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INFLUENCE OF COGNITIVE FACTORS ON RISK BEHAVIORS

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Abstract: This work is part of the concerns about the implications of certain psychological factors on the behavior of maintaining and preventing health. The latest findings in the medical world show that among the most important determinants of health are physical activity, healthy eating and avoidance of excessive consumption of substances. Also, statistics produced both in the country and at the European level indicate that a significant percentage among young people is adopting more and more frequent behaviors such as alcohol consumption, smoking, excessive coffee consumption and other energy drinks, a sedentary life, and uses an unhealthy diet. These considerations have prompted us to choose this theme, considering that it is relevant and useful to know certain psychic aspects that may relate to such behaviors. We have tried to study the implications that the disadaptive attribution style (internally, stably and globally negative), negative thinking, life satisfaction, perception of problem solving ability have on risk behaviors referred to in this work as risk behaviors. In the first part of the theoretical foundation we presented some of the concepts used by health psychology such as the concept of health, illness, lifestyle, well-being, preventive behaviors and risk behaviors.

Key words: psychological factors, risk behaviors, illness, lifestyle

Theoretical framework

In the category of risk behaviors, the literature introduces behaviors such as alcohol, tobacco, caffeine, sedentary, unhealthy food. In the second part of the theoretical foundation we presented the cognitive factors involved in health: the attributive style, the negative thinking, the perception of the problem solving capacity and the satisfaction in life. According to the attribution theory it is considered that attribution is the way people explain the meaning and cause of their own behavior and the likelihood of influencing and controlling life events, the assignments start from the need to explain the environment in which individuals live to explain the cause of what and the need to have an accurate representation of reality. Negative thinking is characterized by a general, relatively stable tendency to have a negative conception or vision of the future, and negative expectations about the effect of the actions taken. Persons with a negative view of life are people who systematically infer that the negative events they are experiencing are produced from stable and global causes are characterized by hopelessness and by a catastrophic assessment of the consequences of these negative events in their own life, they are convinced that these events are due to the fact that they are incapable or do not have enough abilities or resources to block the unfolding of these events. People who have confidence in their problem-solving capacity are making more effort to solve them than people who doubt their own abilities that give up very easily when difficulties arise. Life satisfaction refers to the extent to which individuals assess the quality of their own lives through criteria they have set. People with a high level of life satisfaction are considered to be optimistic about life, socially and physically positive assessment of the environment, investing more effort to prevent problems or to transform them, to enjoy life more, to adjust more effectively behavior towards stress and illness. In the methodology we tried to study the impact of negative attributions on risk behaviors, then we tried to see to what extent the interaction between negative thinking on one's own person and perceived control mediated unhealthy behaviors, and in the last part of research I tried to see to what extent the despair according to the attribution theory correlates with the confidence in their own problem-solving capacity and the risk behaviors.

In this study we aim to analyze the implications of the disadaptive attributive style (negative internally, stable and global), negative thinking, life satisfaction and the perception of problem solving ability on risk behaviors.

Hypotheses

H1. We assume that students who have a disadaptive attribution style (internally, steadily and globally negative) will more frequently exhibit risk behaviors.

H2. We assume that students who have a negative thinking about their own person and a low perceived low control of the problems will manifest more frequently behaviors of risk.

H3. We assume that there is a relationship between the level of despondency, the confidence in the perceived problem-solving capacity and the risk behaviors.

Our study was attended by 122 students from the "Mihai Viteazul" High School in Ineu, representing the 12th grade students.

Instruments

Attribution Style Questionnaire, Inventory of Problem Solving, Cognitive Triad and Risk Behaviors Questionnaire.

