's, the specialised findings in the fields of psychology, behavioural sciences, social sciences have specifically highlighted and confirmed the importance of human communication for interpersonal relationships. The important role of positive language has been demonstrated for all human relationships – within the family, professional environment, personal friendships, etc.

For the sake of clarity, we will begin to address our chosen subject by focusing on the main concepts in question.

Positive communication and good quality relationships

One of the most influential descriptions of communication in world literature is that of the ancient book of *Proverbs* (incorporated into the Jewish and Christian biblical canon). The book makes use of a number of terms which are particularly significant in describing communication: lips, mouth, speech, tongue, and word. Thus: "The words of the reckless pierce like swords, but the tongue of the wise brings healing. Truthful lips endure forever, but a lying tongue lasts only a moment" (Proverbs 12:18-19); "Anxiety weighs down the heart, but a kind word cheers it up" (Proverbs 12:25); "The soothing tongue is a tree of life, but a perverse tongue crushes the spirit" (Proverbs 15:4); " Those who guard their mouths and their tongues keep themselves from calamity (Proverbs 21:23).

Moving to recent scholarship, a particularly detailed definition of positive communication is that of O. A. Lentovich (2014), who describes it first of all as being characterised by certainty, acceptance, agreement or permission – it is associated with conviction, trust, assurance, gratitude, doubtlessness, precision, approval; secondly, it is regarded as having a positive, praiseworthy, favourable, and beneficial outcome; thirdly, it is said to express support, enthusiasm, peace, optimism, energy, help, and strength; fourthly, it shows progress or improvement, leading to development, movement in a beneficial and promising direction, it is full of hope and optimism; fifthly, it is efficient, useful, productive, pragmatic, constructive, and practical, rather than theoretical.

When seeking to define good quality human relationships, Fincham and Rogge (2010) point out to a lack of consensus among specialists and mention the wide variety of definitions in specialised literature. Thus, Hassebrauck and Fehr (2002) suggest a number of related terms, such as: satisfaction, adjustment, success, happiness, company, and functionality. Also, Fletcher, Simpson and Thomas (2000) have identified six distinct constructs which have often been used to describe good quality relationships: satisfaction (Hendrick, 1988), commitment (Adams and Jones, 1997), trust (Holmes şi Boon, 1990), closeness and intimacy (Aron, Aron and Smollan, 1992), passion (Aron and Westbay, 1996) and love (Fehr and Russell, 1991).

A clear majority of specialists around the world agree that positive relationships are closely connected with good quality interpersonal relationships. Harper, Wiens and Matarazzo (1978) have highlighted the role of communication in social interactions, arguing that the (verbal and non-verbal) communication abilities are essential in the construction of social relationships. Montgomery (1988) sees communication as the means whereby good quality relationships are maintained or even as the relationship itself (in its visible form), so that the quality of human relationship is clearly defined by the nature of communication.

At family level, more and more studies show that positive communication is at the heart of interpersonal relationships. Ritchie and Fitzpatrick (1990) argue

that long term harmony in family life is associated with positive communication, while negative communication is strongly associated with poor couple relationship (Arcury, 2013). Good communication is essential in a key element of functional families, while most family conflicts are deeply rooted in the communication difficulties among family members (Neagoe, 2007; Trancă and Runcan, 2013). Wiley (2006) argues that a strong couple relationship requires efficient communication, good communication skills, and adequate conflict management. Also, according to a study by Barnett and Rivers (1996), the respondents agreed that the quality of their relationship with their partners was crucial for their emotional connection, which, in turn, was defined as „a partner who truly speaks to you, who is a good listener, who is a good friend, who cares about you and appreciates you as a person, who does his or her part so that the relationship works".

Referring to professional relationships, numerous authors claim that communication is at the centre of relationships (Fairhurst, 2016; Fairhurst and Uhl-Bien, 2012; Uhl-Bien, 2006). West and Turner (2006) believe that interpersonal communication helps people establish and improve their relationships at work. Fairhurst and Chandler have demonstrated that the relationship between employees and their supervisors is built along the lines of their routine conversation. Thus, high quality relationships are characterised by communication in which employers and supervisors minimise the power distance between them, making use of communication patterns such as personal conversation, value convergence, informal problem-solving, while poor quality relationships are characterised by communication which stresses the power gap, close monitoring of performances, threats, and competition (Fairhurst and Chandler, 1989; Sias, 2009).

In a similar vein, Tabler, Scammon, Kim, Farrell, Tomoaia-Costisel, and Magill (2014) show that the adequate response to other people's emotions, as well as good management of uncertainties and the encouragement of personal trust are critical aspects of interpersonal communication between medical staff and their patients. From the patients' point of view, it is particularly important that they have the sense of being adequately heard and understood. High quality communication between staff and patients is closely related to the continuity factor in long term care. Similar findings are also highlighted by the research which has been conducted by Ha, Anat and Longnecker (2010), who show that the key factor of good relationships between medical doctors and their patients is efficient communication – it is the art and the heart of medicine!

The Power of Words

Given the fundamental role of words for interpersonal relationships, we shall try to create a picture of the power of words (to help or to harm), based on specialised literature. There are many popular sayings which tend to minimise the power of words, such as: deeds speak louder than words; an image is worth a thousand words, etc. Responding to this popular perception, we will try to show that words are capable to exercise an incredible power.

When referring to the power of words, we are referring to the transformations which our words can produce – at the level of cognition, feelings, attitudes and behaviours – in those with whom we interact.

Extant research on family relationships shows that families who practice a predominantly positive communication are less likely to develop behavioural problems, while these problems are much more likely to occur in families where negative communication prevails (Xiao, Li and Stanton, 2011). The communication patterns among partners are constantly linked to the quality of their relationship (Guerrero, Anderson and Afifi, 2011). Also, Gottman (1994) has identified four negative communication patterns, namely: criticism, defensiveness, disregard and blockages. These are regarded as the main problems which function as barriers to conflict resolution and are seen as capable to harm a relationship. Criticism attacks the other person's personality and devalues the relationship. Defensiveness implies the refusal of admitting one's responsibility for a certain action by placing the blame on the other. Disregard for the other shows the lack of respect and may include insults, inappropriate jokes or sarcasm towards the other person. Blockages in communication indicate an emotional fracture among the partners, so that when they speak they have the feeling that they are not heard because the other partner is proud, hostile, cold or uninterested. These patterns are particularly harmful when they are regular, mutual and insufficiently balanced by positive behavior.

The psychologists Betty Hart and Todd R. Risley (1995) have identified a close connection between the communication with the children during their first years of life and the children's later academic performance. Two different types of communication have been identified, with contrasting effects on the children: one type, leading to poor academic development, uses very few words and includes a lot of interdictions and negative messages; the other, stimulating good academic development, uses a rich vocabulary and positive messages.

Key characteristics of positive communication

Scholarly literature in the field affords us the possibility to single out a number of characteristics of positive communication.

For Socha and Pitts (2012), positive communication includes those messages which stimulate hedonic happiness (e.g. positive influences, positive

feelings) and eudemonic happiness (e.g. self-efficiency, mutual support, positive character traits, ethics).

According to Lentovich (2014), positive communication is a complex set of several variables, which, if combined in a live interaction, will produce a new quality of relationships. This may be defined as an interaction which is based on positive feelings, with regard to the mutual and satisfactory understanding of all parts. Thus, the components of positive communication include: positive intentionality, initiative, adaptation, empathetic listening, and social support.

Based on Cameron's research (2008), positive communication generates information exchange, interpersonal interaction and positive feelings, which enhance the connectedness within organisations.

Hamel (2005) describes positive communication as the lack of conflict in relationships and includes: words of appreciation and praise, compliments, encouragements, support and the expression of empathy.

Concluding remarks

Even a cursory investigation of the possibility that words can be used in order to improve a relationship is sufficient to validate the observation that positive language is not a eutopia. To be sure, positive language and positive communication are not a panacea or a magic potion for interpersonal problems. Nor should they be regarded as a replacement of positive interaction within relationships. Instead, they should be seen as an augmentation of such communication, which sees positive messages as a deliberate investment into the potential of developing the personal strengths of all those who take part in a relationship (Gavrilă-Ardelean, M., 2015).

Alain Bosquet (as quoted by Salome, 2002) writes that "before being put into words, a statement, like a mammalian, must develop within a womb, where it receives the right of having a meaning, a sound, an origin". Thus, the thoughtful selection of words, before they are spoken, can undoubtedly have a major role in avoiding dysfunctional relationships and enhancing the quality of human interaction.

Within the context of helping professions, the practitioner offers information, support, and direction. The positive use of language is therefore essential. The way in which the practitioner uses her words, voice, gestures, facial expressions or visual contact can profoundly determine the quality of the service. In line with extant scholarship, which has been analysed in this paper, our conclusion is that positive language is a key element in the development of interpersonal relationships in general and in the practice of helping professionals in particular.

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INTIMATE RELATIONSHIP EXPERIENCE EFFECTS ON INDIVIDUAL AN PSYCHOLOGICAL TENDENCIES WITHIN AN INTIMATE RELATIONSHIP: PRELIMINARY INVESTIGATION

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Abstract: Intimate relationships can play a significant role for humanity because if individuals would not interact, socialize and reproduce, the human species would not procreate (Miller & Perlman, 2008). Therefore, individuals in general have a desire to love and to belong, some declaring that the sensation of being loved and wanted is very essential in their life (Miller & Perlman, 2008). The purpose of this study was to investigate how intimate relationship experience (i.e. number of partners so far) can affect some psychological and individual tendencies (such as: relationship esteem, motivation and satisfaction) within an intimate relationship. It is a study that takes part of a larger investigation regarding intimate relationships and our aim was to deepen our knowledge and to better understand relationship dynamics and individual and psychological tendencies within the Romanian population. In this light, with the use of the Multidimensional Relationship Questionnaire (MRQ; Snell et al., 2002), 53 university students participated in this study. We investigated if there was any correlation (positive or negative) between intimate relationship experience and some individual and psychological tendencies (such as: relationship esteem, motivation and satisfaction) regarding intimate relationships. After the use of Spearman correlation and ANOVA test, results showed that intimate relationship experience (number of partners so far) had a positive relation with the studied individual and psychological tendencies (such as relationship esteem, motivation and satisfaction). With the present results, we can assume that individuals who have a high level of experience regarding intimate relationships can experience high levels of esteem, motivation and satisfaction within an intimate relationship. Further investigations and conclusions are discussed.

Key Words: intimate relationship, individual tendencies, psychological tendencies, experience, positive relationship.

Introduction

Aristotle once said that "one person is a friend to another if he is friendly to the other and the other is friendly to him in return" (Aristotle & Ross, 2005, pp. 536). He also believed that "a human being is by nature a political animal" (Aristotle & Ross, 2005, p. 452), therefore it can be assumed that by nature humans are social beings (Irwin & Fine, 1995). According to these statements, Aristotle has been contemplating on interpersonal relationships over 2.300 years ago (Irwin & Fine, 1995). In this light, the philosopher suggested that relationships can be based on three different concepts, such as: virtue (relationships based on virtue tend to last longer because individuals who get involved in these type of relationships tend to value love and they have the capacity to give love to others over receiving love from others), pleasure (these types of relationships are based on passion and pleasure and are characterized by attractive qualities such as intelligence and pleasant physical looks) and utility (relationships based on utility are described as being similar to an exchange, where both individuals involved in this type of relationship expect something in return) (Irwin & Fine, 1995).

In order to have a better understanding on intimate relationships, an explanation on the meaning of the term *intimacy* must be given. The word *intimacy* has several meanings. Derived from the Latin vocabulary, *intimus* which means *inner* or *inmost*, this term also refers to the interior experiences and emotions of an individual, something that can be private or confidential (Bennet, 2000) or the feeling of being in a close and personal relation and belonging with another individual (Smyer, 2013). In literature intimacy is also described as being "closeness and interdependence of partners, the extent of self-disclosure, and the warmth or affection experienced within the relationship" (Perlman & Fehr, 1987, pg. 16).

Individuals in general have an inclination to love and to belong, some declaring that the perception of being loved and wanted is very meaningful in their life (Miller & Perlman, 2008). In literature it is postulated that intimate relationships can play a significant role because in order for mankind and society to survive, individuals need to interact, socialize and reproduce (Miller & Perlman, 2008).

Intimacy in relationships usually involves both partners in knowing each other and becoming comfortable with each other (Smyer, 2013). The socialization process can play an important role for intimacy, because if two individuals

engage in an intimate conversation, they can share hidden thoughts and feelings, process that can bring them closer together and can build comfort and trust (Smyer, 2013). Intimate communication is the process that can create confidence between individuals while connecting them (Moore, 1985; Smyer, 2013).

Intimate behavior can be found among individuals engaged in a romantic relationship as well as between family members and close friends (Smyer, 2013). This behavior can be based on self-knowledge (knowledge of one's own sensations, thoughts, beliefs, and other mental states), self-differentiation (the ability to distinguish between thoughts and feelings in an emotional relationship system), self-disclosure (a process of communication by which one individual reveals information about himself or herself to another individual, such as: thoughts, feelings, aspirations, goals, failures, successes, fears, and dreams, as well as personal likes and dislikes) and confidence (the sensation or belief that one can have faith in or count on someone) (Smyer, 2013).

In this light, intimate behaviors can manifest themselves throughout different types of intimacy, each requiring different forms of approaches. Thus four types of intimacy are identified, such as (Kakabase & Kakabase, 2004; Smyer, 2013):

1. *Physical intimacy* - represented by people's experiences of physical contact which usually involves the sense of touch. This type of intimacy can involve touching, kissing, hugging and holding hands with the partner (Smyer, 2013).
2. *Emotional intimacy* - represented by the feeling of falling in love and can be naturally developed over time, usually when a certain level of trust and personal bonds have been achieved. In the process of falling in love there are a number of biochemical processes stimulated by sexual attraction (Lowndes, 1996), but the socialization process also plays an important role because it can lead to physical closeness, which can encourage and assure the intimate contact (Giddens, 1990).
3. *Cognitive intimacy* - represented by communication and socialization. Duck (1994) affirmed that communication and sharing ideas, either symbolically or directly, can play an important role in relationship dynamics (Prager, 1995). Also, Hatfield (1988) affirmed that cognitive intimacy takes place when two individuals reveal themselves and "share profound information about one another…" (Hatfield, 1988, pg. 205; Prager, 1995).
4. Experiantial intimacy – can be represented by experiences, such as when two individuals meet to interact with each other in some form of activity while maintaining minimal communication (they don't share thoughts or feelings with each other) (Healthy Place,

https://www.healthyplace.com/relationships/intimaterelationships/ for example even thought two individuals don't share thoughts and feelings with each other, they can be involved in some kind of an activity with each other, such as painting a house; they could be astonished to think that they were involved in some form of intimate activity with each other, however from an experiential perspective, they could be very intimately involved.

In literature, two other forms of intimacy are discussed. Mills & Clark (1982) found that intimate relationships can be based on emotional intimacy or strategic intimacy, which in turn can influence the development of a relationship in one way or another. Strategic intimacy is based on some form of exchange and can be easily broken down when there is any kind of disagreement, while relationships based on emotional intimacy are much more robust, involve feelings and can last longer (Mills & Clark, 1982). For example if an individual forms a relationship with someone just to receive something in return, without involving emotional intimacy and communication, it can be easily broken down because there is no sentimental interest to maintain such relationships (Mills & Clark, 1982).

Studies from literature focus their attention on individual and environmental factors that can have an influence on people's intimate relationships (Dush & Amato, 2005; Furman & Schaffer, 2003; Lowe et al. 2012), examining a wide variety of factors that include family relations, friendships and romantic relationships (Gottman, 1994; Gottman & Lewson, 2000, Orbuch et al., 2002).

A study, which involved 52 couples during an oral interview and an interaction task, determined what traits and qualities were responsible for divorce or marital stability (Buehlman et al., 1992). It was found that couples who divorced were less fond for their partners, presented high levels of negativity, shared limited activities with they're partners, were disorganized, gave up quickly, and were disappointment about marriage (Buehlman et al., 1992). Therefore, it can be assumed that individuals who are fond for their partners, are more positive, share activities with their partner, are organized and are happy about their marriage can have a longer and healthier relationship. As arguments from literature state, emotional intimacy can be developed when a certain level of trust and personal bonds have been achieved (Kakabase & Kakabase, 2004; Smyer, 2013).

Lowe et al. (2012) focused their attention on studying the changes in people's relationships with their partners after the Hurricane Katrina incident. Some participants declared that their intimate relationships were affected after the disaster in a negative way and some affirmed that their relationship was affected

in a positive way (Lowe et al., 2012). The emergence of Hurricane Katrina has led to a number of stress factors (such as long-term separation and losses in general) that had a negative influence on the relationships of some couples, while the relationships of other couples have become closer and stronger with better communication, more support and change of perspective (Lowe et al., 2012). In this light, it can be assumed that environmental factor can alter the evolution of a relationship in both directions; either the affected partners work together to overcome the stress factors, either they go their separate ways.

Regarding relationship experience a study shows that adolescents' relationship experiences can play a central role in their future relationships as adults, because early relationships can represent the required background that can prepare young individuals for their future relationships; experiences regarding intimate relationships may represent a factor that can influence self-confidence and can encourage the interaction with the opposite sex (ASPE, 2008). Other findings have shown that interpersonal experiences in family and peer contexts in early childhood through adolescence may form the basis on which later competence in intimate relationships develops (Rauer et al., 2013).

To assess individual tendencies regarding intimate relationships there are a number of tools in the scientific literature, such as: Relationship Belief Inventory (Eidelson et al., 1982), Experiences in Close Relationships scales (Brennan, Clark & Shaver, 1998), and Relationship Styles Questionnaire (Griffin & Bartholomew, 1994). One of the tools successfully used in assessing individual tendencies regarding intimate relationships is the Multidimensional Relationship Questionnaire (MRQ), which was validated and developed by Snell et al. (2002).

Objectives and hypotheses
1. Purpose and objective
The present study is a preliminary investigation that takes part of a larger research regarding intimate relationships and our aim is to deepen our knowledge and to better understand relationship dynamics and individual and psychological tendencies within the Romanian population. The purpose of this study is to investigate how intimate relationship experience (i.e. number of partners so far) can affect some psychological and individual tendencies (such as: relationship esteem, motivation and satisfaction) within an intimate relationship.
2. Hypotheses
Hypotheses 1: There will be a positive association between relationship experience (i.e. number of partners so far) and some psychological and individual tendencies (such as: relationship esteem, motivation and satisfaction).

Hypotheses 2: There will be significant differences at the level of relationship esteem, motivation and satisfaction between the groups with different levels of relationship experiences (i.e. no relationships so far; 1 relationships so far; between 2-5 relationships so far; between 5-10 relationships so far; and above 10 relationships so far).

Methods

1. Participants

A total of 53 individuals participated voluntarily in this study. All participants come from urban (66%) and rural (34%) environments and were under-graduate and graduate students from Arad, Romania, having the latest studies completed in high school (47.2%), post high school (7.5%), bachelor's degree (26.4%) or master's degree (18.9%). The participants of this study were comprised of 43 females and 10 males (N = 53), aged between 18 and 53 years (M = 26.77; SD = 9.74). The gender distribution of the sample reflects the female majority of students in the Psychology specialization of „Aurel Vlaicu" University of Arad, Romania.

2. Instruments

The Multidimensional Relationship Questionnaire (MRQ; Snell et al., 2002)

The Multidimensional Relationship Questionnaire (MRQ; Snell et al., 2002) was designed to measure individual tendencies regarding intimate relationship perceptions. MRQ (Snell et al., 2002) and its scales were successfully used in a number of studies (Büyükşahin, 2004; Altın & Şerife, 2010; Good & Sanchez, 2009) and regarding the internal consistency of this instrument, the study conducted by Snell et al. (2002) showed that it is a reliable and valid instrument, with the values of the alpha Cronbach coefficient ranging from.70 to.93.

The Multidimensional Relationship Questionnaire (MRQ; Snell et al., 2002) consists of 60 items, with responses ranging from A (Not at all characteristic of me) to E (Very characteristic of me). The instrument consists of 12 sub-scales, each scale being represented by 5 items. The sub-scales of this tool are (Snell et al., 2002):

1. *Relationship Esteem* - is defined as a generalized characteristic that evaluates in a positive way one's capacity to relate intimately with another individual;
2. *Relationship Preoccupation* - is represented by the tendency to become involved in an exaggerated, obsessed and absorbed way in an intimate relationship, while excluding thoughts and preoccupations from other aspects of life;

3. *Internal Relationship Control* - subscale designed to measure individual's expectations of perceived personal influence on intimate relationships;

4. *Relationship Consciousness* - designed to measure individual's insight on intimate relationships;

5. *Relationship Motivation* - represents the level of motivation regarding the involvement in an intimate relationship;.

6. *Relationship Anxiety* - was designed to measure individual's anxiety regarding intimate relationships;

7. *Relationship Assertiveness* - is a subscale which measure individuals' tendency of being assertive about the intimate aspects of life;

8. *Relationship Depression* - is a scale which measures the individuals' predisposition to feel unhappy, disappointed and depressed when it comes to intimate relationships;

9. *External Relationship Control* - refers to people's beliefs and perceptions that external factors (forces that individuals cannot anticipate or control) can influence the way their intimate relationships works;

10. *Relationship Monitoring* - is represented by an individual's concern about the image of his or her own intimate relationship or the impression that others have about his or her personal relationship;

11. *Fear of Relationship* - is a scale designed to measure the levels of fear individuals experience when it comes to engage in an intimate relationship;

12. *Relationship Satisfaction* - is represented by the level of satisfaction an individual is experiencing within an intimate relationship, if the intimate needs are met and if he/she is satisfied or not with the intimate relationships he/she is engaged in;

In order to verify or hypotheses, the present study we will use the *Relationship Esteem* scale, the *Relationship Motivation* scale and the *Relationship Satisfaction* scale.