I made a questionnaire to measure the frequency with which respondents practice pathogenetic behaviors. In the category of pathogenetic behaviors, we introduced the item which refers to the lack of concern about health, lack of physical activity, unhealthy nutrition, and consumption of substances such as alcohol, tobacco, coffee. An example of an item would be "How often do you do physical activities? Respondents have the choice of one of the 5 ways of responding: 1 - daily 2 - once every 2 days 3 once every 3-4 days 4 once a week 5 less frequently. Depending on the score, they were ranked in the low vs. high risk category. After statistical processing, we excluded items that did not ask for each other and we calculated internal consistency by obtaining a Cronbach alpha coefficient of .68.

Results and their interpretation

Study 1. Implications of attribution style on risk behaviors

In order to verify the first hypothesis, we conducted a comparison study between the disadaptive attribution style (internal, stable and global negative) and the frequency of pathogenetic behaviors, the results are presented below.

We used a one-factor quasi-experimental design for hypothesis 1.

Tabel 1.1/ Data distribution

	K-S	p
Risk behaviors	1.119	.737
Assignment style	.685	.164

The distribution of data on the two variables is symmetric at the population level (KS = 1.119, $p > .05$ for risk behaviors and KS = 685, $p > .05$ for the assignment style variable) which allows us to use parametric methods, namely the significance t. The results are presented in the following tables:

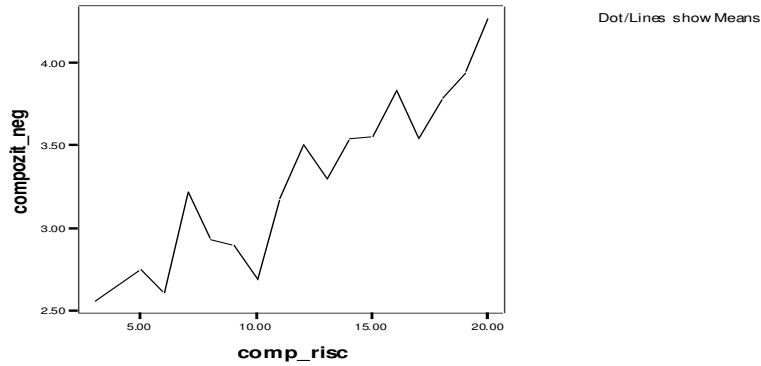
Table 1.2. Statistics indices for risk behavior variables

		N	Average	Standard deviation	Dispersion
Risk behaviors	low	65	1.32	.471	.058
	high	57	1.68	.469	.062

As can be seen from the table above, those with a disadaptive attribution style (internally, stably and globally negative) record a higher average of the frequency of risk behaviors Tabel 1.3. Test t for comparing attribution style and risk behaviors

t.	df	p.
-4.232	120	.000

Based on the significance test, we can see that with a disadaptive attribution style (internally, stably and globally negative) it contributes statistically significant ($t = -4.232$, $p < .01$) to the frequency with which students exhibit pathogenetic or risk behaviors on health.



The way in which people explain their positive or negative events, determines their explanatory style, which may be optimistic or pessimistic (Peterson 2000 apud Marian and Cioara 2009), a negative attributing style is considered to have repercussions on the pessimistic style of thinking.

Study 2. The role of perceived control and self-reflection on risk behaviors.

To verify the second hypothesis, we have conducted a comparison study between negative or positive thinking about oneself, perceived problem control, and risk behaviors. The results are presented below:

Table 2.1. Data distribution

	K-S	p
Negative thinking	1.086	.189
Problem-solver control	.976	.297

The distribution of the data on the two variables is symmetrical in the population (K-S = 1.086, $p > .05$) for the negative self-negative variable and (K-S = .976, $p > .05$) for the problem-solver control variable.

Table 2.2. Variable statistics indicate perceived control and negative thinking

The image of one's own person	Problem-solver control	Average	Stand. Dev.
		Negative thinking	1.50	.506
Positive thinking	low	1.43	.507
	high	1.22	.422
	low	1.68	.471

As can be seen from the table above, people who have a negative thinking or vision about their own person and perceive having low control over problem solving more often exhibit risk behaviors compared to those who have a positive vision and control high perceived problem solving.

Table 2.3. The Levene test for variance homogeneity.

F	df1	df2	Sig.
.446	3	118	.720

Homogeneity of variants can be assumed because we have a significance threshold $p = .720$ higher than the critical threshold $p = .05$

Table 2.4. Interaction between negative thinking on one's own person and perceived control of problem-solving on risk behaviors (ANOVA summary).

Variable	F	Significance
Negative thinking	.022	.882
Perceived control	4.751	.031
Image x control	8.804	.004

As can be seen from the table above, the thought or the negative image of one's own person does not statistically influence ($F = .022$, $p > .05$) the

frequency with which the students practice risk behaviors, at the same time the perception of the control of the solution of individual problems has a significant statistical influence ($F = 4.751, p <.05$) on the frequency of risk behaviors. A negative or positive thinking about one's own person is not a good predictor of risk behaviors but an interaction between this and the problem-solving control perception proves to be responsible for the frequency of adopting risk behaviors ($F = 8.804, p <.01$).

People who are perceived as having control over stressful issues or situations are not defensive, they do not avoid problems and use adaptive coping strategies, unlike people who think they have no control over these situations, focusing on their disabilities and catastrophic interpretation of the problems considering them unresolved. People who consider themselves capable of exercising control over what is happening will tend to look for ways to deal with unpleasant events, unlike those who perceive problems as uncontrollable, having a passive and harmless way to react to them.

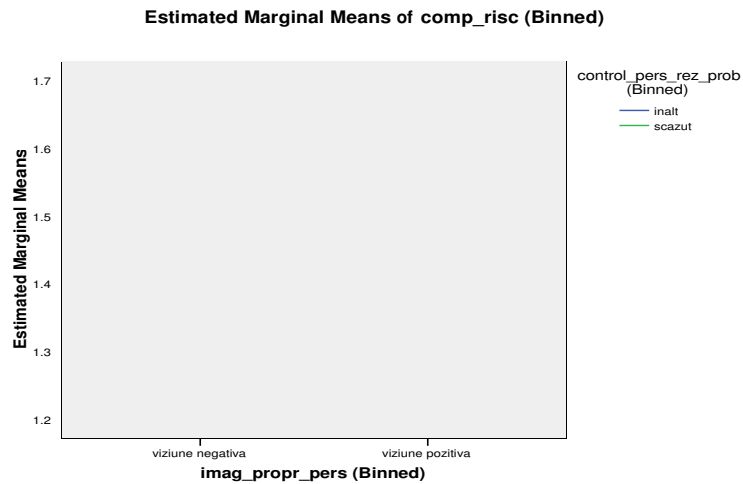


Figure 2.1 Graphically the interaction between perceived control, negative thinking and risk behaviors

Study 3. Relationship between despair, confidence in problem-solving ability and risk behaviors.

To verify the third hypothesis, we have conducted a correlation study between desperate variables, confidence in problem solving capability and risk behaviors, the results are presented below.

Table 3.1.
The distribution normality

Variable	K-S	p
Despair	.739	.646
Confidence in problem-solving ability	.785	.568
Risk behaviors	1.119	.737

From the above table we can see that the distribution of the data is symmetrical in the population (KS = .739, $p > .05$) for the despicable variable, (KS = 785, $p > .05$) for the personal confidence variable in the solving capacity of problems, and (KS = 1.119, $p > .05$) for the variable risk behaviors.

Table 3.2.
Correlations about despair, confidence in problem-solving ability, and risk behaviors

		Despair	Confidence in problem-solving ability	Risk behaviors
Despair	R		.197	.262
	P		.030	.004
Confidence in problem-solving ability	R	.197		.147
	P	.030		.105
Risk behaviors	R	.262	.147	
	P	.004	.105	

As can be seen, despondency correlates with risk behaviors ($r = .262$, $p < .01$) and the confidence of problem solving ($r = .197$, $p < .05$), but confidence in problem solving does not correlate with risk behaviors ($r = .147$, $p > .05$).