3. Design and procedure

The present study is a correlational and explorative one, where the association and differences regarding relationship experience (i.e. number of partners so far) and individual/psychological tendencies (such as: relationship esteem, motivation and satisfaction) were analyzed. The studied variables were relationship experience (i.e. number of partners so far) and individual/psychological tendencies (such as: relationship esteem, motivation and satisfaction).

For the first hypotheses we used a corellational design, having as dependent variables relationship experience (i.e. number of partners so far) and the studied individual/psychological tendencies (such as: relationship esteem,

motivation and satisfaction); and for the second hypotheses we used a non-experimental design, having as independent variable relationship experience (i.e. number of partners so far) and as dependent variables individual/psychological tendencies (such as: relationship esteem, motivation and satisfaction).

The Multidimensional Relationship Questionnaire (MRQ; Snell et al., 2002) was uploaded on the Google Forms platform and the participants were asked to respond as sincerely as possible to the statements of the instrument. The participants were given an informed consent consisting in an agreement of participation to the research and an assurance on the confidentiality of the collected data.

Results

Hypotheses 1: There will be a positive association between relationship experience (i.e. number of partners so far) and some psychological and individual tendencies (such as: relationship esteem, motivation and satisfaction).

In order to verify our hypotheses we used Spearman correlation to calculate the association between relationship experience and relationship esteem, motivation and satisfaction. In was found that relationship experience had a positive association with the studied individual and psychological tendencies, such as $r = .500^{**}$ (relationship esteem), $r = .416^{**}$ (relationship motivation), $p < 0.01$ and $r = .287^{*}$ (relationship satisfaction), $p < 0.05$ (Table 1.).

Table 1.
Spearman correlation between relationship experience
and relationship esteem, motivation and satisfaction

	Relationship experience	
	Correlation Coefficient	p (2-tailed)
Relationship esteem	$.500^{**}$	.000
Relationship motivation	$.416^{**}$	.002
Relationship satisfaction	$.287^{*}$	.037

** $p < 0.01$

*Hypotheses 2***:** There will be significant differences at the level of relationship esteem, motivation and satisfaction between the groups with different levels of relationship experiences (i.e. no relationships so far; 1 relationships so far; between 2-5 relationships so far; between 5-10 relationships so far; and above 10 relationships so far).

In order to verify our hypotheses we calculated the means separately for each group regarding relationship esteem (no relationships so far, M = 2.16; 1 relationships so far, M = 3.23; between 2-5 relationships so far, M = 3.27; between 5-10 relationships so far, M = 3.77; and above 10 relationships so far, M = 4.00), relationship motivation (no relationships so far, M = 1.64; 1 relationships so far, M = 2.63; between 2-5 relationships so far, M = 2.77; between 5-10 relationships so far, M = 3.17; and above 10 relationships so far, M = 3.35) and relationship satisfaction (no relationships so far, M = 2.12; 1 relationships so far, M = 3.67; between 2-5 relationships so far, M = 3.50; between 5-10 relationships so far, M = 3.50; and above 10 relationships so far, M = 4.05) (Table 2).

`   **Table 2.**

Descriptive statistics regarding relationship esteem, motivation and satisfaction between the groups with different levels of relationship experiences

Relationship experiences		Relationship esteem	Relationship motivation	Relationship satisfaction
no relationships so far	M	2.16	1.64	2.12
	N	5	5	5
	SD	0.93	0.52	1.38
1 relationships so far	M	3.23	2.63	3.67
	N	12	12	12
	SD	0.90	1.30	0.95
between 2-5	M	3.27	2.77	3.50

relationship s so far	N	18	18	18
	SD	0.63	0.92	0.79
between 5-10 relationship s so far	M	3.77	3.17	3.50
	N	6	6	6
	SD	0.43	0.69	1.38
above 10 relationship s so far	M	4.00	3.35	4.05
	N	12	12	12
	SD	0.67	0.97	0.62

M = Mean; N = Number of subjects; SD = Standard Deviation

As it can be observed in Table 2, the comparison of the means regarding relationship esteem, motivation and satisfaction between the groups with different levels of relationship experience, shows that as relationship experience becomes larger so does the means for the studied psychological tendencies. In order to verify if the registered differences are statistically significant we applied ANOVA test. Results indicate that there are statistically significant differences regarding relationship esteem (F = 6.49, p = .00), motivation (F = 2.98, p = .03) and satisfaction (F = 3.85, p = .01) between the groups with different levels of relationship experience (table 3).

Table 3.
ANOVA test for relationship esteem, motivation and satisfaction between the groups with different levels of relationship experience

	F	p
Relationship esteem	6.49	.00
Relationship motivation	2.98	.03
Relationship satisfaction	3.85	.01

Discussions and conclusions

Results of this study suggest that individuals who have a high level of experience regarding intimate relationships can experience high levels of esteem, motivation and satisfaction within an intimate relationship.

Results obtained by the Spearman correlation confirm the first hypotheses, which stated that there will be a positive association between relationship experience (i.e. number of partners so far) and the studied psychological and individual tendencies (such as: relationship esteem, motivation and satisfaction).

Results obtained by ANOVA test confirm the second hypotheses which stated that there will be significant differences at the level of relationship esteem, motivation and satisfaction between the groups with different levels of relationship experiences (i.e. no relationships so far; 1 relationships so far; between 2-5 relationships so far; between 5-10 relationships so far; and above 10 relationships so far).

In this light, like in every aspect of life, as the experience grows, the skill and knowledge for the specific domain become larger. As regard to intimate relationships, it can be assumed that individuals who have experience in intimate relationships can have the skill and knowledge to engage successfully in a relationship, because with a high level of experience they can chose the right partner for themselves and can be involved in the relationship with higher esteem, motivation and satisfaction.

The results of this study are promising and relevant in opening the possibility to study further individual tendencies regarding intimate relationships. Besides relationship experience, different variables such as family background, gender, personality or education can be studied in order to better understand relationship dynamics in the Romanian population.

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THE FIVE-FACTOR MODEL IN EXPLAINING THE ACADEMIC PERFORMANCE OF ROMANIAN STUDENTS

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Abstract: The aim of this article is to highlight the relationship between the personality factors of the Five-Factor model and the academic performance for 751 Romanian students within the same university. In investigating the personality parameters, we have used the NEO PI-R Personality Inventory and the semi-structured interview technique. The results were correlated with the academic performance achieved by the students in different exam sessions. The academic performance have strong connections with at least 3 factors of the five-factor model of personality; for romanian students, Conscientiousness, Agreeableness and Neuroticism (emotional stability) are key elements in achieving a high academic performance. Assertiveness dimension (Extraversion factor), along with the Openness and Conscientiousness factors are significant predictors for romanian academic performance. Further, limits and implications of the research were discussed.

Keywords: personality factors, academic performance, agreeableness, conscientiousness, openness

Introduction

In previous years, a large number of researches and psychological studies have been highlighted the relationship between personality factors and professional performance.

In the 80's, the researches failed to highlight good predictors for professional activity, in relation with personality factors. As Barrick, Mount and Judge have mentioned (2001), this could be explained by the following issuess: "First, no classification system was used to reduce the thousands of personality traits into a smaller, more manageable number. Second, there was lack of clarity about the traits being measured" (Barrick et al., 2001, p. 9).

The five-factor model (FFM) of personality variation has been replicated across a range of human societies, suggesting the FFM is a human universal. Also, many researchers (McCrae & Costa, 1997; Wiggins & Trapnell, 1997;

Bouchard & Loehlin, 2001; Yamagata, Suzuki, Ando, Ono, Kijima, Yoshimura, Ostendorf, Angleitner, Riemann, Spinath, Livesley & Jang, 2006; Gurven, von Rueden, Massenkoff, Kaplan & Lero Vie, 2013) have argued that the structure of the FFM is a biologically based human universal that transcends language and other cultural differences. The FFM model has been tested in many countries and numerous languages with the Revised NEO Personality Inventory (NEO-PI–R) of Costa & McCrae (1992) and the Big Five Inventory (BFI) of Benet-Martinez & John (1998) protocols.

In this article we have paid a particular attention to the personality dimension called "assertiveness", part of the extraversion dimension in the Big – Five model and a predictor for academic performance.

For many studies (Hunter & Schmidt, 1990; Barrick & Mount, 1991; Barrick, Mount & Judge, 2001) the validity of measurement with scales from the FFM is affected by the size of the research samples: "meta-analysis has effectively demonstrated that differences in correlations across primary studies are often more a function of small sample sizes than meaningful differences in the nature of the relationship between two variables across settings" (Barick et al. 1991, p.10). Also, Hunter and Schmidt (1990) have called this problem a "second-order sampling error". Also the researchers "implicitly treated each individual personality scale as if it measured a distinct construct, rather than recognizing that each scale from a personality inventory assessed only one aspect or facet of a larger construct" (idem). According to Barrick, Mount & Judge (2001), personality dimensions are most likely to affect job performance, including academic achievements, in situations where job autonomy is high. Results support that Conscientiousness is a valid predictor across performance measures in all occupations studied. A few years earlier, they found that "Conscientiousness was the only FFM trait to display non-zero correlations with job performance across different occupational groups and criterion types" (Barrick, et al., 2001, p. 10). Also, Salgado (1997), Anderson & Viswesvaran (1998) found that Emotional stability and Conscientiousness displayed non-zero correlations with job performance.

These meta-analyses (Barrick & Mount 1991; Tett, Jackson & Rothstein, 1991; Salgado, 1997; Barrick, Mount & Judge, 2001; Salgado, 2003) have shown that Conscientiousness and Emotional stability have generalized validity across criteria, occupations, organizations and countries. Agreeableness was found to remain consistent between North American and European studies in an exploratory study (Motel & Stoll, 2015). While some traits may be universal, multiple points of cultural variability potentially exist.

Based on the conclusions that Conscientiousness and emotional stability have generalized validity across occupations, organizations and countries, a group

of researchers (Gurven et al., 2013; Henrich, Heine & Norenzayan, 2010) raised the question of choosing research samples from populations with non- WEIRD demographic characteristics; they mentioned that the vast majority of samples from cross-cultural studies are urban students from western, educated, industrialized, rich and democratic populations, "WEIRD populations" (Henrich et al., 2010).

Among emic studies (in emic approaches, a personality structure is indigenously derived with a sampling of the target culture's personality descriptors), an Openness factor is not consistently extracted (Di Blas & Forzi, 1998; Szirmák & De Raad, 1994). Furthermore, several emic studies have consistently yielded more than five factors (Almagor, Tellegen, & Waller, 1995; Benet-Martínez & Waller, 1997).

In two longitudinal studies, Harris, English, Harms, Gross & Jackson (2017) explored whether Extraversion is prospectively associated with higher levels of satisfaction during college through influencing college social experiences using longitudinal cross-lagged mediation models. As for the other two personality factors (Agreeableness and Openness to experience) the authors' opinions are different (Bouchard, 1997; Barrick, Stewart, Neubert & Mount 1998; Barick et al., 2001). They suggested that the one situation in which Agreeableness appears to have high predictive validity is "in jobs that involve considerable interpersonal interaction, particularly when the interaction involves helping, cooperating and nurturing others. In fact, in those settings, Agreeableness may be the single best personality predictor" Barick et al., (2001, p. 12)

Recently published studies from educational psychology found that the Big Five personality traits are significant predictors of academic performance for medicine students in Romania. Grama, Botone & Raulea (2016) identified that for about 95% of the participants (254 medicine students), the basic personality factors Agreeableness and Conscientiousness represented significant predictors of academic performance. Although in many studies it has been shown that Assertiveness contributes to the development of professional performance, there are some studies where it has been shown that Assertiveness could have a negative impact on professional performance. For example, in Korean academic environment, Assertiveness can also have a negative impact on efficiency in the communication process (Jing Yu Zhang & Jung Kee Kim, 2017). However, a plausible explanation for the results obtained in this study could be the roots of a predominantly collectivist culture (Hofstede, Hofstede & Minkov, 2010; Markus & Kitayama, 1991) where factors such as high / low power distance would play a major influence.

In cross cultural psychology, many authors argued that Extraversion and Agreeableness items have shown different factor structure in East Asian societies

because they are more collectivist cultures in which interpersonal affiliation and obedience to authority are more normative (Cheung, Cheung, Zhang, Leung, Leong & Hui Yeh, 2001; Cheung & Leung, 1998).

As far as these aspects are concerned, we consider that a more extensive research in the whole Romania country is needed to highlight different forms of Romanian self and personality structure. For the moment, it is difficult to say that a Romanian student has rather an "independent view of self" and not an "interdependent view of self" (Markus & Kitayama, 1991, p. 226). How much conscientiousness, openness, warmth, positive emotions, altruism or assertiveness do young Romanian students invest in their professional training and especially in their preparation for life? The research below attempts to provide some answers to this question.

Method

1. *Objective and hypotehesis*

The current research aimed to advance our understanding of the relationship between the personality factors and academic performance of Romanian students.

We aimed to establish that Agreeableness and Conscientiousness are significant predictors for academic performance, measured in average of grades (Hypothesis 1). We have presumed that lower level of Neuroticism (high level of emotional stability) expressed by the subjects, the higher their academic performance should be (Hypothesis 2). Extraversion and Openness were not identified as significant predictors for dependent variable "average of grades" (Hypothesis 3). Positive Emotions and Warmth are relevant predictors for the Assertiveness expressed by the group of students (Hypothesis 4).

2. *Participants and procedure*

The sample consisted of Romanian students, 751 students (222 male, 529 female) from a Romanian university. For choosing the students sample, we used the simple random sampling technique. Also, the student samples were extracted from a finite and specified population of the students from the same university. The sampling unit is made up of students aged between 18 and 26. The sampling base was made up of the lists of students enrolled in academic year, at the beginning of academic semester. Also, we focused our attention on the representativeness of the research sample, especially on the size of students' sample. They are 81% graduates of the 2nd and 3th year. Also, a proportion of about 7% are students in two faculties or they have already graduated from the first faculty. The students completed the survey individually under the supervision of an interviewer. Prior to conducting the survey, participants were

informed about the purpose of the study. All of the students were assured that they were free to refuse participation if they did not agree with the goal of the study. The respondents' confidentiality was also assured.

3. Measures

In investigating the personality factors we have used the NEO PI-R Personality Inventory and the semi-structured interview technique mainly regarding the student's academic behavior and exam situation. The NEO Psychological Inventory Revised, NEO PI-R has been cultural adapted and standardized on Romanian population by Iliescu, Minulescu,Ispas & Nedelcea. Academic performance was rendered operational by calculating the average score of each student throughout the entire period of study in the university. For the testing of the research assumptions we have used several statistical methods (ANOVA and linear regression) processed in SPSS 23 program. We ran ANOVA to identify possible effects of "gender", "age", "faculty specialization" on personality factors. We also used the linear regression model to identify possible predictors of academic achievement from the five factors of personality. We have considered the five factors of personality as well as their dimensions in relation to academic achievements. Specifically, we first aimed to rigorously examine the effects of characteristics such "gender", "age", "academic specialization" on academic achievements, as well as possible reciprocal effects of academic achievements on the structure of students' personality.

Results and Discussion

The results shows the beta significant coefficients for dependent variable "average of grades", obtained through multiple regression analyses: Neuroticism (β -.101; sig. 0.014), Agreeableness (β = 0.209; sig. 0.000) and Conscientiousness (β = 0.145; sig. 0.001). This result supports Hypothesis 1.

In relation to Neuroticism factor, we have obtained a negative value Neuroticism (β = -.101; sig. 0.014), which indicates that a low level of neurotic behavior and basically a high emotional stability leads us to achieve a high academic performance. This result supports Hypothesis 2.

Therefore, we could conclude that the two factors of Agreeableness and Conscientiousness are significant predictors for academic performance, measured in average of grades; also, a low level of Neuroticism (high level of emotional stability) is associated with a high average of grades, expressing high academic performance.

The results from table 1 show significant correlations between the variables "average of grades", Neuroticism, Openness, Agreeableness, Extraversion and Conscientiousness at significance levels ($p<.01$) and ($p<.05$);

so, we have obtained a positive correlation between the variables: Agreeableness and Conscientiousness ($r = .261$[**]; p<.001); Agreeableness and Neuroticism ($r = -.139$; p<.001); Conscientiousness and Extraversion ($r = .365$[**]; p<.001); Neuroticism and Extraversion ($r = -.308$[**]; p<.001); Neuroticism and Average of grades ($r = -.190$; p<.001); Average of grades and Agreeableness ($r = .259$[**]; p<.001); Average of grades and Conscientiousness ($r = .233$[**]; p<.001). Also, the data show significant correlations between Openness and Extraversion ($r = .421$; p<.001); Openness and Conscientiousness ($r = .187$; p<.001); Conscientiousness and Neuroticism ($r = -.493$; p<.001).

More, the results allowed us a quasi-experimental analysis; Levene's Test of Equality of Error Variances[a] which tests the null hypothesis that the error variance of the dependent variable is equal across groups had an insignificant coefficient (F= 1.104; sig. = 0. 345). The ANOVA results for Conscientiousness as dependent variable and variables "age", "gender", Neuroticism, indicated an insignificant main effect (F=1.583; sig. 0.126; eta = 0.017) of "Age" variable on the Conscientiousness factor. In the case of the other two variables Gender has a significant main effect (F=37.619; sig. 0.00; eta = 0.048) and Neuroticism factor (F=264.212; sig. 0.00; eta = 0.263) as well. Although, the results showed significant main effects, the effects sizes of the two variables (Gender and Age) on Conscientiousness factor are very weak, both partial eta coefficients were less than 0.50. Also, for dependent variable Agreeableness, "Gender" factor has a significant main effect (F=13.887; sig. 0.001; eta = 0.019), and "Age" factor (F= 3.041; sig. 0.002; eta = 0.03) as well. Just as with the Conscientiousness factor, partial eta coefficient expresses a very weak effect sizes. However, there are differences in the expression of Agreeableness, by "Gender" and "Age" variables that can be better visualized in Figure 1. For example, between males and females, the differences of Agreeableness' expression are major for age groups 23-24 and 24-25.

Estimated Marginal Means of NEOPIR_Agreeableness
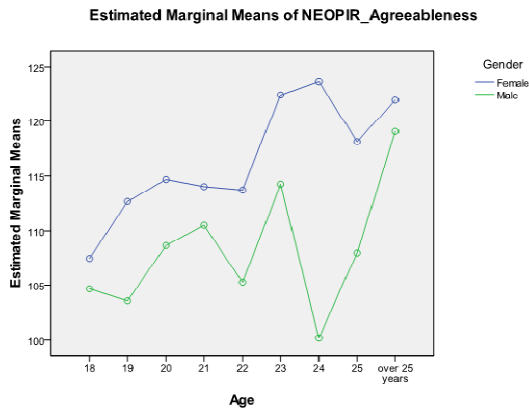
Figure 1. Age and gender differences in expressing Agreeableness

Table 1.

**Means, standard deviations and Pearson's coefficients
between variables**

	M	SD	1	2	3	4	5
1. Average of grades	7.98	1.14					
2. Neuroticism	92.54	20.93	-.190**				
3.Openness	111.83	15.32	.005	-.038			
4. Extraversion	111.60	17.34	.050	-.308**	.421**		
5. Agreeableness	113.54	17.77	.259**	-.139**	.038	.042	
6.Conscientiousness	124.7	19.34	.233*	-.493**	.187**	.365**	.261**

N=751, **p<.001, *p<.05

Table 2.

**Means, standard deviations and Pearson's coefficients
between variables of
the five-factor model and "faculty" variable**

	1	2	3	4	5	6

1.Neuroticism	1				
2. Openness	-.038	1			
3. Extraversion	-.308**	.421**	1		
4. Agreeableness	-.139**	.038	.042	1	
5.Conscientiousness	-.493**	.187**	.365**	.261**	1
6. Faculty	-.025	-.118**	-.059	.130**	.-125**	1

**. Correlation is significant at the 0.01 level (2-tailed).

Regarding the factor "Openness", we hypothesized that there are significant differences between students from different faculties, considering the level of Openness (Hypothesis 3).

As can be seen (table 2) there are significant differences between the students from different faculties considering the level of "Openness" (r = -.118**; p<.001). This result supports Hypothesis 3. Although the correlation between the two variables is significant at p<.001, the correlation is weak. We assume that the level of correlation is weak due to the diversity of occupational profiles that made up the research sample; also we mention that the research sample was made up of students from faculties of medicine, law, sports, mathematical sciences, informatics, theatrical arts, theology, humanities and social sciences.

According to McCrae (1996, p. 323), there are six facets of Openness: "vivid fantasy, artistic sensitivity, depth of feeling, behavioral flexibility, intellectual curiosity, and unconventional attitudes". Also, individual differences in Openness are related to differences in the fluidity of their cognitive structure (McCrae, 1994). For this reason, a more in-depth research would have been useful and necessary in this case, because the methodology of our study did not included psychological instruments for assessing cognitive abilities. It is very likely that the ability for absorption, (possible for an open person) of the students are very different, this fact causing a high variability of the results and implicitly a weak correlation between the "faculty" variable and the Openness factor. Also, the results from table 2 show significant correlations between Openness and Extraversion (r =.421** ; p<.001); it is very likely that a student with a high level of Openness tends to behave, act, think, and feel in an extraverted way. The correlation between Openness and Extraversion has led us to carefully analyze this aspect and to identify which dimension of Extraversion would have a strong link with the Openness factor. Conscientiousness, Openness, and Assertiveness (F=14.883; sig. 0.00; eta = 0.019) act as simultaneous predictors for academic achievements (average of grades).

Table 3.
Pearson's coefficients between sub-dimensions of

five-factor model

	1	2	3	4	5	6	7
1. Openness							
2. Extraversion	.421[**]					.	
3. Assertiveness	.272[**]	.671[**]					
4. Agreeableness	.038	.042	.168[**]				
5.Conscientiousness	.187[**]	.365[**]	.363[**]	.261[**]			
6. Warmth	.365[**]	.718[**]	.336[**]	.333[**]	.318[**]		
7.Positive Emotions	.394[**]	.734[**]	.368[**]	.067	.272[**]	.524[**]	

**. Correlation is significant at the 0.01 level (2-tailed).

For the descriptive indicators of the population surveyed (N=751), among the variables, Conscientiousness has recorded the highest average (mean = 124.72; std. dev. 19.34), followed by Agreeableness (mean = 111.54; std. dev. 17.77), Openness (mean = 111.83; std. dev. 15.32) and Extraversion (mean = 111.60; std. dev. 17.34). The sub-dimension "Warmth" from Extraversion, factor obtained the highest score (mean = 21.25; std. dev. 3.875) in relation to the sub-dimension "Assertiveness" (mean = 16.36; std. dev. 4.51) and sub-dimension Positive emotions (mean = 20.06; std. dev. 3.98).

On a population of 751 students, the results show a significant effect (F = 73.202; sig. 0.000[a]) of the two prediction variables Warmth and Positive Emotions on the variable criterion "Assertiveness". We can conclude that Positive Emotions and Warmth are relevant predictors for the Assertiveness expressed by the group of students (hypothesis no. 4 has been confirmed). So, the students who tend to express in their general academic a high level of Positive Emotions along with a high level of Warmth tend to finally develop academic behavior generally characterized by a good level of Assertiveness.

The results of the entire students' sample showed many positive correlations (table 3) between the dimensions and sub-dimensions of Agreeableness, Openness and Extraversion; so, we have: Openness and Extraversion (r = .421[**]; p<.001); Openness and Assertiveness (r = .272[**]; p<.001); Openness and Conscientiousness (r = .187[**]; p<.001); Openness and Warmth (r = .365[**]; p<.001); Openness and Positive Emotions (r = .394[**]; p<.001); Extraversion and Assertiveness (r = .671[**] ; p<.001); Agreeableness and Assertiveness (r = -.168[**] ; p<.001); Agreeableness and Warmth (r = .333[**] ; p<.001); Agreeableness and Positive Emotions (r = .734[**]; p<.001); Conscientiousness and Assertiveness (r = .363[**]; p<.001); Conscientiousness and Agreeableness (r = .261[**] ; p<.001), etc. Assertiveness and Warmth (r = .336[**]; p<.001); Assertiveness and Positive Emotions (r = .368[**]; p<.001); Warmth and

Positive Emotions (r = .524[**]; p<.001). Also, Neuroticism correlates negatively with all four sub-dimensions previously analyzed: Assertiveness and Neuroticism (r = -324.[**]; p<.001); Warmth and Neuroticism (r = - .176[**]; p<.001); Positive emotions and Neuroticism (r = -.207[**]; p<.001); Neuroticism and sub-dimension Altruism (r = - .161[**]; p<.001). Among the sub-dimensions of the Agreeableness factor, only the sub-dimension Altruism, correlates positively with the sub-dimension Assertiveness. From all the above-mentioned variables, Neuroticism (r = -324.[**]; p<.001); and Agreeableness (r = -.168[**] ; p<.001) negatively correlate with Assertiveness, which determines us to conclude that emotional stability (low level of neuroticism) is a necessary condition for developing a high level of Assertiveness and consequently good academic performance.

Table 4.
**Means and std. deviations of Assertiveness depending
on faculty's type**

Faculty	Mean	N	Std. Deviation
Law School	18.44	108	4.346
Faculty of Letters and Arts	16.38	52	4.939
Faculty of Medicine	15.58	252	4.383
Faculty of Agricultural Sciences and Food Industry	16.08	129	3.999
Faculty of Sciences	16.26	139	4.211
Faculty of Social and Human Sciences	16.62	71	5.455
Total	16.36	751	4.516

As we can see in table 4, the highest level of Assertiveness was obtained by students from Law School.
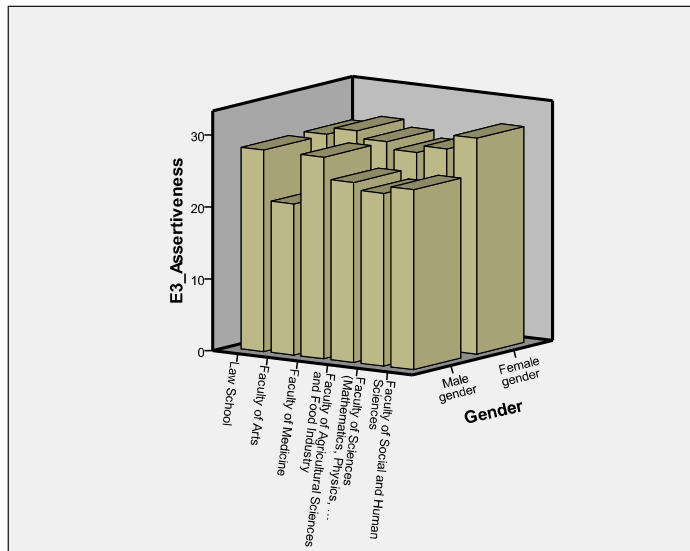
Figure 2. The means of Assertiveness, depending on students's
gender and faculty's type

Also in Figure 2, we can track small differences between male students and female students in terms of Assertiveness from different faculties. Female students from Faculty of Social and Human Sciences have obtained a slightly higher score than the female students from Faculty of Letters and Arts and male students from Law School.

Conclusions

This article aims to highlight the presence of the five universal personality factors in academic performance, taking into account the dynamics of culture and self (Markus & Kitayama, 2013), whether we are talking about academic training for a physician, mathematician or lawyer.

Also, the exam grades have strong connections with at least 3 factors of the five-factor model of personality for Romanian students. Thus, Conscientiousness, Agreeableness and Neuroticism (emotional stability) are key elements in achieving high academic performance for our research, operationalized in the average of exam grades. Despite the fact that Romanian students, coming from a predominantly individualist culture, personality factors such as Warmth, Positive emotions, Assertiveness and Agreeableness are key factors in the development of academic performance, along with the other two universal factors Conscientiousness and Openness to experiences.

As a general conclusion, all four hypothesis have been confirmed by research findings. The Extraversion and Openness factors individually considered have not achieved significant correlations with the average of grades for Romanian students. However, important sub-dimensions of these factors play an important role in achieving academic performance. For example, the Assertiveness sub-dimension (Extraversion factor), along with the Openness and Conscientiousness factors are significant predictors for academic performance, regardless the faculty where the student is enrolled. From our analysis, the highest average for Assertiveness was recorded by the Law School students, followed by students from Faculty of Social and Human Sciences. According to the results obtained, living Positive emotions and Warmth in academic life can lead to a higher level of Assertiveness and implicitly to a higher academic performance for Romanian academia.

As a limitation of our research, we identified the following: the relatively large difference between male and female students could have affected the effects sizes of the statistical coefficients obtained in our research. This is mainly due to the higher number of female students than men students who are enrolled in the faculties concerned. Another aspect previously mentioned was the lack of tools for assessing cognitive abilities, which would have led us to more significant results regarding the connection Openness factor- academic performance. The relationship between personality dimensions and job performance should be studied with larger samples and by using predictive validity designs in various Romanian universities.

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ANXIETY OF CHILDREN WITH INTELLECTUAL DISABILITY
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Abstract: Middle school is characterized by strong emotional reactions, manifested by children at the beginning of the scholar phase or during those school years. The most common reaction that occurs in schoolchildren is anxiety, which is being manifested in different intensities due to children's particularities and the general context of their situation.

Starting from this fact I have conducted a comparative study regarding the manifestation of anxiety on typical children versus atypical children – the ones with disability of intellect.

The research objective is to comparatively study the anxiety level at children, and to find differential psychological approaches that fit the category of child.

Keywords: schoolchildren, disability of intellect, anxiety

Theoretical foundation

Anxiety is a manifestation of fear that leads to an amplification of the state of fear towards any difficult situation. Predescu defines anxiety as "a mental disorder mainly determined by psychotraumatic factors whose symptomatology nucleus is represented by anxious syndrome" (Predescu, 1998 p.8130).

Other authors describe it as a diffuse fear without a well-defined object. Anxiety is defined as a personality disorder exhibited through agitation, fear and unmotivated concern, lacking the factors that provoke them. Anxiety reveals itself as a state of fear due to individual's uncertainty, where the individual has the impression of an imminent misfortune surrounding him, which cannot be described or removed.

Anxiety problems are followed by physiological phenomena such as: palpitations, precordial embarrassment, hard breathing, sweating etc. As psychopathological symptom, the most common is anxious melancholy, in obsessive and phobic neurosis, in the onset of psychoses or in endocrine and cardiac disorders (Popescu – Neveanu, 1978).

The most adequate definition for this clinical manifestation, anxiety, can be seen in the last edition of The Diagnostic and Statistical Manual of Mental Disorders, where it is presented as "*a pervasive pattern*" of social inhibition with feelings of inadequacy and hypersensitivity to negative assessment that is instituted at the beginning of adulthood (DSM. V, 2016 p. 664).

In order to develop personality, both school children and children with intellect disorder face a fundamental problem which is learning, because only by learning they can acquire knowledge, new behaviours, which in turn will influence the further development of intellectual abilities. In this process there may occur learning barriers that can refer to any obstacle in learning. One of those barriers consists of anxiety. (Druțu, 1995)

One of the key aspects of the learning-development approach at children with disabilities in the perspective of their recovery is referring at the variety of deficits that influence the structure and dynamics of personality and that are ranked in a hierarchy being the result of the damage suffered by the body as a result of the interaction of the individual with the environmental factors (Arcan, Ciumăgeanu,1980).

Specific disorders occurring on different levels / sectors of the personality structure in people with intellectual disabilities particularly affect complex psychic functions such as psychomotricity, language, conscious regulatory mechanisms, self-control.

For this reason, it is necessary to apply early corrective-recovery-compensation measures to anxious reactions to achieve the highest possible level of efficiency and especially to prevent the consolidation of maladaptive behaviours (Coman, S 2001).

When it comes to children with intellectual disabilities, certain elements that come into their personality structure - image and self-esteem are of particular importance and greatly influence their relationships with others as well as their self-acceptance. For many of these children, this component of personality determines a complex set of adaptation and integration problems in the school environment, feelings of inferiority, anxiety, exaggerated nervousness, and behavioural disorders. Another particular phenomenon encountered in children with intellectual disabilities in addition to aspects related to the particularities of cognitive processes is the phenomenon of "affective avitaminosis". This phenomenon occurs after the child's removal from the family. Affective

deficiency can have irreversible effects in the affective, moral, behavioural, and characterial spheres, manifested through apathy, non-involvement in game activities, school activities, reticence towards adults, psychic and emotional insecurity, and diminishing social adaptability (Ciumăgeanu,1990).

Both children with intellectual disabilities and children with disabilities in general feel this state of affective frustration, materialized in strong tension states, by obnoxious psychological and physiological reactions (nocturnal enuresis even at older ages), stereotypical movements of the body, anorexia, depression with crying etc.

The lack of educational and therapeutic interventions in certain situations of frustration can lead to the following behaviours over time: complexities of inferiority (compared to other children in school that have better conditions than theirs), complexes of origin (through embarrassing acceptance of belonging) (isolation and the occurrence of marginalization), the institutionalization syndrome (present in children after a period of time spent in an assistance and protection institution, creates a state of inadequacy in the difficult conditions of life, the lack of resistance to the biological, physical and psychic demands, reaction to fear, fear without immediate object (Vrăşmaş, 2004).

The child in this state cannot predict what can happen at certain times, circumstances that he perceives as generating inconveniences, dangers, and troubles. The anxious reactions encountered in children with intellectual disability are often less intense states being perceived as reactive states. (Verza, Păun, 1998)

Among the negative peculiarities of children with intellectual disabilities we can see the following:
- Inability to lead, make decisions, to self-manage, being largely dependent on adult;
- Unjustified negativity, that is, the tendency to act diametrically opposed even to the logically proven demands;
- Rejection of aid as a result of educational mistakes;
- Suggestibility by accepting any external guidance due to lack of experience, poor manifestations of self-control in concrete or unexpected situations;
- Hostility manifested through indiscipline, fleeing responsibility, desire for isolation;
- Rage outbreaks to the surrounding children, surrounding objects, the tendency to destroy the personal belongings of the surrounding colleagues;
- Apathy states, taciturn, lack of verbal communication, indifference, neglect of duties, restraint from game activities, etc.

- Difficulties of self-control, basic needs related to food procurement, physical comfort, security, which cannot be met by children with special educational needs;

There are some peculiarities that outline the personality of children with special educational needs; a large part of them can be diminished and prevented through comprehensive and accurate educational measures and appropriate therapeutic measures. Decreasing and preventing negative affective states and misbehaviour patterns lead to the creation of a positive, tonic, stimulating and affective climate which allows a balanced structure of the child with deficiency and the modeling of its behaviour (Ionescu, Radu, 2001).

As a conclusion we can state that the process of knowing and analysing the personality of the students with disabilities implies a series of problems related to the types of deficiency and the limits imposed by the gravity of the deficiency, the attitude towards the self and the degree of acceptance of the others around. All this knowledge about children with disabilities is a major challenge for special psychopedagogy.
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Methodology

The current research involves a comparative study of anxiety in 15 pupils (8-10 years - girls and boys) in the state school (Gen. No. 20) and 15 pupils (Captain Ignat Special School) with mild intellectual disability and average, coming from uniparental or biparental families.

Psychological tests of intelligence were applied: The RAVEN Test and the Hamilton Questionnaire to determine the level of anxiety in the two classes of male and female students, of different backgrounds, from different families, with varying degrees of intelligence (IQ), to determine the correlation between anxiety and IQ level in the two categories of pupils - normal class and pupils with mild and moderate intellect deficiency.

Results and discussion

The analysis of the descriptive statistics on the subjects' answers to the two questionnaires resulted in the following: As for age, the youngest participant is 8 years old, the oldest has 10, the mean m = 34,4, with a standard deviation sd = 9 29. Primary environment (mass school, special school) average m = 22.3, with a standard deviation sd = 8.27. Family type (monoparental or biparental).

The Hamilton Anxiety Scale, known as the HAM scale, contains 14 questions. Each question can receive between 0-3 points, the maximum being 21 points. HAM is a screening test and not a diagnostic test.

Anxiety is an average m = 8.14 and the standard deviation sd = 4.481, which shows that the level of anxiety is relatively low, referring to the pathological standard, so the level of anxiety does not exceed the normal sphere.

Hypothesis 1: There is a significant correlation between IQ - the intelligence and anxiety coefficient. For this we used correlations, the Pearson coefficient. r = 0.871 (**), significantly at a threshold p <0.01, meaning that there is a significant correlation between the level of intelligence and the level of anxiety. In item 1 of the column with the coefficient t and the significance threshold, a coefficient significantly lower than 0.01 was obtained which means that there is a significant difference in anxiety depending on the school of origin and IQ, respectively.

Table 1

Descriptive Statistics

	Mean	Std deviaton	Number
IQ	79.43	33.424	30
ScorHAM	18.53	7.999	30

Table 2.

Correlations

	IQ	Scor HAM
IQ Pearson Correlation	1	.871**
Sig. (2-tailed)		.000
N	30	30
Scor HAM Pearson Correlation	.871**	1
Sig. (2-tailed)	.000	
N	30	30

In order to test the established hypotheses, we conducted a correlation study, which is included in the "Correlations" table. The lower the IQ, the level of anxiety decreases and is non-existent in children with intellectual disabilities at

the special school. The higher IQ the anxiety level increases in children in normal school.

In the case of anxious children, upper shy who always seek refuge, who feel frightened in front of everything that is strange, new or unusual, if we want to help them, we must focus our attention on neuro-vegetative symptoms.

We have to convey to them the feeling that we are truly caring for their fate and that we want to be real and active companions for them.

The latent trauma of the anxious child is being afraid of being abandoned. The latent trauma of the hyperactive child is that it does not feel desirable (Vrăşmaş, 2001).

Hypothesis 2: There are differences in the type of family environment and level of anxiety. The level of anxiety is higher in children from the uniparental family type, compared to students coming from biparental families.

To combat these manifestations of the anxious-shy child type, it is necessary to keep the child away from everything that is negative and to intervene on time with appropriate psychotherapeutic methods.

According to a qualitative study carried out in Romania by the Save the Children Organization and launched in October 2010, 20% of children suffer from a mental illness, 3.5% were diagnosed with clinical depression and 13% with separation anxiety disorder, panic attacks. In other words, Romania's levels are 880,709 children with mental health problems and disorders, of which 154,124 children with depression and 572,461 children with anxiety disorders.

The problems of recovering children with a limiting intellect are no less important to society in relation to the problems of recovery of children with mental deficiency, because each case of delay, even initially negligible, without appropriate measures to stimulate development and recovery can lead to gradual worsening, ending "by establishing an enormous difference between a delayed and a normal child, an unbroken distance" (Gherguţ, 2005).

The preoccupation of specialists for the early discovery of the problems of a mentally disabled child, psychophysical factors with recovery potential and evolutionary development is in the priority of psycho-pedagogical and therapeutic objectives of special pedagogy for children with disabilities. Without a detailed picture of the parameters that are trained in forming the autonomy of the mental deficient, as early as possible, we cannot discover the methodological tools that we use in the educational-therapeutic act; they sometimes even destabilize more than they build, from where they conclude that they are deserving of the original purpose. (Popescu, Pleşa, coord. 1998)

Forming the autonomy of the mental deficient is the concurrent work of some specialists with equal possibilities of recovery through the prescriptions, indications and paths applied throughout the educational-rehabilitation process.

Conclusions

Given the following statistical data processing, assumptions were confirmed. The lower the IQ, the level of anxiety decreases and is non-existent in children with intellectual disabilities at the special school. The higher IQ the anxiety level increases in children in normal school.

There are differences in the type of family environment and level of anxiety. The level of anxiety is higher in children from the uniparental family environment type, compared to students coming from biparental families.

Specialists who are involved in studying and organizing educational and recuperative activities after the birth of the deficient child should take up their specific tasks even before birth; this way we could get a reduction of some deficient sides.

The educational-therapeutic program begins with the mother, continuing with the birth of the child and following educational activities from the first day, when it becomes a permanent in the life of the child. This approach must be a conception, a practical action useful to the entire body specialized in the knowledge and design of an educational-therapeutic program throughout the evolution of the child with disabilities.

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CHILDREN'S OPINION ON DAY CARE CENTER
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Abstract: Day care centers are ways of alternative assistance to avoid institutionalizing children or removing them from the family of origin. They operate according to well-defined principles, offering several types of services, especially recovery/rehabilitation and leisure for vulnerable people. Day care centers for children unfold care, education, social work, counseling, school and professional guidance for children and support and counseling for their parents.

The study aimed to capture on the basis of a guided interview the views of the children about the conditions of the day center and the effect of its attendance on their behavior and school efficiency. The analysis of the answers to the ten questions of the guided interview demonstrates the good opinion of the children about the conditions and activities offered by the center and the school and social progress made by the children that are following the center attendance.

Keywords: children, day care centers for children, activities, behavior

Theoretical framework

The Day Care Center is a child protection service that aims to prevent the abandonment and institutionalization of children by providing care, education, recreation - socializing, counseling, developing independent living skills, day

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care school and professional activities for children, as well as support, counseling, education for parents or legal representatives, and for other persons who care for children.

The services offered by the day care center are complementary to the steps and efforts of their own family as they arise from parental obligations and responsibilities as well as services provided by educational establishments and other service providers to the individual needs of the child in its social-familial context (Miftode, 2010).

The Day Care Center is a social care unit in which more social services are concentrated, in particular the recovery/rehabilitation and leisure of vulnerable people by providing services according to the individual and group needs of the beneficiaries to whom they are addressed, constituting a form of active support, the main purpose of which is to improve their lives. The main objective of a day center, regardless of the category of beneficiaries targeted, is to facilitate the access to self decision-making (attitudes, motivations, feelings, thinking, career) by providing support for the identification and use of the potential needed to touch each individual's beneficiary purposes (Bodi, 2007, p.43)

The day care center carries out its activities taking into account the following principles: observing and promoting the best interests of the child; parental responsibility for the exercise of rights and the fulfillment of parental responsibilities, as well as respect and guarantee of the rights of the child; the family as a priority child care environment; providing individualized and personalized care for each child; ensuring stability and continuity in childcare, growth and education; listening to and viewing the child's view, taking into account age and maturity; celerity in making any decision about the child; valuing client capabilities and resources; community involvement and empowerment for the protection and promotion of child rights; confidentiality; the duty to prevent; partnership between the team of specialists and beneficiaries; teamwork.

The main role of the service is to provide free daytime assistance to children from families in distress (families with precarious material and/or disorganized families where mothers /fathers grow up their children alone), thus enabling parents to find a job, and to provide adequate material conditions for raising children (Buzducea, 2010).

The Day Care Center ensures the promotion of the right of each child to maintain family relationships by providing appropriate services to the family at risk of abandoning the child in order to be able to fulfill their childcare.

The creation of such centers aims to keep the child in the family, avoiding entry into the protection system from predominantly socio-economic causes. The

day-care center provides children with care, educational and fun programs, counseling - during the day, following that he returns home în the evening, in his environment, avoiding rupture with his family. The activities of the day center are complementary to those of other public services (education, health). The day center will in no case include school activities (Neamtu, 2016).

Within the beneficiaries we have direct and indirect beneficiaries:
a) direct:
- children at risk of family separation at risk of school dropout who have development problems and / or difficulties of integration into the family, school and the community they live in;
- minors from poor, disaggregated families (beneficiaries of various forms of social assistance), or incapable of providing them with the minimum necessary support for development and education;
- minors from placement centers for which, following the reassessment of the protection measure, the County Child Protection Commission decides their reintegration into the natural or widespread family;
- minors who are neglected and abused emotionally and physically in their own families;
- minors with mental and locomotors disabilities .
b) indirect:
- families of children in difficulty;
- extended or substitutive parents/families, which require childcare skills/abilities adapted to the new psycho-pedagogical principles in the field, whose children benefit from the services of the center.