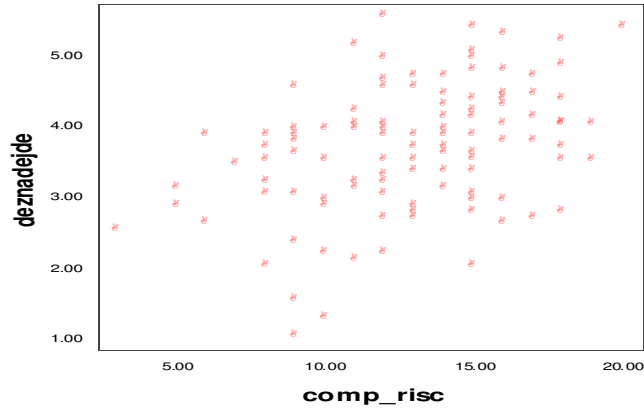


Figure 3.1. The cloud of points of despair variables and risk behaviors.

As can be seen, the cloud of points indicates that there is a relationship between the scores of the two variables, they are grouped in a linear direction, so as the level of despair increases, there is an increase in the frequency of risk behaviors. Persons despairing according to the theory of hopelessness or despair are characterized by negative expectations with regard to their future performance they believe they will not achieve the expected or projected results by themselves I think the results will be negative or aversive and that they do not have the ability or power to influence or modify the unfolding of these events. Despair is closely linked to the attribution of the failure of one's own inability to cope with difficult situations.

We can conclude that people with an internally negative, stable and global negative attribution style have a pessimistic explanatory style that consists of a certain type of explanation given to negative events or failure, namely personal, permanent and general, those who consider failure as something general and permanent come to introduce in the structure of self-beliefs the negative results of the actions performed and less the positive ones. The implications of an internal negative attribution style are aggravated by the association with a pessimistic style. People who have such a style are characterized by negative expectations about the effect of actions undertaken by these people, reacting to problematic situations and disappointments by renunciation, avoidance and denial. In contrast to the pessimistic style, optimism influences people's effort to influence or control the disease by focusing on information about risk factors, optimism being considered as a predictor of active coping in problematic situations.

The obtained results confirm the hypothesis that a thought or negative image about one's own person interacting with a perception of the low control

of problem solving mediates the frequency with which pupils enroll in the behavior of pathogenic behaviors, those who see the evolution of their own person in the future in negative terms of failure to fail or fail and perceived as having a low capacity to control these events tend to adopt more frequent behaviors such as smoking, alcohol consumption, are not concerned about their health status by the quality of the foods consumed . Unlike those who evaluate in negative terms the impossibility of incapacity, those who perceive having the ability to control stressful problems or situations are not defensive, they do not avoid problems and use adaptive coping strategies. People who consider themselves capable of exercising control over what is happening will tend to look for ways to deal with unpleasant events, unlike those who perceive problems as uncontrollable, have a passive and harmless way to react in front of them.

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FORGIVENESS IN INFIDELITY INTERVENTIONS

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Abstract: Interpersonal hurt caused by an extramarital affair may produce anger, bitterness, conflict, or depression, and the

client may suffer twice without treatment: because of the original offence, and because of the resentment toward the offender. **Forgiveness** is a *therapy intervention* that may help overcoming and resolving interpersonal hurt in case of infidelity. No matter how the partners respond to infidelity, the **process of forgiveness** should include such aspects as accepting responsibility, apology, extending forgiveness, humility, remorse, and softening. Unfortunately, neither therapists, nor religious therapists use **forgiveness intervention** on a regular basis because they lack one or more of the following: an *adequate conceptualisation of forgiveness* (acceptance, condoning, excusing, pardoning, reconciliation), a *working model of forgiveness* (it is important to make the proper choice among the tens of models), or a *rationale for forgiveness intervention* (particularly client's rationales). The paper suggests a **forgiveness-based infidelity intervention** that benefits from Esther Perel's (2016) and other researchers' findings.