The general objective is to set up a social service at local level for children in difficulty that prevents them from entering the residential protection system by engaging the local community, promoting the child's fundamental right to grow in their own family (Adams, Dominelli, Payne, 2009) .

As specific objectives we mention
- decreasing the number of children protected in the classical residential system;
- increasing the number of alternative services within the community offered to the child in difficulty, according to the number of classical institutions;
- improving the quality of care for children in the child protection system;
- increasing the number of children benefiting from services to prevent abandonment and institutionalization;
- preventing school drop-out and juvenile delinquency by integrating children into an educational and leisure program;

-developing a community model of assistance, education and socialization that responds to the needs of the child but also to the communities in which it belongs;

- participatory involvement of the community by applying and supporting programs for the benefit of its members,

- avoiding discrimination of the fewest poor in favor of the poorest;

- improving the partnership between the local community and the public administration institutions at the county and national levels;

- promoting a stronger partnership between the local community and civil society representatives;

- participation of the local community in financing from external funds the social protection and assistance (Buzducea, 2017).

The activities in a day center vary according to the age and health of the children assisted during this social service period. Thus, depending on age, we can catalog day centers in several categories:

- for children aged 0-2 years;

- for children aged 2-6;

- for children aged 6-14;

- for children aged 14-18.

Depending on the state of health - centers for children with disabilities. Activities with children: education, socializing, hygiene and self-service training, preparation for school integration, homework preparation, recreational activities; for children with disabilities: recovery and therapy activities;

Activities with parents: information on raising and educating the child, parenting, individual and group counseling, hygiene, participation in support groups.

Community information activities

Information is given about the services offered, its role in the community, its access and functioning, as well as its benefits to children and their families. These activities take the form of annual community awareness campaigns on the prevention of family and school abandonment and the institutionalization of children, the realization and dissemination of promotional materials, leaflets and posters in the community;

Collaboration activities with institutions

Collaborates with relevant community institutions to identify potential beneficiaries, based on the existence of agreements and collaboration agreements with these institutions;

Activities of active collaboration with children's families

The day center team collaborates with the families of children attending the center by organizing regular, regular meetings to inform parents about the prospects for the current year, and occasionally before important events;

Elaboration of customized intervention program

This is done for every child assisted in the day center, according to their needs and peculiarities. The services are provided on the basis of the written request of the potential beneficiaries, following their direct request at the headquarters, or by the referral from local government authorities, accompanied by the child abandonment and institutionalization service plan and the assistance contract signed by the the coordinator of the center and the beneficiaries; in case of direct requests or referrals from other organizations or institutions, the day care center announces the authority to prepare the service plan (Cojocaru, 2006).

The personalized intervention program is conducted in a team, in consultation with the child based on the conclusions and recommendations proposed in the detailed assessment report of the psychosocial situation of the child's family. The program contains long-term, medium- and short-term objectives, activities related to the objectives, the duration of the activities, the human resources involved in achieving the objectives.

Children's daily schedule

Appropriate childcare on the basis of a daily program that includes activities that reflect their age, level of development, potential and availability, their individual nutritional, toilet and sleep needs;

Educational activities

Learning situations are organized, as well as the development of independent life deprivations. These activities are carried out after an educational program for each child and is carried out individually or in small groups of children, taking into account the age and the purchases they have.

Recreational and social activities

They are conducted alternately with learning activities, in order to maintain a physical and mental balance necessary for harmonious development. These relaxation and game activities, planned by the team of specialists, depending on the preferences and particularities of each child, include sleep and rest periods to avoid overstressing children;

Psychological counseling and school and professional guidance

Depending on the age, level of development and the needs of the child, this is done on the basis of a program that contains specific objectives, psychological counseling offered to children who have been intimidated or discriminated against;

Counseling and support for parents

It is provided on request or whenever specialized staff consider it to be of benefit to the child and his / her family. Counseling seeks to build a supportive relationship to solve the problems they face in terms of child psychological development and the various legal, administrative and medical aspects. The

counseling activity is conducted individually or in group; the organization of parental education programs for the formation and development of parental skills and abilities, and the issue of child protection against abuse, neglect and exploitation, known as "parent schools". These are conducted according to a program developed according to the legislation in force, specific to the educational, health or adult education system and according to the needs identified in the community (Dumitrascu, 2011);

Collaboration activities with professionals in community and other institutions

They are relevant in solving the problems faced by children assisted in the center and their families. Specialist staff assesses the needs of children and their families for other services they should benefit from and which the day center can not provide, and establishes collaborative ties with all professionals involved in the deployment prevention plan implementation, and institutionalization of children.

The documents governing the organization and operation of a day care center are the rules of internal order; organization and functioning methodology; the code of ethics.

The tools used by the team of casework specialists are as follows: the initial evaluation sheet; the detailed evaluation report; the provision of starting a child's assistance in the day care center; Assistance contract; personalized intervention program; children's daily schedule; educational program; the school and professional orientation program; activity reports; psychological evaluation sheets for the child and his / her family members; counseling charts; business reports; monthly evaluation reports for the personalized intervention plan; re-assessment report on the socio-familial situation of the child assisted in the center; the service plan drawn up by the municipal case manager; the discontinuance of child assistance in the center; post-service monitoring plan; post-service monitoring cards; the closure report of the case where it is emphasized that the beneficiary's entitlement is no longer necessary; case record registry; counseling register; register of phone notices; register of suggestions and complaints (Coulshed, Orme, 2012).

Working methods used: conversation and meeting; psychological, social, administrative, educational and legal counseling; information; the survey.

Research

The research aims to analyze children's opinions about day-center activities and their influence on their evolution. It is important to know the views of the beneficiaries (in our case the children) in order to permanently improve the conditions and activities of the day care centers and provide services that are as close as possible to the expectations of the beneficiaries.

Studied sample

It contained 20 children from a day center in Arad. Of these, 15 were girls and 5 boys between the ages of 9 and 12. The age and gender structure of the sample studied can be seen in Table 1 and Figure 1.

Table 1.
Structure by age and sex of the studied group

Gender	Age			
	9 years	10 years	11 years	12 years
boys	1	2	2	0
girls	2	3	6	4
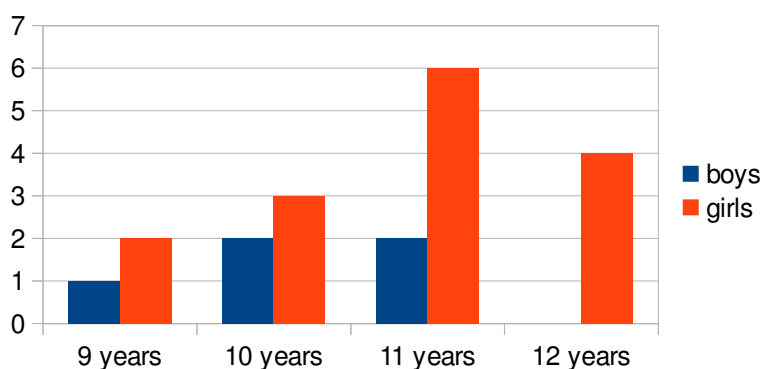
Figure 1. Structure by age and sex of the studied group

Methods

It was used a guided interview based mainly on 10 questions that related to the conditions and activities in the center, the desired changes of children, the relationship with other children, the division of time between the themes and the play and the future plans of each of them. The children responded easily to the questions and no refusals of cooperation were registered. We mention that all children were informed that they can give up at any time and that the interview used was approved by the research ethics committee of our university.

Results and discussions

Responding to questions provides information about children's opinion about the day care center and possible changes wanted by them.

All children consider the center conditions as good (11 replies) or very good (9 answers). Of those questioned, only four want a change to intervene in the center's program (see Table 2 and Figure 2).

Distribution of responses according to the desire to change

	Want change
Yes	4
No	1
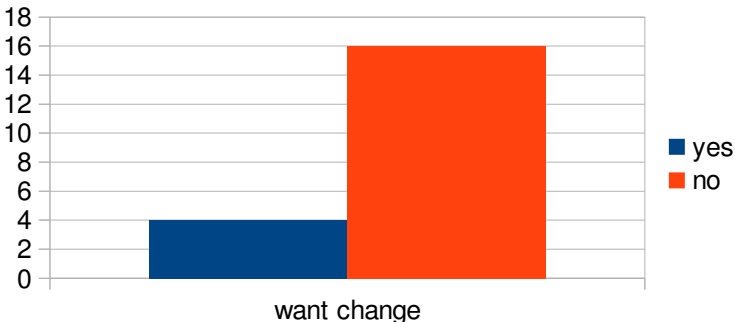
Figure 2. Distribution of responses according to the desire to change

The four willing to change motivate this desire: I want more activities (2 cases), want to do more themes (2 cases), wishes to learn tailoring (1 case).

Relationships with other children in the center range from very good to bad as can be seen in Table 3 and Figure 3.

Table 3.

Type of relationship with other children

	Qualifying				
	Very good	good	So and so	bad	Very bad
Number	6	8	4	2	0

Figure 3. Type of relationship with other children

Children are not always able to establish good relationships with all the other children in the center. Everyone has one or two friends, but there are many dysfunctional relationships and even violence in their relationship. Six girls and a boy say they have quarrels with other children, and a girl says there are too many beatings among children. Usually the girls have problems wi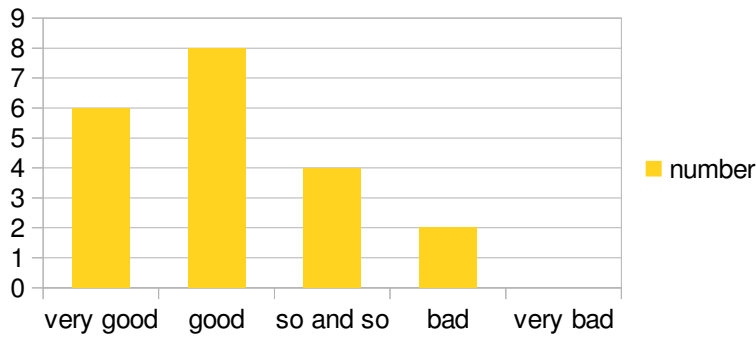th the boys and after their claims they quarrel but then they come together. Considering that we are dealing with a high-risk group, it is likely that what children have in their family affects their ability to relate to others. Perhaps they have witnessed quarrels, ugly words and violence, and this hampers their ability to trust other children, always places them in defense positions, and increases the difficulty of establishing friendly relations with the entourage.

Most children appreciate that their behavior has changed for good since they attended the center (14 children) and a number of 6 children feel they have not changed their behavior after attending the center. Usually, behavioral change is expressed by being better (3 cases) more polite (3 cases), or better understanding of things (2 cases). In contrast, the majority (18 children) agree that their marks have improved dramatically since they are at the center compared with only two children who say they have the same kind of marks at school. The attention and help of the center staff in conducting the themes (17 children receive help in conducting the themes) is reflected in the better marks obtained at school and the more appropriate understanding of the material to be taught. The other three say they are helping one another.

For most children (14 cases) it is more important to come to the center for the new things learned here, three (3) come to do their homework and 3 come for food and themes. Probably the three who appreciate the food and the new things

equally come from poorer families with more children and who do not have enough food at home or it is not so diversified. It must be recognized that giving children lunch is a great help for children but at the same time for families.

The aspect of time division between themes and play time is also appreciated by children (see Table 4 and Figure 4). Opinions are divided almost equally: 7 children prefer the time to do themes, 7 children prefer play time, and 6 children consider playing time and theme time to be perfectly divided. However, there are opinions that would require more time for themes or longer playing time.

Table 4.
Preference for time division in the center

Preference	Number
for homeworks	7
for play	6
both	7
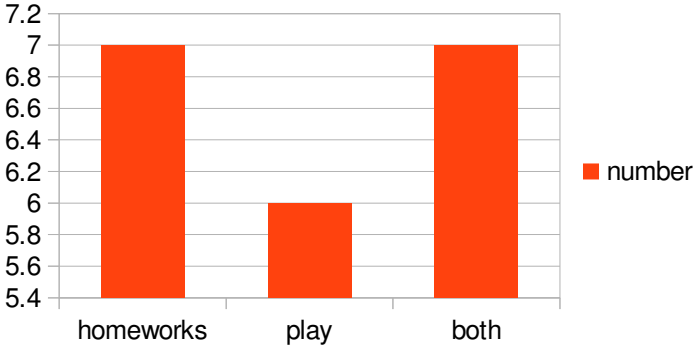
Figure 4. Preference for time division in the center

It is no surprising that some children prefer playing time or would like more time to play because children are still at an age where the game remains one of the main activities. The perfect combination of time for play and schoolwork has an influence on children's attitudes towards learning and helps maintain a relaxed atmosphere in the center.

One last aspect that has been analyzed is that of the profession that children want to choose in the future.

Although there are children who want to continue their studies, possibly attend a college, the majority (12 children) choose professions that do not require too much training time and are well paid (like driver for boys or manicurist / hairdresser for girls) (see Table 5 and Figure 5).

Table 5
The profession chosen by children

Profession	Number
driver	3
social worker	2
manicurist/ hairdresser	7
artist	4
professor/trainer	2
seller	2
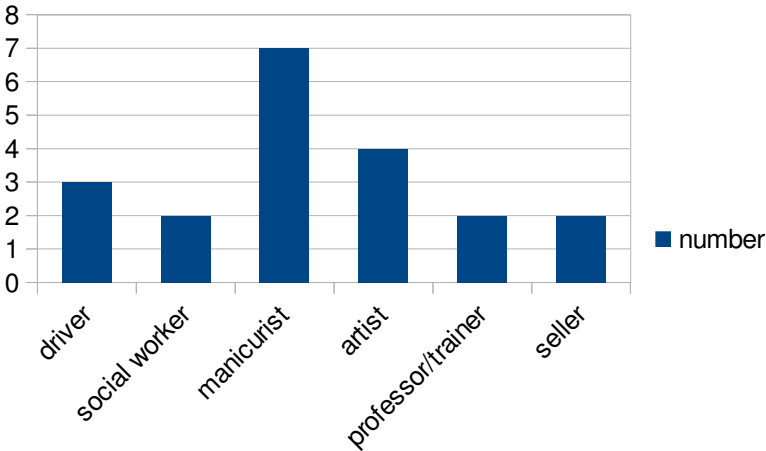
Figure 5. The profession chosen by children

It must be noticed that the level of aspirations of these children is lower than theat of the other children of their age. If, at this age, most children without problems want to be researchers, formula pilots, aviators or other professions with an adventure auras, the children in the center are more pragmatic and want a fast-paced and well-paid profession. Thus, half of the children choose to be

drivers (3 children) or work in beauty salons such as manicure 5, hairdressing 2 and make up 1. Truck driver courses last only 5 weeks after which they can be hired and actually work on a good salary. The manicure courses last about 3 months and in many cases have a safe place for work. For both professions mentioned above it is not compulsory to finish high school, 10 classes are enough to be able to attend the course. This means that at the age of about 16 and a half to 17 years they can earn their living alone and have their own sources of income. In addition, the cost of these courses is not as high as the cost of completing high school and attending a faculty.

Conclusions

The study shows that the day care center for children is appreciated by them, both in terms of the conditions offered and the help they can get in the themes.

Children appreciate the atmosphere of the center, the food they receive, but first value the new things they learn here. Probably, in the families of origin, parents do not have the time or the necessary training to teach them new things that children are so excited about at this age.

Day center attendance meant for the 20 children interviewed not only good changes in their behavior but also a real improvement of marks obtained at school. Children learn not only to expect help from staff but also to help each other with their homework.

Children do not want any change in the center conditions, and the few changes they want are about the time spent on the game or the themes, or about learning new things in the center that are not usually learned in school.

It is important to note the pragmatic orientation of the children in the center (perhaps because of the material difficulties at home) who opt for fast-paced, low-cost jobs that guarantee well-paid jobs to help them stand on their own and handle alone in life.

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THE IMPACT OF THE "VICTIM'S DIRECTIVE" ON THE ROMANIAN SUPPORT LEGISLATIVE FRAMEWORK

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Abstract: The Romanian legislative framework on victim support and protection has undergone several substantial changes after Romania has signed the Protocol of Palermo and several other international treaties on domestic violence and gender equality. Part of the provisions of different special laws were absorbed into the provisions of the New Criminal Code and supplemented by the provisions of Law 211/2004 on some measures to ensure the protection of crime victims. Next, the national legislation has been aligned to the provisions of the European Union through the Directive 2011/36/EU on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA. May 2018 represents a new milestone for the Romanian victim protection laws, as it marks the transposition of the "Victims' Directive", Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA. The present article aims to analyse the impact this directive has on the national victim support legislation and the practical novelties which this brings about.

Key words: EU Directive, rights, victims, information, protection, compensation

Through the Decree number 385 from the 27ᵗʰ of April 2018, the President of Romania has approved the Law No. 97/2018 on some protection measures of victims of crimes, which is going to enter into force from the 5ᵗʰ of May 2018 and which is transposing the provisions of the Directive 2012/29/EU, also known as the "Victims' Directive".

Due to the fact that the Romanian law 211/2004 on some measures to ensure the protection of victims of crimes has already foreseen most of the rights and protection measures which the new directive contains, law 97/2018 modifying law 211/2004 is not changing the substance of the latter but it does however bring along some provisions which should be very helpful for the victims.

The objectives of this directive, as stated in Article 1, are "[…] to ensure that victims of crime receive appropriate information, support and protection and are able to participate in criminal proceedings. Member states shall ensure that victims are recognised and treated in a respectful, sensitive, tailored, professional and non-discriminatory manner, in all contacts with victim support or restorative justice services or a competent authority, operating within the context of criminal proceedings. The rights set out in this directive shall apply to victims in a non-discriminatory manner, including with respect to their residence status."

Therefore, the main rights which the directive highlights are:

a) *Right of information*

The directive refers at this point to the right of the victims to understand and be understood, to be informed from the first contact with authorities about all their rights and about the procedures of how to practically access the tools to exercise their rights as well as to be informed about the case.

With regards to the right to understand and be understood (Art. 3 - Art. 7 of the Victims Directive) the Romanian legislative framework has specific provisions in the Romanian Criminal Procedure Code and in the law 211/2004.

The Romanian Criminal Procedure Code, under Article 81 states the fact that the rights of the victims in criminal proceedings are:"a) to be informed of its rights;[…] d) to be informed, within a reasonable term, on the status of the criminal investigation, upon explicit request, provided that they indicate an address on the territory of Romania, an e-mail address or a electronic messaging address, to which such information can be communicated; e) to consult the case file, under the law; f) to be heard; g^1) to receive an interpreter, free of charge, when they cannot understand, cannot express themselves properly or cannot communicate in the Romanian language; h) to be assisted or represented by a counsel; i) to use a mediator, in cases permitted by law; j) other rights set by law."

These provisions are corroborated with the provisions of law 211/2004, which under Art. 4 states that: "(1) Judges in the case of the offenses for which the

preliminary complaint is addressed to the court of judges, prosecutors, officers and police officers have an obligation to inform the victims concerning: a) services and organizations providing psychological counselling or any other forms of assistance, depending on its needs; b) the criminal prosecution body to which they can make a complaint; c) the right to legal assistance and the institution where they can address the exercise of this right; d) the conditions and procedure for granting free legal aid; e) the procedural rights of the injured party, the injured party and the civil party; […].

After the 5th of May 2018 when the provisions of law 97/2018 are going to enter into force, Art. 4 of law 211/2004 is going to be modified, in terms of the fact that two new provisions are going to be added under letter paragraph "6" and "7" stating that: "6) On the occasion of first contact with the authorities, the victim may be accompanied by a person chosen by her to facilitate communication with them. 7) When filing the complaint according to art. 289 of the Law no. 135/2010 on the Code of Criminal Procedure, as subsequently amended and supplemented, the victim will receive a written confirmation thereof. The confirmation will include the registration number of the complaint as well as data on the act for which the complaint has been filed."

We consider that the two new provisions which are going to enter into force are essential for the victims because of a number of reasons: when a victim has a first contact with the authorities, depending on her psychological state, current traumas, possible previous negative experiences with law enforcement representatives, level of education, level of integration in the community, she might feel unsafe and might be very vulnerable. Such a context would lead, on behalf of the victim, to an unclear declaration, an incomplete declaration, lack of understanding her rights because of lack of attention and focus caused of the stressful circumstances and, eventually, the abandonment of the complaint shortly after it was filed. On the other hand, on behalf of the authorities, the above described circumstances can lead to an unclear record of the declaration, an incomplete report, procedural gaps which can lead to an unsustainable case in the front of the prosecutor who approves the start of the criminal investigation. All these negative circumstances, however, are in the benefit of the perpetrator who can get away with the crime committed without being held liable from a criminal perspective. If the victim is supported by a person with whom he/she feels confident the communication barriers can be easily overcome, especially if this person is a representative of a victim support service, therefore, if this person is a professional psychologist or social assistant.

With regards to the second new provision, we must say that this was a very much expected one. Up until the 5th of May 2018, if a victim has filed a complaint to a police officer, he/she has recorded it but was not able to give the victim a registration number until the complaint was recorded at the

prosecutor's office from where it came back to the police with a unique registration number. In this time spam, the victim had no proof of the complaint in his/her hands. Such a lack of evidence has caused several difficulties if a victim has hired an attorney for instance after filing a complaint because the attorney firstly needed to identify which police officer has recorded the complaint and only after having done so could the attorney consult the file and seek for further procedural steps.

Also, we welcome the provisions of the directive stating that the victims need to be informed in such a way that the victims understand the information transmitted. As before mentioned different communication barriers usually arise especially during the first contacts between victims and law enforcement representatives. Several researches have revealed the fact that an enumeration, in technical legal language, by the law enforcement representatives, of the victims' rights and procedural aspects related to the case have not led to a full understanding of the statements made. On the contrary, several victims did not understand the information shared with them and did not understand which tools they have to exercise their rights as victims.

As with respect to the language used during the criminal procedures, the Romanian Criminal Procedure Code, under Art. 12, states the fact that "(1) The official language of the criminal proceedings is Romanian. (2) Romanian citizens who are members of national minorities have the right to speak in their maternal language before courts of law, while procedural acts shall be written in the Romanian language. (3) Parties and subjects in the proceedings who do not speak or understand the Romanian language shall be provided, free of charge, with the possibility to learn of the evidence in the case, to speak and to argue in court, using an interpreter. In the situations where legal assistance is mandatory, the suspect or defendant shall be provided, free of charge, with the possibility to communicate via an interpreter with their counsel so as to prepare the hearing, the filing of an avenue of appeals, or any other motion that has to do with the resolution of the case. (4) Judicial proceedings shall use certified interpreters, as under the law. Included in the category of interpreters are also certified translators, as under the law. "Therefore, the victims are entitled to receive free of charge translation services which facilitates their access to the Romanian judicial system. In Romanian the translators who are entitled to participate in criminal procedures are certified by the Romanian Ministry of Justice, through the Minister of Justice. The complexity of the certification procedure ensures the high qualification of the translator in order to avoid misunderstandings of legal terms and thus judicial errors.

b) *Right to access and receive victim support services*

According to law 211/2004 the victims of crimes in Romania are entitled to free of charge psychological support, interpretation and translation, legal aid and financial compensation offered by the state. Besides these general

provisions for the victims of all types of crimes, Art. 13 states the fact that "Victims of trafficking in human beings and domestic violence also benefit from the protection and assistance measures provided by Law no. 678/2001, as subsequently amended, or, as the case may be, by Law no. 217/2003 on the prevention and combating of domestic violence, as subsequently amended and supplemented." The provisions of these laws state the fact that the victims of human trafficking and domestic violence are entitled to a protected shelter and to medical care.

With respect to the possibility of the family members to access victim support services similar to those to which the victims are entitled, the national legislative framework offers the family members this possibility in case they are considered indirect victims (ex. The children of the victims of domestic violence or human trafficking), in the cases in which the family members are vulnerable or protected witnesses (ex. They enter the national witness protection system) or in the circumstances in which the victim was murdered by the perpetrator, in which case the family members are entitled to all the rights to which the direct victim would have been entitled.

The challenge at this point arises in case of the victims of human trafficking as Romania is one of the very few countries of the European Union having the capacity to "export" throughout the years victims of human trafficking to more than 30 countries of the world, thus being ranked yearly, along with Bulgaria, among the top source countries of European human trafficking. With approximately 700 registered victims every year, unfortunately Romania is not having the capacity to provide state run shelters for adult victims of human trafficking and nor to provide any of the services to which the adult victims are legally entitled by state run institutions only by NGOs. This leaves the victim support field very vulnerable as the assistance services totally depend upon the availability and openness of NGOs to support the above mentioned services. A qualitative research conducted by the Romanian National Agency Against Human Trafficking has revealed that the above mentioned reasons have led to "problems regarding the regional bias in the quality of the assistance process. There are serious differences in the quality and the type of assistance services that a trafficking victim can access depending on the local situation at county level. There are regions in the country with a strong network of institutions (usually nongovernmental) where a victim of trafficking can access a variety of services, starting with long term residential assistance, proper medical assistance, proper legal assistance, school or professional (re)integration, but also regions where access to services is problematic. The main cause of this bias is the presence or absence in the area of NGO's that can provide this type of services." (Romanian National Agency Against Human Trafficking, 2015, p. 46)

c) *Right to compensation*

The Victims' Directive, through Art. 16 states the fact that "Member States shall ensure that, in the course of criminal proceedings, victims are entitled to obtain a decision on compensation by the offender, within a reasonable time, except where national law provides for such a decision to be made in other legal proceedings." In the Romanian legislative system the victims of crimes are entitled to compensation from the offenders for both moral and material damages. The procedural aspects for these compensation measures are foreseen in the Romanian Criminal Procedure Code. Further on, the victims of crimes are also entitled to financial state compensation, under the conditions foreseen in law 211/2004. An important aspect however with regards to the compensation provided by the offender is the fact that the offender must be found guilty through the courts decision in order to be hold responsible for providing the compensation for the victim. Therefore, the civil procedure through which the victim can claim compensation for the material and moral damages produced is hold still until the criminal decision has been taken. Depending on the complexities of crimes, such criminal decisions might be taken sometimes in years after the first complaint filed by the victims. In cases in which the perpetrators have purposefully hidden their assets in order to protect them from seizure and confiscation, the institution for extended confiscation can be applied which has the benefit of confiscating the goods produced through a criminal activity or used in order to produce a criminal activity but which are registered on the names of third parties and not on the name of the perpetrator.

Conclusion

After having signed the Protocol of Palermo, Romania's legislator has transposed its provisions into the provisions of law 678/2001 on preventing and combatting human trafficking. Later on, these were absorbed into the provisions of the New Criminal Code. These victim protection provisions were supplemented by the provisions of Law 211/2004 on some measures to ensure the protection of victims of crimes, which does not specifically refer to the victims of human trafficking but to all the victims of crimes. Next, the national legislation has been aligned to the provisions of the European Union through the Directive 2011/36/EU on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/JHA. The newest legislative modifications are going to enter into force in 2018 by means of transposing some few provisions of the Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA which have not been foreseen yet in the national legislation. These new provisions however are of such a nature that they equip the victims with more efficient tools to protect themselves during the criminal proceedings.

With regards to the practical aspects of the protection measures foreseen by different laws however, the situation is not as good. Romania is lacking adequate institutional support services especially for adult victims of human trafficking, one of the most severe crimes which affect more than 700 Romanians yearly, making Romania the top source country of the European Union.

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TIPOLOGY OF SOCIAL SERVICES ACCREDITED IN THE WEST REGION OF ROMANIA – A QUANTITATIVE PERSPECTIVE IN 2017

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Abstract: The objective of the article is to present a current quantitative perspective on the typology of accredited social services, the categories of beneficiaries to whom these services are addressed and their geographic distribution in Western Region of Romania (counties Arad, Caraş-Severin, Hunedoara and Timiş).

Key words: accredited social services, social services beneficiaries, social services typology

Introduction.

The current context in which social services providers can organize social services is determined by a complex legislative framework in which the conditions and operating requirements for suppliers and services are established.

The current legislative framework governing the granting of social services and their accreditation has been changed and amended since 2011 and consists of a package of normative acts composed of laws (Law no 292 of 20 December 2011 Social assistance, Law No. 197 of 1 November 2012 on Quality assurance in the field of social services), government decisions (Judgment No. 118 of 19 February 2014 approving methodological rules for the application of the provisions of Law no 197/2012) and order of minister on the approval of minimum quality standards for each type of social service.

In the context of these legislative changes, the present article aims to present a quantitative perspective on the typology of accredited social services in the West Region in 2017.

Accreditation is the process of evaluating and certifying compliance with the criteria and requirements of minimum quality standards attested by the accreditation certificate for social service providers and by operating licence for the social services.

Objective:

What is the current typology of accredited social services and beneficiaries categories and what is their geographic distribution in the West Region of Romania?

Methodological approach.

The methodological strategy used to determine the typology of accredited social services in the Western Region of Romania assumed the method of statistical analysis (databases with social services providers and social services accredited by the Ministry of Labour and Social Justice were consulted in 10 March 2017).

Results and discussions.

1. Typology of social services in the West Region.

The processing of information in the database was carried out after 3 criteria:

a) Criterion No. 1: The main headquarters situated in the urban/rural environment in which the social service operates;

b) Criterion No. 2: Legal form of organization of social service providers (public and private).

c) Criterion No. 3: Categories of beneficiaries and types of social services.

a) Distribution of social services according to the main office in which the service operates (urban, rural);

With regard to the distribution of social services in the urban environment, it was found that the number of social services operating at region level in urban areas is 222 services representing 76.02% of the total accredited services at region level). It is three times higher than the number of social services operating in rural areas-70 services representing 23.98% of the total services accredited at region level.

In each county there is a larger number of social services based in the urban area in relation to services based in rural areas.

The largest number of accredited social services is found in Timiş County with 90 social services in the urban environment (75.63%) and 29 services in rural areas (24.37%). The smallest number of accredited services are found in Caraş-Severin County with 34 social services in the urban environment (89.47%) and 4 services in rural areas (10.53%). For Arad County urban services are in number 39 (66.10%) and 20 services (33.90%) are

accredited in rural areas. In Hunedoara urban services are in number 59 (77.63%) and those based in rural areas are 17 (22.37%), (table 1).

Table 1.

Distribution of social services according to the headquarters located in the urban/rural environment by counties and the West region.

	Total number of accredited services	Arad Number of accredited social services	Caraș-Severin Number of accredited social services	Hunedoara Number of accredited social services	Timiș Number of accredited social services
Number of accredited services based in urban areas	222	39	34	59	90
Number of accredited services based in rural areas	70	20	4	17	29
Total accredited services in each county	292	59	38	76	119

b) Distribution of accredited social services from the West region according to the legal form of organization of social service providers (public and private).

b. 1.) Number of public/private suppliers accredited at region/county level.

In the Register of social service providers accredited in the West Region were registered on 10 March 2017 a number of 319 social services providers but only 114 suppliers had active social services.

Of the total of 114 providers with active social services, a number of 32 are public service providers and the other 82 are private suppliers of which 79 are associations, foundations, federations, 2 suppliers are religious cults and 1 supplier is a limited liability company.

b. 2.) Number of public/private social services accredited at the region/county level.

At the level of the region, a number of 141 (48.28%) accredited public social services and 151 (51.72%) of private social services were operated in 2017.

In Arad and Hunedoara counties about half the number of services in each county are public and the remaining half are private. (Arad 49.15% public services and 50.85% private services, Hunedoara 50% public services and 50% private services).

In Timiş County Private services represented 66.38% of the total accredited services and the public was 33.62%.

In Caraş-Severin County, most of the accredited services were public (89.47%) of the total number of accredited social services at the county level and the private 10.53%.

The distribution of social services accredited by the counties, types of public or private social services and the headquarters in which the social services (urban and rural) operate is presented in Table 2.

Table 2.
The number of social services accredited according to the form of legal organization (public/private) and the headquarters in which they operate (urban/rural) on the counties and West Region.

County	Arad		Caraş-Severin		Hunedoara		Timiş	
Types of social services	PuAS	PrAs	PuAS	PrAS	PuAS	PrAS	PuAS	PrAS
Urban	21	18	31	3	29	30	33	57
Rural	8	12	3	1	9	8	7	22
Total	29	30	34	4	38	38	40	79
Total accredited services in each county	59		38		76		119	
Total accredited services in West Region	292							

c) Distribution of accredited social services from the West Region depending on the type of social service and the category of beneficiaries.

In the field of child services are accredited at the region level a total of 144 services (28 day centers for children, 8 day centers for families with

children, 10 day centers for children with disabilities, 2 night shelters for street children , 85 residential centers, 6 foster children's services, 5 residential care centers for mother and child).

A number of 34 services (18 residential services, 9 services of protected housing type and 7 day centres) are accredited in the area of social services for persons with disabilities.

In the sphere of social services for elderly people are accredited at the region level a number of 76 social services (6 day centres for elderly, 48 residential services for elderly persons, 4 residential medical-social centers, 4 protected housing and 14 home care services).

Other types of accredited services (17 social canteens, 3 community support services for adults, 5 day centres for other persons in difficulty situations, 1 residential service for women victims of domestic violence, 2 residential services for victims of human trafficking, 4 residential centers for young people in distress, 1 residential center for other people in dependency situations, 5 residential centers for other homeless people).

2. Geographical distribution of accredited social services in the West Region.

As regards the geographical distribution of accredited social services, it has been found that they are distributed unevenly on the surface of the West Region.

In the West Region are organized a number of 323 administrative units of which 42 are in urban areas with 12 municipalities and 30 cities and 281 communes in the rural environment.

Accredited social services (depending on the main office) are found in 80 localities from a total of 323 localities in the region, which means that only in 24.76% of localities in the West Region operate at least one social service. (Source: http://www.mmuncii.ro/j33/index.php/ro/2014-domenii/familie/politici-familiale-incluziune-si-asistenta-sociala/4848-Servicii Sociale licențiate în baza Legii nr.197/2012**,** consulted on 10 March 2017).

At the region level operates a total of 292 social services with a high concentration of services that are headquartered in the urban environment (222 social services) and a number of 70 social services based in rural areas. It is therefore found that between urban and rural areas there is a massive imbalance throughout the region (urban 76.02%, rural 23.98%).

Urban social services functioned in a number of 33 cities and municipalities out of a total of 42 cities and municipalities. Rural social services functioned in a number of 47 municipalities out of a total of 281.

The largest number of localities in the rural area in which social services were functioning were recorded in Timiş County (in 19 municipalities of 89) and the smallest number of rural areas with social services were recorded in Caraş-Severin County (4 Locations in 69, Table 3).

Table 3.
The number of urban/rural localities in which
accredited social services operate.

County	Number of urban localities with accredited services	Total number of cities and municipalities	Number of rural localities with accretited social services	Total number of communes
Arad	7	10	13	68
Caraş-Severin	5	8	4	69
Hunedoara	12	14	11	55
Timiş	9	10	19	89
Total	33	42	47	281

Conclusions and recommendations.

The analyzed data showed that the distribution of social services accredited in the rural urban area in the West region has a massive imbalance in favour of the urban environment-222 services (75.63%) and 29 services in rural areas (24.37%) .

The distribution of social services according to their organisational form (public or private) at the level of the West Region is about half/half with a larger number of private services in Timiş County and a larger number of public services versus private ones in Caraş-Severin county.

Correlating the number of providers accredited with the number of accredited social services, it follows that the 32 accredited public providers support a number of 141 social services and the 82 accredited private suppliers support a number of 151 social services at the level of the entire region. The number of public and private social services accredited at the region level in 2017 still remain in the national trend of "2013, half of the accredited social services providers in Romania act in the private non-profit environment, as Foundations or Associations "(Calliste, D., Dobre, A. and Babes, D., 2013, p. 9) with the indication that in 2013 a social services provider was still registered in

the database of the Ministry of Labour and Social justice for each social service (Accreditation was only on social services and not on suppliers separately).

The distribution of social services according to the type of social service and the categories of beneficiaries highlights the fact that the most developed sector remains the domain of child services (due to the massive support of services by the Directorate-General for Social assistance from each county) with the highest number of accredited social services (144), followed by social services for elderly people (76) and a fairly restricted number of services for disabled people.

As regards the geographical distribution of accredited social services, it has been found that accredited social services are mainly grouped into localities adjacent to municipalities and cities.

The data revealed in this article open new research opportunities towards a nationally updated quantitative analysis.

A complementary qualitative research could bring into question the analysis of the phenomenon on the large number of accredited suppliers compared with the small number of providers who have accredited social services. Other directions of analysis could also explain the phenomenon already known to the lack of social services accredited in rural areas, and also the lack of assessments of the needs of potential beneficiaries in most local communities, especially in rural areas.

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THE SOCIAL ENTERPRISE-PILOT MODEL OF PREVENTION AND INTERVENTION IN THE CASE OF ELDERLY PEOPLE WITH DEMENTIAS AND THEIR CARETAKERS

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Abstract: The overall objective of this pilot research is to facilitate an alternative respite care in case of dementia or other disabilities for adults in question, and their caretakers, by providing specialized services at the level of Arad county and proximity; which could be disseminated as a good practice model. Implementing such a prevention and intervention model will generate a positive short, medium and long-term effect: socially excluded people or those at risk of social exclusion will be helped to integrate or reintegrate into a social context, while developing and promoting the concept of social economy through profit-generating activities and services will generate an increase in the relevance of respite services because they represent a too litlle developed field in Romania; respectively with an increased risk of institutionalization and / or alienation of social relations of people with dementia.

  The expected results aim at the very intrinsic goal of current social assistance, which is increasingly spreading the outsourcing of social services from state to non-governmental ones (NGO); so that the use of Law no. 219/15, published in M.O. no. 561/2015 on social economy activities is a good idea to propose a model of voluntary,

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solidarity and private initiative with a high degree of autonomy and responsibility as the main mechanism for the creation and sustainability of new social services; generating good practice models worthy of multiplication.

Key words: gerontological social assistance, dementia, good practice model, social economy, social enterprise.

Introduction

The intrinsic motivation to develop a model of prevention and intervention on this issue, which later serves as a pilot model of intervention, capable of being multiplied later, is in line with the objectives of different European, national and community strategies; for example, the National Strategy on the Issues and the Action Plan for the period 2016 - 2020. At present, in Romania, in the field of specialized literature on dementia and some disabilities approaches almost exclusively the medical sphere, namely the medical and psychiatric model. In this context, we need to provide services that address the individual needs of each person with a diagnosis of dementia or other disabilities, respectively to provide personalised ways to meet these needs, according to each individual's particularities.

The purpose of such an intervention is to provide a wider range of intervention, towards an expanded, personalized model, according to the individual needs of the collateral victims of these conditions: the person with a diagnosis of dementia / disability, respectively the caretaker/ s. "Institutionalization is an alternative which should only be used as a last resort. Caring for a person with dementia / disabilities can make people avoid friends, often because they feel threatened by the person with dementia / disability, not knowing how to relate to them. Thus, this makes many caregivers of people with dementia / disabilities quit most social activities.

"In Western countries, there are long-time" back-up "services, places that give the family the possibility to take a break, have weekends or even holidays, leaving the sick in these services. This kind of services can be organized for several hours a day, a few days a week or even longer, in the following places: inside the dwelling, in day / night centers, respectively in hostel type institutions or specialized hospitals (Morcan, 2012).

Younger caregivers seem to risk more than the elderly in the sense of suffering the effects of stress, just as it seems that male carers are at greater risk than women. Knowing the problems that the healthcare system has been experiencing for years, we can not help talking about overworking family doctors who do not have time to screen for dementia, and that's what other professionals are doing in estimating customer needs. " (Tudose, 2001). The social mission of the project starts from the premise that a degenerative disease / disability is a consuming condition. It is now known to all European

specialists that when caregivers (family / carers) care for people with dementia / disabilities "at least two lives are altered." Family tasks without sufficient support services become oppressive. The caretaker population is growing dramatically over the next 20 years, and the need to care for loved ones will become a norm. Often caregivers are aging people, and they continue to provide permanent care, hygiene (bathing, clothing) to people with dementia / disabilities at their home, rather than resorting to alternative institutions. În câteva cazuri, aceste responsabilități sunt echivalente cu trei slujbe, full time. Most caregivers provide care from one to four years, including 60% of full-time care for at least three years. The effect on caregivers is predictable: physical and emotional health being affected. Family caregivers suffer more stress-related illnesses, such as: decreasing immunity, more than the general population. These factors are exacerbated by the fact that 36% of carers are at least 65 years old. 12% of caregivers of Alzheimer's report suffering from mental illness, a direct consequence of care. Unfortunately, caretakers who have these tasks for many years also lose or damage their personality, identity and will. Statistics argue these general statements saying that they are stories rather than realities (Morcan 2012). According to Government Ordinance no. 86/2004, specialized social assistance and social care services are carried out within multidisciplinary teams. In the absence of the development of an integrated service system at local and national level, many of these initiatives were, either interrupted or continued, have proven useful and still survive, but isolated initiatives remain, proving interventions with a relatively low impact. Consequently, we appreciate that we are confronted with a reality which, in a synthetic way, is as follows: in public health policy in Romania, dementia / disability in many of its forms is not declared a priority; there are major delays in the adoption of official documents on sector-specific legislation; the institutional framework for the provision of health care and care services is at an early stage; social support systems for the family / carers of people with dementia are not sufficient and are inadequate; financial support is not an element taken into account and individualized in the national and / or local budget allocation; the lack of stimulation of clinical and fundamental research, as well as a sufficient amount of epidemiological data, constitute a constraint in the development of sequential policies specific to neurodegenerative diseases, respectively dementia. Given that the created packages will provide diversified services, anchored to needs not covered by other existing services; the type of day services, the proposed activities and those offered in the accommodation type packages - as a "respite" solution, we believe that the present project will contribute directly to the achievement of at least 3 objectives within this strategic plan, namely Europe 2020, proposed in the case of dementia and reflected for other disabilities: encouraging active aging and reducing public expenditures on old-age assistance, the institutional framework for provision of

services, social, medical and care services still in an early stage; developing and implementing social support schemes for the family / caregivers of people with dementia still not enough and inadequate; shaping a framework to stimulate clinical and fundamental research as well as a sufficient amount of epidemiological data that can contribute to the development of sequential policies specific to neurodegenerative diseases such as dementia and Alzheimer's disease. Secondary theme of the proposed model is social innovation as it proposes new solutions and models of intervention, by creating specific intervention models and good practice, as well as by increasing the quality of life for served people. Thus, the results generated by the project will aim to increase the quality of life, respectively to create models of good practice that could be multiplied in other communities and in society, able to produce the structural social change at the cultural, normative or regulatory level of the society. In other words, non-discrimination, because we are addressing vulnerable groups at increased risk of marginalization and social exclusion, due to the acute lack of specialized services for these target groups. As the horizontal theme, the purpose of this innovation is not the profit, but the ability to generate personalized services in response to needs, in the idea of being disseminated through organizations, individuals or enterprises whose main purpose is the social.