Keywords: forgiveness, infidelity, intervention, working model

1. Forgiveness

1.1. Forgiveness: Definition

Interpersonal hurt/injury caused by an (extramarital) affair may produce anger, bitterness, conflict, or depression, and the client may suffer twice without treatment: because of the original offence, and because of the resentment toward the offender. **Forgiveness** is a *therapy intervention* that may help overcoming and resolving interpersonal hurt/injury in case of, among others, marital therapy.

Forgiveness is defined by language dictionaries as “the action or process of forgiving [no longer feeling angry about or wishing to punish (an offence, flaw, or mistake)] or being forgiven” (*Oxford Dictionaries*).

Forgiveness is a concept also used about such atrocities as the apartheid, Bosnia, or the Holocaust (Minow, 1997, in Mills, 1998).

For O'Connor (2001), **forgiveness** is a matter of both *existential issues* (together with death, life, meaning, suffering, survival) and of *interpersonal justice* (together with abuse, extra-marital affairs, guilt, loyalty, making amends, non-guilt, pain, past hurts, punishment, or violence).

The **process of forgiveness** includes such aspects as accepting responsibility, apology, extending forgiveness, humility, remorse, and softening (Fife, Weeks & Gambescia, 2007).

Partners respond differently to infidelity: “men, relative to women: (a) find it more difficult to forgive a sexual infidelity than an emotional infidelity; and (b) are more likely to terminate a current relationship following a partner’s sexual infidelity than an emotional infidelity” (Shackelford, Buss & Bennett, 2002).

Few Romanian researchers have approached infidelity in their studies. In 2014, Gotea published “Social Network and Marital Conflict: Constraints and Opportunities” a book in which she theorises, among others, on infidelity. She makes no reference to the Romanian context, except for a few mentions of a public opinion barometer from 2007 dealing with couple life, in which infidelity is claimed to be of lesser importance (a fact contradicted by reality) than other factors affecting negatively couple life. In 2014, Scutaru defended, at the “Al. I. Cuza” University of Iasi, a doctoral thesis titled “A Model of Predictive Factors of Infidelity: Emotional Responses to Sexual versus Emotional Infidelity” in which she analyses, among others, “the role of forgiveness in the dissolution process of a relationship as a result of infidelity”. Runcan (2015a, 2015b, 2016) revisited the issue of social networks (namely Facebook) and couple relationship and the conclusions are that Facebook may impact couples negatively.

1.2. Forgiveness as Intervention

Forgiveness has been studied *non-empirically* from the perspective of *clinical models* (Enright & The Human Development Group, 1991), as well as *empirically* from the perspective of its *clinical efficacy*.

Neither therapists, nor religious therapists use forgiveness intervention on a regular basis because they lack one or more of the following: an *adequate conceptualisation of forgiveness*, a *working model of forgiveness*, or a *rationale for forgiveness intervention* (Butler, Dahlin & Fife, 2002).

1.2.1. Adequate Conceptualisation of Interpersonal Forgiveness

Forgiveness has been rightfully associated with *acceptance*, but wrongfully associated with *condoning*, *pardoning*, or *relationship reconciliation*.

1.2.1.1. Acceptance

Forgiveness is a special case of *acceptance* (“willingness to tolerate a difficult situation” – *Oxford Dictionaries*). It means “coming to terms with the injurious event in a way that either maintains intimacy development in the relationship or diminishes active aversion (‘letting go’) such that the time and

energy previously dedicated to aversion is freed for other, more psychologically healthy, activities (whether the relationship continues or is terminated)” (Cordova *et al.*, 2006).

1.2.1.2. Condoning

Forgiveness is not *condoning* (“accepting behaviour that is considered morally wrong or offensive” – *Oxford Dictionaries*) “because **forgiveness** overcomes the resentment with love and compassion, while *condoning* denies the resentment and the offence” (Enright & The Human Development Study Group, 1991).