Methodology

One of the tools used is the SWOT analysis of the proposed model as well as the case study and the structured interview. Strengths (S) - Creating self-sustaining services by setting up social enterprises that will generate new and self-sustaining respite services for the beneficiaries and their owners, which give their owners a period of time to relieve themselves of their daily responsibilities of caring for people with dementia and / or other disabilities; Weaknesses (W) - high price of services - lack of sufficient information regarding the service; Opportunities (O) - the current context that promotes institutionalization by focusing on remaining skills rather than on disability; Threats (T) - The mentality about the social economy, namely the existing competition on the local market, is represented by the elderly centers and old-age care homes, which can still be perceived as an alternative to care services;

Anamnesis on the phenomenon. Case study, Arad County, Timis, Hunedoara and Caras. The social issue, in the case of people with dementia / disabilities and their caretakers, is little to be dealt with in the practice of assistance. In all European countries and beyond, there are a number of services available directly to this social category, including: community hospitals, elderly centers, dementia support groups and caregivers, educational programs, home food delivery services, helper-based homes - group living, case management organizations, information services, etc. The intervention of social

assistance in the case of dementia / disability must also necessarily involve its family as an increase in the awareness of families about the disease will induce them to be aware of the measures they might take to protect themselves and the sick person; I here refer to social, legal, care. On the other hand, this early intervention could help to improve the quality of family life by properly addressing behavioral disorders. We consider it very important to orientate all efforts to improve the range of services for people diagnosed. Assessing the condition of caretakers during illness has not been a concern for researchers, although it should be a prerequisite for providing adequate intervention and support services. For all of this, developing good practice models and, implicitly, government programs is intended to be a basic condition. Improving the quality of life of a person with dementia / disability, whether in the community or in a home decor, should become a priority for social research; and we propose the model we offer to create the context for this. I think it is time to make our citizens accountable, to raise our awareness of the sick and ill. The identification of psychosocial influences is a very important process that can have a positive or negative effect depending on how they intervene at the "micro, mezzo, or macro level of practice." (Coulshed, 1993).

We must have the courage to admit that dementia / disability is no longer a problem of the individual and his / her family, we are talking about a national problem due to socio-economic implications, and at the micro level it presents itself as a problem of the community that it is part of . Within this framework, the social worker needs a series of ethical and moral qualities, skills and aptitudes to help them meet the needs of this category of beneficiaries, representing their rights, interests, but not forgetting that they represent an individuality different from other categories of people but having something to say, and should be supported in this direction.

Research hypothese
1.1 Analysis of the current situation of the studied areas, through a descriptive and correlative design, starting from the need for specialized respite centers for people with Alzheimer's dementia and their caretakers. In order to describe the current situation of Alzheimer's dementia care centers in the studied areas (Arad, Timis, Caras and Hunedoara counties), the statistical processing of structured interviews dedicated to specialists working in the care centers for people with Alzheimer's dementia and those related to the caretakers / family, those who have in their family or care people with Alzheimer's dementia.
1.2 Based on the premise that Alzheimer's dementia affects at least two categories of people, the patient and the caretakers, a descriptive design will identify the current situation of the Alzheimer's dementia / families in the studied area.

The Research Objective

Creating a social enterprise model with services / packages. Through this model, we intend to maintain and develop the activity of a social enterprise, both in terms of the social mission and the business (economic) model of the enterprise. In this sense, we thought more packages of services addressed to both beneficiaries and the caretakers: The main services offered are grouped on packages (which can also be adapted according to requests) as follows:

1. Package „DAY"- 70 RON / day 8:30 - 17:30 - Surveillance - Food - breakfast, lunch and snack in the catering system - Daily activities (according to the plan of services and activities): Educational programs, Occupational therapies, Recovery activities, Activities to improve and maintain physical condition, psycho-social therapies - on demand and surcharge on certain days of the week: Massage therapy; Maintenance services and personal hygiene (haircut, shaving, manicure, pedicure)

2. Package „Weekend" - 250 RON (Saturday from 8:30 until Sunday at 17:30) - Surveillance and care 24/24 - Food - breakfast, lunch, snack and dinner in catering system - Daily activities according to the plan of services and activities): Educational programs, Occupational therapies, Recovery activities, Activities for improvement and maintenance of physical condition, Psychosocial therapies - Daily hygiene.

3. Package „Extended weekend" - fare 300 RON (Friday from 8:30 Sunday at 17:30) - Surveillance and care 24/24 - Food - breakfast, lunch, snack and dinner in catering system - Daily activities (according to the plan of services and activities): Educational programs, Occupational therapies, recovery, Physical improvement and maintenance, Psycho-social therapies - Daily hygiene - On-demand counseling on certain Fridays: Massage therapy; Maintenance services and personal hygiene (haircut, shaving, manicure, pedicure)

4. „Weekly Day Package" - 60 ron / day Monday to Sunday from 8:30 to 17:30 (420 RON) - Surveillance - Food - breakfast, lunch and snack in catering system - Daily activities according to the plan of services and activities): Educational programs, Occupational therapies, Recovery activities, Activities for improvement and maintenance of physical condition, Psycho-social therapies - On request, certain days of the week: Massage therapy; Maintenance and personal hygiene services (haircut, shaving, manicure, pedicure)

5. „Weekly accommodation" package - 600 RON (Monday 08:30 until Sunday at 17:30) - 24/24 supervision - breackfast, lunch and dinner in catering system - Daily activities (according to the plan of services and activities): Educational programs, Occupational therapies, Recovery activities, Physical improvement and rehabilitation activities, Psycho-social therapies - Daily

hygiene - On request, for a certain fee, on certain days of the week: Massage therapy; Maintenance services and personal hygiene (haircut, shaving, manicure, pedicure)

6. Package „2 Weeks of accommodation" - 1000 RON (Monday 08:30 until Sunday 2 at 17:30) - Surveillance and care 24/24 - Food - breakfast, lunch, snack and dinner in catering system - Activities (according to the plan of services and activities): Educational programs, Occupational therapies, Recovery activities, Activities to improve and maintain physical condition, Psycho-social therapies - Daily hygiene - On request, surcharge, in some days of the week: Massage therapy; Maintenance services and personal hygiene (haircut, shaving, manicure, pedicure).

7. Transport package: 30 RON - round trip to municipalities + 10 RON in neighboring areas.

8. „Training, Counseling and Support for Residents Package" - Tariff 50 RON / hour - Individual and group counseling; (which may include therapy) - Psychological counseling and social assistance; - Beneficiary rights counseling; - Supportive therapy and counseling in order to relieve them of excessive responsibility, in order to reduce the stress associated with care and to facilitate the continuation of the social role; - Developing skills for carers / for cognitive stimulation of the person with dementia / disability through games and logical exercises / preventing their marginalization and stigmatization / improving the level of knowledge about illness and care;

9. „Assistance to Obtain Beneficiary Rights Package" - 500 RON Fee / file - Realization of the documentation for rights and re-evaluation of people with dementia or other disabilities; The tariffs for the services provided by the center / respite centers will be negotiable and the packages can be adapted to the needs of the clients. These packages and services can be multiplied later in other centers and organizations, and experience gained through „project" and depending on the results will be open to other local and / or regional centers. It should be mentioned that, on the social economy model, these costs can generate the self-sustainability of staff services, administrative issues, etc. For a residential center with a day-care feature, type of holiday with all the specialists paid by the project / capacity 15 in accommodation / residential, respectively 20 per day-leisure activities.

Considering the purpose of the project to minimize the risk of social exclusion, the development and promotion of the concept of social economy through profit-generating activities and services; as well as increasing the relevance of respiration services, the presented model aims at achieving the objective of facilitating a respite respite alternative in the case of dementia or other disabilities for the adult adults and by providing specialized services at the level of the 4 counties. Strengthening the capacity of social economy

enterprises to operate in a self-sustainable way and investment priority as well as promoting social entrepreneurship.

Principles

1. Gender equality - by carrying out the activities, they will have as a prerequisite the provision of an environment favorable to gender equality and gender equality. The European Union and the Council of Europe promote fundamental rights: non-discrimination and equal opportunities for all. The project will respect the principle of equality by combating the stereotypes attributed to different people, regardless of ethnicity, disability, age, religion or sexual orientation, as well as the need to change attitudes and behaviors that affect in some way human dignity. The actions taken in this directive will aim to create new models that do not reflect the stereotypes mentioned above at the society level as well as the full integration of people with dementia or other disabilities into everyday life.

2. Non-discrimination By the nature of the activity, the care of people with dementia and disabilities, the staff working with them will be excellently tolerant, psychosocially motivated in offering equal treatment to all those in need. But to ensure that everyone benefits from the same protection against discrimination through this model of intervention, we aim to generate changes in mentality and behavior in the community and society. Thus, in our work, we will be very careful about the principle of non-discrimination on grounds of age, nationality, race, color, ethnicity, religion, political option, social origin, disability, situation or family responsibility. This model could be part of the reform that is being sought in the case of people with dementia or disabilities, in order to break down the high walls in the absence of adequate legislation, specialized services, and unanimously agreed constitutional rights and principles.

3. Accessibility for people with disabilities The target group will be especially made up by people with various dementia and disabilities, who will need primary care, care services, and psychosocial assistance. Thus, the specialists will be trained to work with such people and will be able to use their skills acquired during the training session. By accessibility, we mean helping them to fulfill their roles and responsibilities, and to have the same possibilities of individual choice and the same degree of control over their lives as those who do not suffer from any disability. Actions undertaken in this field should take into account the need to ensure access, accessibility and social inclusion, as well as for others.

4. Demographic Change According to research in the field, it is clear that in the coming decades, the proportion of elderly people will grow rapidly in all EU countries, while the proportion of the working-age population will drop significantly. Although increasing life expectancy is an important achievement,

the aging of the population is a major challenge for the economy and for European social protection systems. (Rotman and cal., 1995). Thus, the specific problem of gerontological social care can be represented by adults with dementia and / or disabilities; whose increasing number is directly proportional to the demographic changes that occur in the elderly; the lack of social services that is meant for them.

Participants

The participants in the study included 120 demented and 80 homeless people; respectively 10 existing institutions as providers of social services in the counties of Arad, Timis, Hunedoara and Caras.

Instruments

In order to create successful models, we propose some attributes and roles to create a pilot model of breather prevention and intervention for:

The CENTRAL COORDINATOR aims at: providing and organizing the respite center in order to start the activity, daily coordination of the activities of the center, selection of the beneficiaries with dementia other disabilities in the respite center as a daily activity / and of those for package accommodation; on the basis of the primary assessment on arrival, and the conclusion of a contract for the provision of social services, the purchase of food in the catering system, the transportation of the employees and beneficiaries for various activities in the community, planning and solving of the requests from the owners regarding the accommodation and reception of the beneficiaries in the center.

The SOCIAL ASSISTANCE activity aims at: social and educational intervention, life skills and social behavior, self-management, manual work, gardening, expression therapy; occupational therapies and speech disorder therapy; Activities to maintain the remaining skills as long as possible; Art and craft workshops; socialization activities; Support in order to obtain rights provided by law, counseling and therapy.

The roles of the PSYCHOLOGIST aim at: Psychological and Psychotherapy Activities: psychotherapy / training and development of independent life skills "EDUCATIONAL PROGRAM SPECIFIC FOR HOME" education and information programs to prepare the family and / or social reintegration/ integration; psychosocial intervention in order to significantly improve emotional disorders - depression, apathy, restlessness;

The role of the CARETAKERS: Surveillance, guidance, providing food, maintenance and personal hygiene; Activities to improve and maintain physical fitness of moderate intensity. If the budget would allow it, the following would be necessary LOGOPED, PSIHO-PEDAGOG, MEDICAL ASSISTANT, PRIMARY MEDIC AND PSYCHIATRIST.

Procedure

Following the realization of proposals for models of prevention and intervention on social economy structures, we will send to all those interested the model project "obtained" as a result of the study, with the aim of increasing the financial sustainability to generate respiration services in order to increase the quality of life for people with dementia; by preventing the increased risk of institutionalization and / or alienating social relationships to the next of kin of the people with dementia.

Results

The principles that should guide the intervention of the social assistance specialist in this sphere should focus on several areas of intervention; which involves the development of roles and tasks such as: *Abolition of the label* (acting as a mediator, advocacy role) *Manager* - co-ordinates and facilitates access to important social and medical services for the therapeutic process and for good social reintegration; *Educational role* - in the relationship between the patient / beneficiary and his / her family; forming support groups, organizing recreational activities, creative workshops, etc. *Family orientation* - the dimension of family support is very important, as even economically, it is less expensive than if the state takes full responsibility of these attributions; *Representing and promoting* the rights of people with dementia; *Intervention focused on the environment* - accompanying the client with dementia in the relationship with the state, with the civil society; *It models*: the relation of the client with the social environment (state / non-governmental); *Determine the person's autonomy* - oriented on the dimension of social reinsertion; *Representation (advocacy)* - social, legal, family related, community; *It develops, proposes and implements* effective policies for people with dementia; *Identifies, accesses and attracts funding* - for this segment of activity too; *Facilitator* - to develop independent life skills; *"Social treatment"* (AASW, 1931). Providing free legal advice - well aware of the rights and facilities offered to this category of people. *The counselor* (on the management of the disease) is very different, in this report the social assistant plays several roles including the confident, counselor, support, the relationship being able, under certain conditions, to exceed the "boundaries" of a strictly professional relationship - towards an interpersonal relation; so the social worker will be invested with more confidence; which will lead to safer successes. An integrated intervention is needed (Karen et al., 2001).

Discussions

"Because almost all literature about psychiatric patients is written from the point of view of the psychiatrist - and the psychiatrist from the social point of view is on the opposite side of the patients." (Erving, 2004).

The main *objective of social care in the gerontology of demented people* should be *to rehabilitate the individual in a social and family context*, thus enabling him to live as independent as possible in relation to his or her capacities, and not to encourage institutional dependence (of recurrence/ relapse type).

We must not forget that empathizing with the elderly, we even empathize with our individual future" (Neamtu, 2003). In a famous article on the International Year of Elderly Persons (1999), Galambos and Rosen highlighted five basic principles for the elderly: independence, participation, care, self-esteem (fulfillment), dignity"(Stanciu, 2008).

Conclusions

Besides the social worker's roles in working with demented people or their next of kin, some working principles should be outlined, of which the most relevant would be: community responsibility, community co-participation, ensuring continuity of care services, emphasis on rehabilitation, a specialization of care services, the family seen as the main pillar both in the care and rehabilitation process, the desensitization of the population and the emphasis on rehabilitation. It is a discussion of an era of "social psychiatry" in which the patient is viewed as a whole as a "bio-psycho-social" figure (Suciu, Ardelean, 2007).

A profile of the psychiatric social assistant, which also includes a lot of the social attributions of the psychiatrist, should be increasingly outlined, providing social assistance at the highest level, both at hospital and community level (sheltered housing), but especially ambulatory - as intervention and prevention.

The social worker must intervene in this process of rehabilitation, recovery as a binder between services and individuals, ensuring throughout this period that the patient is given the opportunity to work, to establish relations with the neighborhood, to take action and make decisions on its own, and last but not least, to benefit from a secure family climate that can provide support on the one hand and, on the other hand, give him the confidence to act on his own.

Since the early 1990s, the tools used for the early evaluation and diagnosis of Alzheimer's dementia in Romania were made only in the late stages of the disease; Snyder (1999) explicitly stresses the urgent need to engage in active awareness policies of the general population on Alzheimer's dementia, namely the development of programs such as information support groups, information campaigns, lobbying and advocacy for community support

and unprejudiced acceptance of people diagnosed with Alzheimer's dementia. It is known that in other societies social support is a predictor of quality of life in people diagnosed with Alzheimer's dementia.

At Community level, for the success of the intervention in the family of the person diagnosed with Alzheimer's dementia, teamwork is required. For this, it is necessary to set clear objectives, which can be perceived by all team members; otherwise the results can be devastating (Karen et al., 2001). There is a need for a structure of the team and members to be connected to objectives, in this sense the main characteristic would be unity and efforts oriented in the same direction. It is the commitment of the whole "team / community". A change at a social macro level requires changes in values, beliefs or behaviors. It is necessary to demolish barriers such as preconceptions ... and to develop social militarism in the sense of accepting this new disease, but with such profound repercussions. For all this, a long-lasting engagement and effort is required!

Indeed, a specific problem raised by Alzheimer's dementia, especially in Romania, is the late diagnosis. According to statistics, in Romania only 10% of Alzheimer's dementia sufferers are diagnosed and only 10% are treated appropriately. From the observations made and the study of the files of the institutionalized people with dementia, there is either a sub-diagnosis of the person or an over-diagnosis (Morcan, Tranca, 2012).

Unfortunately, at the level of Arad, Caras and Hunedoara counties, the existing community centers do not carry out activities in the community but in isolation, such as rare trips or hiking, but do not intend to meet the community through awareness raising and information campaigns of this disease; while Timis has the only two units of specialized dementia. Despite the importance of the family in the care of these patients, there is very little study describing the way and the place where the person with Alzheimer's disease spends time, as well as the practical, economic and psychological impact on the caregiver.

Another goal of this research is to create this model anchored to the strategic plan for implementing the European Innovation Partnership on active aging and in good health conditions.

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HISTORY OF EVOLUTION OF THE ROMANIAN LESGISLATIVE FRAMEWORK ON QUALITY STANDARDS FOR SOCIAL SERVICES BETWEEN 2003-2018

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Abstract: The main objective of the article is the presentation of how the Romanian legislative framework has evolved on quality standards in the field of social services and the factors that influenced this development between 2003-2018. A secondary objective is to create a minimal work guide for professionals in the field that contains all the quality standards that are aproved in May 2018 and the general types of social services to which they are applicable.

Keywords: accredited social services, quality standards, social services typology.

Quality standards for social services in the period 2003-2012-evolution, factors, characteristics.

In Romania the first legislative regulations on quality standards in the field of social services were adopted in 2003, in the field of child protection (2 quality standards). This was due to the prevalent development of the social services sector for children between 1997-2000 as a result of massive external support and financial and material support attracted by non-governmental organisations outside the country. *Therefore, a first factor influencing the emergence of quality standards in the field of child services is the existence of a system developed by services for children offered by NGOs and by the Directorate-General for Social Assistance County.*

In 2005, general standards of quality were approved (Order No. 383 of 6 June 2005) which applied to all types of social services and had to be respected by all social services that worked in Romania.

Another factor influencing social services legislation in the period 2003-2007 was the signing by Romania of the Treaty of Accession to the European Union in the year 2005. This treaty has undertaken its own structural reform programmes which have enabled the alignment of national legislation with European Union legislation. And the field of social services had to be adapted to the community aquis. In 2006 were approved a number of 18 quality standards of which: 1 general quality standard applicable to all types of social services and 17 minimum/specific quality standards depending on the type of social service: 13 standards in child protection, 1 standard for services on victims of family violence, 1 standard targeting services for people with disabilities and 2 services standards for elderly people.

In the period 2007-2008, after the integration of our country into the European Union, a number of 5 standards were approved: 1 standard for services on victims of human trafficking, 3 standards for services for persons with disabilities and 1 standard for services for drug users (Appendix no. 1-Minimum working guide with the list of quality standards according to the type of social service (2003-2018).

In 2010 were introduced *the cost standards* which are compulsory and currently for public providers of social services. (H.G. No. 23 of 6 January 2010 on the approval of cost standards for social services repealed and replaced by H.G. no 978 of 16 December 2015 on the approval of minimum cost standards for social services and the level of monthly income per family member on the basis of which the monthly maintenance contribution due by the legal supporter of elderly persons from the residential centres is established).

Two important indicators have been established by cost standards:
- the minimum cost of the annual expenditure required for the provision of social services, calculated for the beneficiary/by types of social services, according to minimum quality standards or criteria laid down by law;
- the beneficiary/employee report and the norm of the specialist staff.

From the point of view of the type of standards approved in the period 2003-2012 it has some special features, namely:

- a very large number of normative acts in the field of social services that have been adopted including quality standards, *but none of these have been defined the concept of quality in the field of social services.*

- for certain social services providers, there was a period of *overregulation* (E.g.: social services providers providing social services for children, elderly people, disabled people, victims of family violence and

victims of trafficking persons; they had to meet the requirements of two standards at the same time, the general quality standard and the minimum/specific standard depending on the type of service granted).

- - another situation of overregulation has been identified for public providers of social services, which should also comply with the cost/year/beneficiary standards (E.g.: services for children, adult persons with disabilities and elderly persons).

- *minimum regulation* for the category of social services like: information and advice, social canteen; they should only conform to the requirements of the general quality standard.

- *without any type of regulation* for the category of social services providers like material aid, volunteering, or financial aid services.

Quality standards for social services in the period 2012-2018- evolution, factors, characteristics.

In 2012 was adopted the Law No. 197 of November 1, on quality assurance in the field of social services "regulates the process of evaluation, certification, monitoring and control for quality assurance in the field of social services". For the first time in this law, the concept of quality in social services under art. 2, Al. 1 is defined as "the ensemble of requirements and conditions which are fulfilled by the suppliers and the social services provided by them to meet the needs and expectations of the beneficiaries ". For the first time, it is included in the text of the law a singular definition of quality standards in the field of social services, which "represents a set of rules that contain measurable structure, process and results criteria, on the basis of which determines the level of quality of the social service". The new law also provided the transitional deadlines from the old quality standards to the newly adopted ones. Although the basic law has been approved since the year 2012, the development of new quality standards has lasted very long, only at the end of 2014 being approved mostly.

The instructions for completing the self-assessment sheets for services intended to prevent child separation from their parents as well as to achieve the special protection of the child separated, temporarily or definitively by his parents were approved at the beginning of 2015 by O. M. No 31 of 14 January 2015, and the quality standards for social services in the field of child protection remained those approved during the period 2003-2008.

In the case of social services for adult persons, homeless people, young people and elderly persons, minimum quality standards have been approved by O.M. No. 2126 of 5 November 2014, and for social services intended for disabled persons, other standards were approved by O.M. No. 67 of 21 January 2015.

For the new types of social services for adults: social services granted in the system integrated with other services of general interest to adult persons,

residential centres for homeless people, social services granted in community for adult persons have been approved quality standards by O.M. No. 2126 of November 5, 2014.