1.2.1.3. Excusing

Forgiveness is not *excusing* (“seeking to lessen the blame attaching to (a fault or offence); trying to justify” – *Oxford Dictionaries*) (Enright & The Human Development Study Group, 1991)

1.2.1.4. Pardoning

Forgiveness is not *pardoning* (“forgiving or being forgiven for an error or offence” – *Oxford Dictionaries*), because *pardoning* may allow offenders to continue causing more damage. Moreover, a forgiver can still expect justice to be served (Enright & The Human Development Study Group, 1991; Freedman & Enright, 1996).

1.2.1.5. Reconciliation

Some authors believe that **forgiveness** and *reconciliation* (“the restoration of friendly relations” – *Oxford Dictionaries*) are inseparable (Hargrave, 1994, in Butler, Dahlin & Fife, 2002). Other authors believe that “forgiveness and reconciliation are distinct, independent actions” (Enright & The Human Development Study Group, 1991): **forgiveness** is offered by the offended person, while *reconciliation* “occurs when the offender recognises his/her wrong and acts to correct the offending behaviour” (Freedman & Enright, 1996); **forgiveness** opens the door to *reconciliation* (Aponte, 1998, in Butler, Dahlin & Fife, 2002).

2. Forgiveness Models

After the decline of the discourse of **forgiveness**, as well as the tendency to minimise the effect of affairs on married life in 1960s’ England, **forgiveness** has been revived as an intervention in infidelity in both Europe (Langhamer, 2006) and North America. Several forgiveness models have developed starting with the 1980s.

According to Coop Gordon & Baucom (2003), “there are several existing models in the literature that appear to fit closely with the responses people spontaneously report after interpersonal betrayals, trauma models

suggesting that the typical response to a traumatic event incorporates three phases: impact, a search for meaning, and recovery”.

In Fitzgibbon’s (1986) model, the client is asked to spend time letting go of anger, which may make the client associate “letting-go-of-anger” forgiveness as a form of condoning the offender.

In Enright, Santos & Al-Mabuk’s (1989) cognitive developmental model, people’s understanding of forgiveness is shown to develop with age.

In Rosenak & Harnden’s (1992, in Butler, Dahlin & Fife, 2002) model, the client passes through hurt, anger, and information gathering, “getting ready for forgiveness, which includes reframing, releasing desire to retaliate, and wishing the offender well”; or, this may look like condoning, pardoning, or reconciling.

In Hargrave’s (1994, in Butler, Dahlin & Fife, 2002) and Hargrave & Sells’ (1997) model, the client needs to be ready to re-establish trust leading to reconciliation to make true forgiveness take place, which may make him/her feel frustrated or guilty.

In Pittman & Wagers’ (1995) model, there are seven steps: “emergency response, bringing everyone together in a safe environment, defining the affair, helping clients calm down and think clearly, finding a solution and course of action, negotiate resistance, and termination”.

In Mauldin and Hildreth’s (1997, in Bird, Butler & Fife, 2007) model, “the focus is rather on the future, which allows couples to make decisions and move forward”.

In McCullough, Worthington & Rachal’s (1997) model, the offended forgives his/her offender if he/she experiences empathy for the offender.

In Gordon & Baucom’s (1998), Gordon, Baucom & Snyder’s (2004), Gordon, Baucom & Snyder’s (2005), and Baucom *et al.*’s (2006) trauma-based, three-stage synthesized model, there are three stages: a *response to the initial impact* (dealing with the impact); an *attempt to give the event some kind of meaning, or put it into context* (search for meaning); and *movement forward and readjustment* (recovery or moving forward).

In McCullough *et al.*’s (1998) theoretical model, there are structural relations among apology, current closeness, forgiveness, intrusiveness, and pre-offense closeness.

In Sandage and Worthington’s (1999, in McCulloch & van Oyen Witvliet, 2001) model, forgiveness is based on ego-humility.