The standardisation process was continued in the year 2018 by adopting the Order No. 1069 of 13 February 2018 on the approval of mandatory minimum standards for ensuring the care and protection of adults with disabilities at the professional personal assistant.

A determining factor influencing the attainment in the year 2018 of the level at which each social service corresponds to a single quality standard *was the accumulation and sharing of previous experiences of both the authorities and suppliers of social services.*

The period 2012-2018 can be characterised by the change of vision on quality standards. Firstly, the general quality standard applicable to all services in favour of a single quality standard for each type of social service has been discarded. Secondly, all standards were built on similar general principles for all types of services (E.g.: accessing the service, evaluating and providing services, living environment, rights and ethical management and human resources) but with adapting at the same time of all requirements to the specifics of the service.

Results and discussions.

The names of standards of minimum/specific standards (used up to 2014 for services in the field of child protection, adult persons, elderly people and persons with disabilities) have been revised. All standards for the categories of social services mentioned above have been renamed as *minimum quality standards.*

 7 Standards for new social services were introduced, and the standards for services for elderly and disabled people were repealed in the year 2014/2015 and replaced with new ones. Standards in the field of child protection have been maintained as well as cost standards for public social services providers.

The standards for services in the field of victims of domestic violence, drug users and victims of human trafficking have not been modified since 2014, their names remain those of quality standards, minimum mandatory standards respectively national standards.

The legislative reform introduced under Law 197/2012 on quality assurance in the field of social services with secondary legislation has mainly managed to remove a double standardization for some services and introduce new standards for services of general interest intended for adult persons, residential centres for homeless people, social services granted in the community for adult persons, social canteen.

Currently for each type of service there is a standard with the requirements that the social service must meet.

In 2018, a number of 37 quality standards are in place, covering all types

of existing social services of which: 19 child protection standards, 1 standard for services on victims of domestic violence, 4 disability services standards, 3 standards for services for elderly people, 1 standard for drug users services, 1 standard for services for victims of trafficking, 3 standards for adult services, 1 standard for young people leaving the protection system, 2 standards for homeless services, 1 standard for the social canteen (Annex no. 1-Minimal work guide with list quality standards depending on the type of social service 2003-2018).

The process of standardization of social services was a continuous and sustained process carried out over a period of 15 years which resulted in the achievement of a current and european normative framework but also the provision of social services complying with the requirements of quality to beneficiaries.

The timely evolution of legislation approving quality standards is rendered in Table no.1.

1	2	The area of social services to which the quality standard applies									
		3	4	5	6	7	8	9	10	11	12
2003	2	2									
2004	9	6			1						
2005	10	1									
		General quality standard for all types of social services									
2006	18	4	1	2							
2007	19						1				
2008	23		3			1					
2010	24	Cost standards for organised and managed social services, under the law, by the public providers of social services (for social services intended to protect and promote the rights of the child, adult persons with disabilities and elderly persons.									
2011	24										
2012	Change of legislation on quality standards adopting Law No. 197 of 1 November 2012 on quality assurance in the field of social services										
2014	Repeal of the general quality standard and the old standards (called specific standards) in the areas of disabled people, elderly people and the adoption of new standards (called minimum standards) for adult persons, homeless people and the social canteen										
2015-2018	37	19 Old standards	5 New standards	3 Old standards	1 Old standard	1 Old standard	1 Old standard	3 New standards	1 new standard	2 New standards	1 new standard

Where:
1 -Year of approval of quality standard; 2 -Total of standards aproved;
3 - Child protection; 4- Persons with disabilities; 5 - Older People;
6- Victims ofviolencein the family; 7.- Drug users;
8. - Victims of trafficking people; 9 - Adult people;
10 - Young people leaving the protection system; 11 - Homeless people;
12 - Social Canteen

Annex No. 1. Minimal guide to working with the list of quality standards according to the type of social service (2003-2018):
1) Quality standards for social services in the field of child protection:
a) Order No. 35 of 15 May 2003 on the approval of mandatory minimum standards for child protection at the professional maternal assistant and the methodological guide for implementing these standards;
b) Order No. 177 of 16 December 2003 on the approval of minimum mandatory standards for the child's phone, mandatory minimum standards for counselling centre for abused, neglected and exploited child, as well as minimum mandatory standards on the community resource centre for the prevention of abuse, neglect and exploitation of the child;
c) Order No 21 of 26 February 2004 for the approval of mandatory minimum standards for child protection services of residential type;
d) Order No. 24 of 4 March 2004 for the approval of mandatory minimum standards for day centres;
e) Order No. 25 of 9 March 2004 for the approval of mandatory minimum standards for day centres for children with disabilities;
f) Order No 27 of 10 March 2004 for the approval of mandatory minimum standards for child protection services of residential type for children with disabilities;
g) Order No. 48 of 30 March 2004 for the approval of mandatory minimum standards for the development of independent life skills repealed by order No 14 of 15 January 2007 for the approval of mandatory minimum standards for the service for the development of independent life skills and the methodological guide for implementing these standards;
h) Order No. 89 of 27 July 2004 for the approval of mandatory minimum standards for the emergency reception centre for abused, neglected and exploited child;
i) Order No. 132 of 7 April 2005 for the approval of mandatory minimum standards for services intended for the protection of street children;

j) Order No. 101 of 15 March 2006 approving minimum mandatory standards for the maternal centre and the methodological guide for implementing these standards;

k) Order No. 287 of 6 July 2006 for the approval of mandatory minimum standards for the centre for the preparation and support of the reintegration or integration of the child into the family, as well as the methodological guide for implementing these standards;

l) Order No. 288 of 6 July 2006 for the approval of mandatory minimum standards for case management in the field of child rights protection;

m) Order No. 289 of 6 July 2006, for the approval of mandatory minimum standards for the centre for counselling and support for parents and children and the methodological guide for implementing these standards;

Completion: Order No. 31 of 14 January 2015 approving the instructions for completing the self-evaluation sheets for services intended to prevent separation of the child from its parents, as well as to achieve the special protection of the child separately, temporarily or definitively, by his parents, annexes 1-8;

2) Quality standards aimed at social services in the field of protection of adult persons with disabilities:

a) Order No. 175 of 12 July 2006 on the approval of minimum quality standards for social services at home for adult persons with disabilities, repealed by Order No. 67 of 21 January 2015 approving minimum quality standards for the accreditation of social services intended for adult persons with disabilities annexes 1-4;

b) Order No. 559 of 22 October 2008 on the approval of specific quality standards for residential centres, day centres and shelters protected for adult disabled persons repealed by Order No. 67 of 21 January 2015 approving minimum quality standards for the accreditation of social services for adult persons with disabilities, annexes 1-4;

c) Order No. 1069 of 13 February 2018 on the approval of mandatory minimum standards for ensuring the care and protection of adults with disabilities in the professional personal assistant.

3) Quality standards aimed at social services in the field of protection of elderly people:

a) Order No. 246 of 27 March 2006 on the approval of the specific minimum quality standards for home care services for elderly persons and residential centres for elderly persons repealed by order No 2126 of 5 November 2014 on the approval of minimum quality standards for accreditation of social services for elderly persons, homeless people, young people who have left the child protection system and other categories of adult persons in difficulty, as well as for services granted in the community, services granted in integrated system and social canteens Annexes 1-10;

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b) Order MMFPSPV No. 3123 of 24 December 2015 on the amendment of the Order of the Minister of Labour, family, social protection and elderly persons No. 2126/2014;

4) Quality standards aimed at social services in the field of protection of victims of domestic violence:

a) Order No. 383 of 12 July 2004 on the approval of quality standards for social services in the field of protection of victims of family violence completed by Order no. 1343 of the 29 June 2015 on approval of the instructions for completing the self-assessment sheets for social services in the field of protection of victims of domestic violence;

5) Quality standards aimed at social services in the field of drug users:

a) Order No. 513 of 15 August 2008 on the approval of the minimum mandatory standards of 15 August 2008, the organisation and operation of the service supply centres for drug users;

6) Quality standards aimed at services for victims of trafficking:

a) Decision No. 1238 of 10 October 2007 on the approval of national standards of 10 October 2007, specific to specialised services for the assistance and protection of victims of human trafficking.

7) Other standards:

a) Order No 383 of 6 June 2005 for the approval of general quality standards on social services and the method of assessing their fulfilment by suppliers repealed by Order no 2126 of 5 November 2014;

b) Decision No. 978/2015 on the approval of minimum cost standards for social services and the level of monthly income per member of the family under which the monthly maintenance contribution due by the legal supporters of the elderly person is established from residential centres.

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THE PERCEPTION OF STUDENTS FROM TIMISOARA REGARDING THE PHENOMENON OF HOMELESS ADULTS

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Abstract:
A social phenomenon affecting a vulnerable segment of the population, the absence of shelter is a daily reality. Often marginalized, those deprived of shelter struggle with a predominantly negative perception. Future actors on the labor market or entrepreneurs, Timişoara students can actively contribute to the social integration of vulnerable groups.

Keywords:
Homeless people, social reintegration, perception

Theoterical considerations on the phenomenon of homeless adults

Directly correlated with poverty and weakening family ties, the rise in homelessness is a certainty of the present. Extreme manifestation of poverty in the urban area (Paraschiv 2016, p115), homelessness is still insuficiently studied in Romania.

The social inclusion of vulnerable groups is a desideratum in a modern Romania, placed in a European context. At European level, the concept of social inclusion has been relatively recent, being a framework for social policy making and evaluation in the 1990s (Zamfir, Stanescu, Briciu, 2016, p. 43). The European Council in Nice (2000) set priorities for labor market participation,

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access for all to resources, rights, goods and services, prevention of the risk of social exclusion correlated with concrete actions for the most vulnerable groups.

The term of social exclusion has begun to be used frequently since the 1980s. Authorities, both at European and governmental level, are involved in the development of anti-exclusion policies.

In this perspective, the problem of homelessness must also be perceived in terms of the responsibilities that Romania has, in a European context, towards its own citizens, and the Member States have the obligation to include the priority themes in the National Anti Poverty Plans.

Regarding the Romanian authors, it is considered in the literature that "social inclusion improves the psychic handicap by improving self-esteem through the socio-professional role" (Gavrilă-Ardelean, 2016, pag. 45) which in case of professional reintegration of homeless adults appears as an essential condition, both in terms of mental state and economic considerations.

The social amplitude of the phenomenon differs from urban to rural, from urban to urban, even. Frequently, large cities attract people looking for opportunities. Most often, the illusion of an El Dorado collapses in the face of reality. Major cities have opportunities, but they are not available unconditionally. Homeless people can hardly access opportunities. Victims of a pool of disadvantaged factors, the homeless are in a vicious circle from which they can not come out. The absence of identity documents and stable domicile, not necessarily in the legal sense but de facto, hinders professional integration. These contextual barriers are overlapping, others of a conjectural fact - the presence of a disability, the community's mentality barriers, some legal issues. Recently, the Timisoara press reported the situation of a homeless person who succeeded with the support of a benevolent person, professional reintegration, when he discovered that he had a series of unpaid contravention sanctions. Sometimes, as reported in the local press, the person was fined twice a day. Such situations can lead to major difficulties of professional reintegration and the demotivation of the person to continue the work.

Why the city mirage? Although coexistence in rural areas is marked by a strong collective humanity, (Gavrilă-Ardelean, M., Gavrilă-Ardelean, L., 2014, pag.3) major cities in Romania are perceived as poles of regional development and economic growth. Bucharest, Cluj-Napoca, Constanta are large cities favored by geographical location and attract citizens looking for economic opportunities. This trend is not new. It was obvious during the communist era

that the authorities strongly encouraged a migratory flow from rural to urban, in order to provide the necessary workforce for the industry. However, it has to be said that the living standards of the townspeople increased significantly during the interwar (Neculau, Ferreol, 1999, pag. 299) period. Benefiting from modern living conditions, utilities, transportation, cities have begun to attract. For example, in Bucharest in 1931 there was running water in houses. Homeless adults are attracted by big cities, considering that they can provide an answer to the problems they face. However, poverty is stronger in urban areas than in rural areas (Paraschiv 2016, pag.29). According to the cited source, poverty in the rural environment presents the peculiarity of the absence of food. In relation to the urban environment, poverty is generated by the legislative or administrative system, correlated with unfair rules of rights and obligations in labor relations. Although cities are the engines of the metaphorically expressed zonal economic development, these are also the environments in which resources are distributed differently, which will lead to an increase in the living standards gap between the rich and the poor. This state of affairs deeply deprives homeless people of the reintegration process. However, large cities continue to attract.

In this context, the perception of public opinion on homeless people is a factor that can make a decisive contribution to reintegration efforts or, on the contrary, may discourage them from hostile attitudes. If, in the case of categories of socially disadvantaged beneficiaries, empathy is higher or lower, in the case of homeless people relevant studies that highlight public perceptions of this category of vulnerable people have not been identified. Identity is not a social given but a construct that is as dynamic as the social space in which it manifests itself.

At Bucharest's level, the population's perception of homeless adults was highlighted for the first time in 2007: Thus, a study was carried out of 50 passers-by in the University Square (Paraschiv 2016, pag. 153). The general perception of study participants focuses on personal causes of those affected by the phenomenon - alcoholism being linked to the loss of dwelling. At the same time, the visibility of the phenomenon is highlighted as being at the average, the results of the perception survey showed that 34% of the respondents could not accurately indicate when they had seen a homeless person.

90% of respondents associate homelessness with begging and 43% with theft.

Around 40% of study participants experience insecure feelings around homeless people.

A year later, another study conducted in Bucharest shows a good perception of the 652 respondents on the causes of the phenomenon of homelessness.

The importance of such studies is particularly distinct, especially in the context of homelessness that leads to discreet living, endeavoring to survive as well as without it. In fact, the social phenomenon is relatively discreet, the "interactions" of homeless people with the general population are reduced.

Also, the extreme poverty in which these people live is, in turn, a brake on reintegration. If we relate to the European Union, Eurostat uses two definitions of poverty (Paraschiv 2016, pag.22), a relative approach, poverty as a result of an inadequate level of resources so that the population concerned can not reach a standard of living considered acceptable in relation to the scales of society in which he lives. In this context, we discuss the existence of phenomena related to poverty - unemployment, lack of income necessary to satisfy primary needs, poor living conditions, in relation to social standards. At the same time, according to the same bibliographic sources, we also discuss the absolute definition of poverty, the situation of the household where the average income is below 60% of the average household income of the respective state. Regardless of the definition used, homeless adults live below the poverty line in extreme poverty. Poverty is a global reality, but its peculiarities are related to local contexts, delimited temporally-spatially, but also geopolitical. According to some authors, poverty in Eastern Europe (Neculau, Ferreol, 1999, pag. 211) is caused by the misguided economic principles of previous political regimes, explained by the lack of knowledge and skills, during periods of transition perceived as "destructive" by the authors. In their view, poverty in Eastern Europe is perceived as a "blame", "a result of failure". It was not by accident that this model was chosen to be presented. If at macro-social level we are talking about a fault of poverty, about failure and the feeling of failure at the individual level, do we not load the poor with the same attributes? Often poverty is perceived as a guilt of the person as proof of lack of capacity and ability, of social abilities. The poor are often perceived as inefficient and incapable of success, either in terms of abilities, or this state of affairs is triggered by a vice - drinking alcohol, volatile substances of the aurolac type.

The profound transformations that have affected the Romanian society after the fall of communism led to the extreme impoverishment of certain

categories of people at risk of vulnerability. Relative to other eastern European states, except for Albania, Romania presented, for example, the highest poverty rate in 1998 (Teşliuc, Pop, Teşliuc, 2001, pag. 23). A significant percentage of the population of about 40% lived with less than $ 4 a day, while 7% lived with less than $ 2 a day. If, at the beginning of transition, poverty was a marginal phenomenon, it gradually came to represent a major social problem in 1999, according to the authors cited.

In this context, the social phenomenon of homeless adults began to affect an extremely poor segment of the population, due to the lack of resources.

The social marginalization of homeless adults is, unfortunately, a daily reality. From those wounded in public transport, because of olfactory considerations, those in the residential access halls, where they enter the winter to warm themselves, from the personal to the social ones, the homeless are often pushed to the edge of society. Of course, we do not judge situations, we just find them. In reality, the social marginalization of the homeless is a cumulation of factors. Analyzing, as literature references provide, vulnerable factors, we will refer to "capital" (Neculau, Ferreol, 1999 pag 223). The economic capital of homeless people is reduced anyway, but also improperly allocated. Most often, homeless people do not buy goods from hypermarkets, but from small shops, often in areas where their wander. The absence of a dwelling, a warehouse or a storeroom prevents the purchase of goods in large quantities at an advantageous price. Thus, the small financial resources are inappropriately spent. The second type of capital, referring to the bibliographic source, is the health capital. Homeless adults have a much worse health status, relative to the category of citizens who have their homes. Health is aggravated by substance use, as we have shown, alcohol, volatile substances, even drugs, but also poor housing conditions and the lack of reaction to medical problems. Homeless people arrive in emergency reception units, often at the request of the ambulance or on their own initiative. Patient participation in the medical act by strictly following the doctor's instructions is deficient for homeless people. Because of the lack of material resources, most often the homeless patient does not follow the doctor's instructions. As a direct consequence, it is personal degradation of the state of health, and at institutional level, multiple presentations in the UPU-SMURD and high social expenditures. In the context of the homeless professional's integration, possible medical conditions act as a brake or a barrier. Having a pulmonary, cardiovascular and dermatological

condition from a medical perspective, the professional rehousing of the homeless adult can be problematic. In fact, in relation to professional reintegration, alcohol and drug use, are factors that prevent reintegration. Also from a medical perspective, a number of mental health problems have the same effect, jeopardize professional reintegration and cost society with the cost of these services, according to the quality standards provided for each type of service (Gavrilă-Ardelean, 2008).

Reported to social capital, to the social support network, this is most often in the case of homeless, extremely "weak". Relationships with the family of origin are often weakened, or marked by conflicting, unresolved situations. As a rule, knowledge comes from the same socio-cultural environment, people who are in a socially vulnerable situation and can not offer advice or help.

Cultural capital, summed up by hygienic habits and lifestyle habits, is also deficient in homeless adults. Hygiene and personal cleaning skills leave much to be desired for the homeless. In relation to the time period from the time of losing the home, the more the homeless person has a longer stay on the street, the more hygienic skills are depreciating. Food habits are also flawed. Meal is not served at fixed hours, sleep and rest time is reported for other hours. Gradually, important chronological milestones are lost. If the homeless uses, for example, a watch, the signs are encouraging to get out of this situation (Neculau, Ferreol, 1999, pag 224

Unfortunately, the loss of positive self-image is not an encouraging sign. However, homeless adults manage to keep their body hygiene and clean clothing. There is an indication that the possibility of reintegration is increased. From an institutional point of view, both in Timisoara and Bucharest, public social work services offer the possibility of access to the bathroom and either to wash their clothes or to completely change them. Not only public actors offer this facility, but also private ones.

From the perspective of symbolic capital, homeless people do not have access to this type of capital. Lacking the sense of ownership, by the sense of name, they do not represent anything even in the environment they are attending.

In relation to the numerical, quantitative criteria, after the census of the population and of the dwelling, made in 2011, a number of 23085 homeless people were registered at Bucharest level, which represents 1.4% of the total population. In relation to the abovementioned bibliographical references, the poverty level is the main triggering factor of the dwelling loss. The economic

crisis has accentuated the problems of vulnerable groups of people, leading, for example, to the loss of employment. A possible solution would be the benefits of the social economy, which should be taken into account (Goian, Stefanescu, 2013). (The social economy and innovative practices in the field can certainly be a catalyst for the social reintegration of homeless adults.

Respondents' perception of homeless adults

This study aims to highlight students' perception of the phenomenon of homeless adults, while assessing the degree of empathy.

Starting from the hypotheses that the community's perception of homeless adults is generally negative, but also that students have a higher degree of empathy towards homeless people compared to those who completed their studies, we ran in February-March 2018, a qualitative research to highlight particular aspects pertaining to the perception of homeless people and the phenomenon in general.

Due to constraints, the subjects were represented exclusively by students from Timisoara. However, because there is a large number of homeless people in Timisoara, it is relevant for the study. The sample comprised a total of 30 students. Of the potential respondents, none refused to take part in the study or abandoned the course, although this possibility was offered. Another feature of the sample is that all participants in the study have answered all the questions in full.

The applied questionnaire was one with open questions, with the qualitative side of the respondents' perception.

Among the items targeted were:

a. The need to involve authorities in providing assistance to homeless adults

b. The attitude of the community towards the homeless, in the perception of the respondents

c. The dynamics of the homeless phenomenon, in terms of the current trend

d. Accepting ideas to live in the immediate vicinity of a homeless care center

e. Respondents' perception of how the media reflects the phenomenon of homeless adults

f. Importance of homeless adults in relation to other categories of people in difficulty

Regarding the authorities' attitude towards the homeless, respondents believe that this category of vulnerable people must be actively helped by the authorities, especially for reasons of belonging. Homeless people are perceived as lonely, "they have no one", people who "do not deserve to live on the street", "should go to a center." There are opinions frequently found in answers.

The perception of the community is seen, in full by the respondents, as a rejection one. The general opinion is that homeless people are rejected by the community and are seen as "dirty", "predisposed to crime". Respondents believe that the homeless are rejected and despised by the community. Often, in addition to repulsion, in the eyes of the community, those deprived of shelter stir up fear.

The number of homeless people and the dynamics of the phenomenon are seen as rising by the respondents. This is the opinion of 90% of the study participants. Others think the number stagnated. None of the respondents believe that the phenomenon is declining.

Media influence and the ability to inform is perceived positively, respondents believe that the media correctly reports the situation of homeless people, being a support, especially in winter, when the media sensitize citizens about homelessness. In warmer times, respondents believe, in a significant percentage, that the image of homeless adults in the media is fading away.

Conclusions:

Respondents show empathy towards homeless people and their situation. In terms of proximity, 10% of respondents do not like the idea of living in the proximity of a homelessness center, a behaviour motivated by the attitude of homeless people - they make a mess and are bothering.

What is significant in the respondents' perception is that the community is marginalizing or contributing to the marginalization of homeless people, even though the media is mainly addressing the issue of shelter especially during winter in a abjective way.

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THE C43 NONPARTICIPANT OBSERVATION INTROSPECTION TECHNIQUE

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Abstract: The article contains considerations on one of the criticisms usually voiced against introspection as a psychological knowledge method, namely that some mental states lose their consistency or undergo extreme changes under the influence of self-observation, as well as a new approach and, presented in detail for the first time, a new technique by which this obstacle in the way of knowledge could be used to support people who went through traumatic events, with a view to desensitizing said individuals to the effects of the events in question, so that their health status and their psychological and physical working conditions can improve.

Key words: introspection, observation, trauma, technique, support, emotions, psihic.

Introductory considerations:

The C43 nonparticipant observation introspection technique is a support technique for people who went through particularly difficult events in their lives, especially traumatic events that had a strong impact on the affective component of their psychological life. This technique stems from the

phenomenon of self-observing one's psychological processes, also known as introspection or meditation.

The term "introspection" comes from the Latin words "introspectio", "introspectare", meaning "to look inward", more specifically to have one's gaze oriented toward the interior, i.e. toward one's own subjective states, using self-observation, self-examination, and self-analysis.

Despite the fact that introspection has long been used as a method of gaining knowledge in philosophy (as meditation and speculative contemplation, highly appreciated by Socrates and many other classical philosophers), it has generally known limitations, as specified by psychology. Some of them pertain to the requirement of special training for the researcher, while others pertain to the fact that substantiating scientific knowledge on introspection is deemed risky, as self-reflection is influenced by one's own hypotheses. However, the attraction exercised by self-observation on people can be traced to the very beginnings of psychology. Among the many researchers who studied it are Gustav Theodor Fechner, Wilhelm Wundt, Franz Brentano, Carl Stumpf, Karl Marbe, Oswald Külpe, William James, Edward Bradford Titchener, Alfred Binet and others. Although some of them generally held in high regard the value of introspection, nonetheless they nuanced their stance over time, believing that it was necessary to combine it with the experimental method.

The interest in introspection in psychology decreased largely due to the emergence of John B. Watson's behaviorism. However, under various other names and forms, introspection remained of interest for some psychologists.

Currently, introspection or self-observation can be found in various forms, being used in various wider or niche fields of psychology, such as cognitive-behavioral theories, certain personality tests and attitude scales, mental imagery techniques, relaxation techniques, hypnosis techniques, the provision of verbal reports based on experience, clinical reports received from patients, introspective reports of employees concerning their interactions with industrial computer terminals, various psychoanalysis applications etc.

Hereinafter a new approach and a potential new method of exploiting an impediment known as a limitation of introspection will be discussed, namely that some mental states lose their consistency or undergo extreme changes under the influence of self-observation. Therefore, by using a form of therapy, this special effect of self-observation will be used to one's advantage.

First of all, we will refer to Wundt's research, ascertaining that "Wundt did not make any essential distinction between imagination and what ends up being reflected in words. This is the field in which the method of introspection demonstrates its investigational significance. Nonetheless, aside from imagination, there are other things that can be reflected, whose mechanisms may elude research. For instance, alongside sensations, emotions can also be deemed elements of conscious reflection. Reference was being made to the

profoundly subjective dimension of sensations, to their being experienced subjectively. They can often mean more than simply pleasant or unpleasant emotions. Initially, emotions only revealed relaxation or tension, peacefulness or agitation . . . which were deemed physiological states. Wundt included these in his research program as proprietary to the field of knowledge of psychology and having the potential of being investigated using introspection." (Mihai, 2008, p. 124). Furthermore, "when explaining psychological processes, experience, sensations, and affectivity, Wundt refrained from merely evoking their sculptural nature or their fixed geometry. On the contrary, he accentuated their phenomenally variable dynamics, emphasizing the description of the diversity of unrepeatable forms in which they can manifest. He emphasized that a psychological process can vanish without a trace just the same as it can scar for life in other cases. The image reflection process is a function of what is similarly found in the imagination." (Mihai, 2008, p. 124).

The following observations must be further noted as relevant to the argumentation of the topic of interest: those of David Hume, who stated that "self-observing a mental state tends to modify the state itself", those of Immanuel Kant, who wrote that "any attempt at introspection necessarily altered the conscious experience being studied because it introduced an observing variable into the content of the conscious experience" (Schultz, Schultz, 2012, p. 152), those of Auguste Comte, who vehemently criticized introspection, arguing that "psychological life changes when it is subject to investigation", as well as the criticisms of André Lalande, who discredited introspection because "the observed fact is altered through the very act of observation." One must also note the criticism frequently made against structuralism itself, that "introspection is inappropriate mostly due to the inductive effect it has when it is aimed at a psychological experience, with the most striking case being that of emotional states. Nonetheless, cognitive experiences can also be drastically modified." (Nicola, 2007, p. 108).

Continuing in the same vein, hereinafter Titchener's observations will also be cited. Titchener, "just as Külpe, made detailed qualitative and subjective reports on mental activities during the act of introspection" (Schultz, Schultz, 2012, p. 148). In this context, one must note that for Titchener, the founder of structuralism, sensations and images are characterized by four traits: quality, intensity, duration and clarity, while affective states only have three traits: quality, intensity and duration, as affective states lack clarity. "Titchener believed it was impossible to focus our attention directly on an element of feeling or emotion. When we try to do so, the affective quality, such as the sadness or the pleasantness, disappears." (Schultz, Schultz, 2012, p. 151). Moreover, in the same paper, authors Duane P. Schultz and Sydney Ellen Schultz ascertain that "the very act of examining an experience in an introspective manner may in some way alter it. For example, consider the

difficulty of introspecting the conscious state of anger. In the process of rationally paying attention to and trying to dissect the experience into its elementary components, our anger is likely to subside or disappear." (Schultz, Schultz, 2012, p. 154).

Starting from the common finding of Hume, Kant, Comte, Lalande, Wundt and Titchener, we will try to present, using the vocabulary of psychology, insofar as our current knowledge allows us, as second-year students at the Faculty of Psychology of the Aurel Vlaicu University of Arad, a potential technique with a significant positive effect of desensitizing the individual to the effects of past traumatic events, technique which uses these known characteristics of self-observation. To this end, we will use introspection as the main technique and, to initiate the action in question, we will use suggestion as the triggering element. Throughout the technique, directed questions will be asked by the researcher/specialist and, simultaneously to the subject's self-observation, the researcher/specialist will attentively listen to the subject's answers to the directed questions and the direct report of their experience.

From the research we carried out lately with a view to supplementing the theoretical component of our report, we discovered a technique that is somewhat similar in terms of the concept concerning the mode of action of the human psyche, although different in a few essential points. More specifically, the technique in question is the Focusing technique generally used in person-centered psychotherapy, initiated by American philosopher and psychologist Eugene T. Gendlin in collaboration with psychologist Carl Rogers. Said technique is also characterized by the process of focusing one's attention inward and becoming aware of one's interior physical sensations or, simply put, "listening to what your body wants to tell you."

Essentially, the Focusing technique means attempting to clarify through introspection some unclarified and/or disturbing sensations that are currently troubling the subject and of whose nature the subject is unaware. This technique has the following <u>common</u> points with our technique:

1. aiming one's attention to the bodily sensation,
2. attempting to describe the sensation, and
3. the subject remaining inwardly focused on what they are feeling.

The technique has the following points <u>that differ</u> from our technique:

4. in Focusing, the subject is prompted to act by creating an empty interior space using mental imagery; our technique involves non-intervention (the absence of this requirement);
5. in Focusing, the focus falls on one of the unclear sensations currently experienced by the subject, while our technique brings under express attention a past trauma that is clearly known by the subject, followed, as a determining triggering element, by the express repeated suggestion addressed to

the subject, that an image will emerge in the field of their consciousness. The subject must focus on and observe said image without intervening in any way and must repeatedly describe the image's characteristics in terms of shape, color, size and structure. Moreover, our technique also offers some important practical guidelines concerning the evolution of the images in question, their general dynamics with regard to colors, dimensions and structure, which can point out with fair approximation the best moment to conclude the procedure;

      6.   Focusing requires the subject's effort of comparing their experience with the words and phrases they use to describe their state, so as to align them, as well as the subject's habit of asking the specialist questions on the significance of the problem and the experienced sensations even during introspection, whereas our technique does not require the effort of making a comparison and even trains the subject not to ask any questions during the introspection stage, but only to recount the process of introspection with detachment, so as not to alter the act of observation, which has an intrinsic direct connection to the image processing. However, the subject receives support if they have any difficulties, as further discussed;

        - in the sixth and final stage of Focusing, the subject must "receive" the answers provided by their own body with a peaceful and open attitude, avoiding any criticism, reasoning that judgments and criticism interrupt communication with the self, whereas our technique aims and obtains the subject's relaxation and desensitization to the effects of past trauma, without the subject having to make any effort to accept a certain aspect;

        - Focusing is performed with eyes closed, whereas with our technique the subject may keep them closed or open; when the subject keeps their eyes open, it must be done "as if they were being deep in thought, gazing aimlessly" , "as if they were blankly staring", "as if they were looking at something but with their thoughts far away, without a clear aim";

        - in Focusing, through the very algorithm of the method, the specialist gets to know the problem that "vaguely disturbed" the subject, whereas in our technique the subject is not required to disclose the past trauma. In our method, only the subject is required to know the nature of the trauma, not the specialist. This aspect is very significant for traumas that the subject is not ready to share with the specialist, that the subject deems intimate or that the subject is too embarrassed to disclose. Our technique works even under these conditions. It is enough for the subject to know the nature of the trauma, even if they do not have the courage or trust required to "open up" to the specialist at this point.

      Essentially, as a conclusion of this comparison of the two techniques, despite the fact that the human psyche acts through the same process, the two techniques have both common and distinctive characteristics.

Before outlining the work method for this technique, it must be added that every event that is potentially traumatic to one individual, after occurring as a fact of life, leaves in the interior (psychological) structure of the individual an area of tension that has specific characteristics, which are generally measurable by psychological measurements. The aim of this technique is to access the area of these tensions in a brief timeframe, using an ethically acceptable procedure. The access to these tensions is, therefore, followed by their detached analysis and processing by guided self-observation performed by the very subject that experienced them, in the presence and under the necessary guidance of a specialist. The effects of such actions to penetrate these areas of tension are total stress relief or, at the very least, a relevant partial stress relief with the purpose of improving the individual's health status and their psychological and physical operating condition. Our findings up to this point are that this technique is efficient, highly performant, and time- and effort-saving.

Work method:

The psychotherapy session in which this technique (that we will sometimes refer to as "exercise") is used must be carried out in a quiet environment, in a place where the subject and specialist are not disturbed by other people. The subject should sit on a chair, an armchair or another comfortable seating option. The subject is directed to gaze "as if they were being deep in thought, gazing aimlessly" , "as if they were blankly staring", "as if they were looking at something but with their thoughts far away, without a clear aim", or with their eyes closed, if this is more comfortable. Subsequently, the subject is asked to remember a past traumatizing event that particularly troubles them, that sometimes puts them on edge even now, when they recall it, some personal life event that resulted in intense trauma (acute pain). The subject is asked to associate this pain with an image.

Now think of one of your greatest sorrows… One of the hardest moments in your life, one that made an impression on you… Think of it and somehow look in front of you "with a blank stare" to the place we're in, as if you were far away or, if it's easier for you, you can even close your eyes…

Focus on that pain… The pain of having been through that experience… Look, for this to be easier and more comfortable for you, you don't even have to tell me what it is, you just have to think about it…

Think of that pain that you lived through then and that made an impression on you… As you can see, your body already feels it and you are as tense as if you were experiencing it now… Observe what you feel, but also pay attention to what I'm saying…

An image will appear in your mind… This pain has a shape, a color, a structure, it looks in a certain way, it is somehow like an object or something similar… So, pay attention to that pain because an image of it will appear…

There… Has it appeared?... Perfect… Look at it… I know this is very difficult for you because it is unpleasant, it has colors or shapes or a behavior that you dislike… All you need to do from now on, until the end of the session, is to look at it as a researcher would and to examine it… It is a structure that should be observed. You shouldn't do anything else with it… Just look at it and observe it…

When remembering that trauma, the subject will experience discomfort manifested by changes of the features. Sometimes the subject may have a tense countenance, other times the subject may present somatic symptoms of variable intensity, according to the intensity of the trauma itself, its importance as a life event for the subject, and the subject's processing idiosyncrasies. The specialist insists on the fact that an image which represents that pain will appear in the subject's mind, that the pain of having lived through that event will emerge as an image in the field of their consciousness. Under repeated suggestion, this image whose features were not specified in any way by the specialist will appear to the subject. We currently do not have all information on how this image is produced or what are all of the psychological processes involved in its creation.

When the image emerges, the subject may feel increased tension since the tension within the subject is accessed in that moment and the image carries in it the intensity of the tension associated with the event in question. Dark images may appear, such as a black cloud that seems to encompass the entire horizon, a repulsive face, a threatening animal or other types of images that may particularly impress the subject. The subject is encouraged verbally to look at that image in a detached manner, getting involved in any way, without performing any action in relation to the object in the image and without attempting to evade observing that image or object (without abandoning the procedure). If the subject is extremely tense, it is recommended that they are spoken to so as to understand that nothing bad can happen to them, that this is just an image they are seeing while they are with the therapist. Interrupting the session is not recommended unless the tension of the moment becomes unbearable to the subject. The subject will be directed to start describing the image as seen and according to the subject's expression abilities, as follows:

Now, please tell me what shape it has… What color… What size and what it is made of… Please describe its structure to me, what kind of material you think it is made of… It can be a hard material, like wood, rock, plastic or metal, or maybe it is soft like canvas, cardboard or gelatin, you tell me… Look at its contour carefully and then inside it, in its very structure, to see what the shape is composed of… And if you can't get close enough yet to examine it, just

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look at it… Don't be afraid, it can't harm you, even if you are experiencing tension… Therefore, you just pay attention to it, its colors, its shape, all that defines it…

Now please tell me again what color it is and what dimensions… In time, you will see that both its color and, likely, its size change… After you look at it and see its structure (inside, what it is composed of), even its consistency will change… You have to remain attentive and focused on it at all times, you must observe it…

The subject is asked to verbalize their experience, to describe in as much detail as possible all of the characteristics of that object/image on whose detailed observation they are focusing mentally. Thus, the subject is specifically guided to describe the color of the object in the image that appeared, its shape and dimensions, what it comprises, what material could be associated with it in terms of structure/texture (what it is made of: wood, iron, plastic, paper, cardboard, rock, rubber etc.). Any developments in describing the object in question are very important and useful, as they mean that the subject is getting used to analyzing that image in a detached manner and that they are starting to process it. The profound effect will be that the subject will become accustomed with that tension inside them, they will be able to bear it in a more detached manner, it will no longer hold that much significance to them, they will not run away from it any longer etc.

Subsequently, under the effect of this focused observation, the subject will be asked to resume the description, insisting again on the observable features of the object in the image that appeared to them, particularly insisting on looking at it closely and observing the contour of the object, even if initially it may be out of the visual field (for instance, "I see a black cloud that covers the entire sky"). Throughout the process of focused nonparticipant observation, the object that appeared in the field of consciousness as an image will change its shape, color, structure, size, with the following general tendencies: dark objects will become clearer and brighter, tending to go from dark colors to light colors, often yellow or white; size will decrease as if the object were "melting away"; objects made from a hard structure (for example, those initially designated by the subject as being made of rock, metal, wood etc.) will become objects with a soft structure (for instance, as if they were made of cardboard, paper, canvas, liquid etc.). Simultaneously, the subject's feelings in relation to the traumatizing event itself will gradually go from strong initial feelings, such as fear, dread, somatic symptoms, acute inner tension, to feelings of peacefulness, acceptance, calm, and relief. Although this phenomenon will occur gradually, the tendency is noticeable after the few minutes necessary to overcome the shock of confronting the pain in question (in general, between 1 and 10 minutes). We reiterate the recommendation that, in the event the subject presents strong tension in these initial minutes (the most important moments of

the entire procedure), they are spoken to so as to reassure them that nothing bad can happen to them, that this is just a procedure they are performing while they are together with the therapist. It is not recommended to interrupt the session unless the tension of the moment becomes unbearable to the subject.

Very good… How is it? Can you handle it? Is it easier to look at it now? Have you become accustomed to it? What you does the shape you're seeing look like now? Has it changed its consistency, color or size compared to what it was like when you started noticing it?

After the appearance of the first changes in the characteristics of the object located in the field of consciousness, changes noticed and recounted by the subject, the latter is encouraged to keep describing what they are seeing and "what happens to the object/image" by questions asked on a calm and peaceful tone. The subject must be allowed to answer, to take the time necessary for observing the object/image and formulating their answers, time which must be comfortable for the subject. Pauses necessary for coming up with the answers will inevitably occur due to the subject's focus on what they are observing in the field of consciousness. It is not recommendable for the specialist to excessively insist on a quick answer. The questions will very likely be repeated often, and some of them will not be answered at all. Nevertheless, it is important for the process in question to "flow", namely for the procedure to keep moving forward. The subject may be encouraged as follows:

I am glad that you say it's changing color and that this is easier for you and more pleasant than before… I'm glad you're not as afraid of it anymore, that it doesn't hurt so bad anymore and that you don't feel that tension as intensely as at the beginning of the exercise… Keep looking at with detachment… Look at how it's shrinking, if that's what happening, how it's changing its structure and color, but don't anticipate and don't force it… Don't force your will on it in any way, don't strain to change it in any way, just look at it, examine it and observe it with detachment…

By now you may be seeing some changes in the thing you're looking at… You see it changing… You see how that shape is different now than it was before, you may be seeing that what you felt before has changed and that you're feeling better… Your detached gaze changed everything, your observer's gaze made it quiet down…

I'm glad you're feeling better now, I'm glad you're peaceful and doing much better than when we started… I'm glad you're ok, dear…

The subject is periodically asked how they are feeling in general and what emotions they are feeling when they are looking at that image.

In general, from our findings so far, the image/object in question (the thing observed by the subject in the field of the consciousness) will subsequently take one of the following two paths of transformation:

1. It will change its size, decreasing, dissipating or diluting gradually until total disappearance. This change that simultaneously or immediately follows its change to a lighter color, and it is generally simultaneous with the subject's relief and the occurrence of a state of wellbeing. When the image dissipates entirely, the exercise ends as its aim is achieved, i.e. the psychological tension caused by the trauma decreased significantly. It must be noted that at no point must the subject act in any way so as to change or strain to change that image through their will. The subject will merely observe with detachment (as an objective scientific researcher) the changes that take place without their will or intervention, only under their focused observation. This aspect of non-intervention is of maximum importance. The detachment from the object is mandatory and results in the maximum efficiency of the intervention.

2. It will decrease in size approximately down to a human-sized object, as if it were observed from an approximate distance of 10-20 meters and will change its colors from generally dark colors to light colors; the subject will recount that they cannot accurately tell the composition of the object in the image. Sometimes it is possible for the subject to state that they feel the image is alive, as if it were living. The process will continue in the aforementioned manner, using the same questions regarding the image characteristics, but after the subject starts to calm down in relation to that image (a sort of sensation of being comfortable in its presence, with the subject using phrases such as "it's fine", "I'm not afraid anymore", "we're friends") and after seeing that the characteristics of the image do not change for a few minutes, the exercise ends even if the image has not dissolved yet, as the aim of significantly desensitizing the subject to that trauma, of helping the subject become much more comfortable with that internal trauma, was achieved.

The subject will be informed that the exercise is coming to an end and will be directed to look toward the specialist or to open their eyes if they were closed during the exercise, in conclusion to return consciously, with all their senses, to their current location:

Now please stop all that and look toward me… Now please return here, in this place, where it's you and me… Please look at me and around you, at the place we're in… Good job, we're here and we're fine…

The subject will be provided with a few explanations on what is likely to happen next in their life as a natural consequence of the performed exercise, concerning their processing of future experiences that have a sensitive connection to the formerly traumatizing experience:

You see, in time, even starting today, you're likely to see something interesting happening to you… When you encounter situations that remind you of events similar to that which provoked the past pain you've worked on today, you will notice that you are far more detached, calm, peaceful… You won't be as tense as you were in the past, you will be more relaxed, you'll be better…

Because that tension, that bundle of emotions trapped inside you has dissolved and has become much more harmonious… Your very gaze on it made it change… And the consequence is that you feel much better, you are much more at peace, more relaxed… In time, by performing more exercises such as this one with your other emotional pains, you will set them free, you will weaken their power to put you on edge, you will be much more harmonious and calmer in your behavior, you will be better…

Furthermore, in the end, the subject will move on to another activity (preferably one that has a component of physical movement, such as taking a walk) that can help completely remove the subject from the memories connected to the exercise. For instance:

Now, dear, let's go take a walk through the park, let's observe nature… It's spring and the trees are in bloom, the sun's warming up everything…

Final considerations:

- it is necessary for the entire procedure to be carried out in a room where the subject is not disturbed or interrupted;

- the location must be well lit, as light is a very powerful favorable factor. Furthermore, it is particularly important that the location has an appropriate temperature, as cold is a factor that works against the technique;

- the procedure must be carried out only after obtaining an approval based on the subject's informed consent;

- the procedure must not be carried out on minors younger than 14 years old, even with parental approval;

- the procedure must not be carried out on persons on psychotropic medication, under the influence of alcohol or drugs or on persons lacking in mental capacity;

- the procedure must not be carried out by specialists who have not applied it on themselves for a reasonable number of times so that they are very familiar with its characteristics;

- the procedure is presently known only at an empirical level, with all advantages and disadvantages resulting from this state of affairs; the procedure requires deeper research to clarify all relevant aspects.

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