In Weeks, Gambescia & Jenkins’ (2003) intersystem model, “the treatment of infidelity passes through five phases: post-disclosure reactions, crisis management, and assessment; systemic considerations; facilitating forgiveness; treating factors that contribute to infidelity; and promoting intimacy through communication”.

In Cordova *et al.*'s (2006) model of "stages of change", the client (the offended) collaborates with his/her offender in the direction of forgiveness, going through five phases: "looking at the context before the hurt and recognizing what was lost from it; recognizing the context of hurt and placing the couple relationship in context; accepting the hurt, breaking away from experiential avoidance, and disrupting the rules for avoidance; committing to forgive; and activating behaviour to achieve forgiveness".

In Meneses & Greenberg's (2011) model, the focus is on both offended and offender's emotions.

In Fife, Weeks & Stellberg-Filbert's (2013) interpersonal model, "forgiveness is facilitated as therapists and clients focus on four unifying factors: empathy, humility, commitment and apology".

In Perel's (2016) model, there are three phases – "the *crisis phase*, the *insight phase*, and the *vision phase*". In each phase, there are specific actions and/or behaviours depending on intervention goals, therapist, deceived partner, and unfaithful partner.

Thus, in the *crisis phase*:

- *The therapist*:

- Assesses for co-morbidity (abuse, addiction, mental illness);
- Assesses for domestic violence and suicidality;
- Assesses the impact of infidelity on the other family members;
- Closes the exits for finite jointly-decided period;
- Defines the affair as a two-person crisis (a dual perspective);
- Establishes safety;
- Explores how and why the affair was revealed;
- Helps stabilise families with children;
- Is a force of stability;
- Maintains personal balance, clarity, and patience;
- Separates reactions to infidelity from the matter of divorce;
- Separates the effects of infidelity from the decision to end the relationship;

- *The deceived partner*:

- Confronts devaluation, humiliation, and isolation;
- Normalises experience, traumatic reactions;
- Validates the maelstrom of emotions (abandonment, despair, disorientation, fear, helplessness, humiliation, longing, loss, rage, shame, vengefulness);

- *The unfaithful partner*:

- Must become the vigilante of the relationship;
- Must show guilt and remorse.

In the *insight phase*:

- The *goals of the intervention* are to make the unfaithful partner:
 - Analyse the decision to enter the affair and make sure he/she understand how he/she justifies it to himself/herself;
 - Examine the relational context, contributing circumstances, and life cycle stage that surround the affair;
 - Explore how to move from crisis to opportunity;
 - Explore the power of forgiveness as an offset to the power of resentment;
 - “Integrate the differentiated meanings of the affair as an experience of growth and expansion for the unfaithful, inflicting betrayal and hurt on the other”;
 - “Provide insight into personal desires, needs, and vulnerabilities that led to the affair”;
 - Shift the blame to understanding;
 - “Tell the story of the affair in the context of the relationship”;

- *The therapist*:
 - “Acknowledges that the revelation can stimulate the marriage, lead to thoughtful discussions, and new openness to share deeper feelings and needs”;
 - Considers the impact of infidelity on other family members;
 - Discusses shared sense of loss;
 - Explores the power of forgiveness as an offset to the power of resentment;
 - Helps the unfaithful partner remain empathic, present, and connected to the hurt of his/her partner: when pain is denied or diminished, it results in obsessiveness;
 - Helps the unfaithful partner take responsibility for having hurt his/her partner, and show personal clarity;
 - Shifts from detective questions to investigative questions (on meaning, motives, primary relationship, etc.);

- *The deceived partner*:
 - May be shocked, upset, and have angry feelings about the affair and a feeling of moral superiority;
 - May experience anxious feelings leading him/her to set limits around their partner’s exposure to their lover, as well as anger at being asked to feel compassion for his/her partner’s loss;

- May feel anger and confusion at the narrative rupture that he/she is experiencing resulting in obsessional thinking and a need to ask and repeat many questions for clarification from the unfaithful partner;
- May feel anger that the unfaithful partner felt entitled to experience something that he/she had not allowed him/herself to experience;
- May struggle with loss of sense of security;
- *The unfaithful partner:*
 - Could be confused about ending the affair externally but not internally, no longer seeing his/her lover, but not feeling detached from him/her either;
 - Could be impatient with his/her partner to move on from the affair/frustration with the sense that he/she has done all he/she could to reassure the partner;
 - Must become the vigilante of the relationship;
 - Must fear that he/she will not be forgiven;
 - Must feel fear that he/she will have to give up an important or newly discovered part of him/herself that they never had in their marriage;
 - Must feel grief, guilt, remorse, and shame about the affair, about hurting his/her partner, or both;

In the *vision phase*:

- The *goals of the intervention* are to:
 - “Create the vision of a new relationship: the confrontation with an affair forces every couple to re-evaluate their own relationship, but every relationship will determine the legacy of the affair”;
 - Make the couple negotiate new boundaries and new relational arrangement if they decide to stay together;
 - Make the couple understand that forgiveness abdicates one from the sense of moral superiority, ends the ruminations, helps dissipate the anger, and lessens the fear of reoccurrence;
 - Make the couple understand that “forgiving doesn’t happen at once: partial is fine, forgiving enough may be good enough”;
 - Make the couple understand that “genuine trust rests on one’s ability to tolerate what we do not know about the other: as long as we are driven to uncover every detail, we cannot trust”;
- *The deceived partner:*
 - May fear that forgiving infidelity minimizes its severity;
 - Should understand that forgiveness is not a gift and that it asks for restitution;
 - Should understand that forgiving is not always the best solution;
 - Should understand that it is dangerous to forgive too easily;

- Should understand that one can only forgive someone when he/she acknowledges having been wronged;
- Should understand that one may forgive, that one does not forget, but that the injury is no longer central;
- Should understand that there are assumptions that make it difficult to forgive: “all-or-nothing”, “yes or no”.

In Perel’s (2016) model, **erotic recovery** is important. Therefore, the therapist should take into account that (Nelson, 2018):

- Clinical literature on infidelity generally ends with forgiveness;
 - Partners experience sexual performance pressure after the affair;
 - “The betrayed partner fears that engaging sexually will communicate that the affair wasn’t important”;
- while the couple should bear in mind that:
- Affairs are often a consequence of erotic neglect;
 - After forgiveness, sex will follow itself;
 - Forgiveness and healing must be followed by erotic recovery or the couple risks future infidelities;
 - No sexual intimacy ensures that infidelity will not happen again;
 - Recovery should take the form of a new erotic phase in the couple’s life;
 - Refusing sex makes the affair important;
 - “The fear of loss is a powerful sexual combustion: in the immediate aftermath of an affair, some couples experience an intensely renewed sexual desire, which is true also for the partner that had been sexually disengaged for a long time”;
 - They need to go beyond their feelings to bring forward the feelings they want.

2.1. Rationales for Forgiveness Intervention

Forgiveness is genuine if the **rationale** (“a set of reasons or a logical basis for a course of action or belief” – *Oxford Dictionaries*; “explanations offered to a person for why forgiveness could be an important focus in therapy” – Butler, Dahlin & Fife, 2002) for doing so is valid (Freedman & Enright, 1996).

The following could be **rationales** for **forgiveness**:

- For emotional and physical benefits for the forgiver (McCullough & Worthington, 1995, in Butler, Dahlin & Fife, 2002);
- For it is condoning/pardoning (Butler, Dahlin & Fife, 2002).
- For it is not pardoning (Hebl & Enright, 1993, in Butler, Dahlin & Fife, 2002);
- For others’ growth and healing (Butler, Dahlin & Fife, 2002);

- For personal growth and healing (Butler, Dahlin & Fife, 2002);
- For relationship reconciliation (Butler, Dahlin & Fife, 2002);
- For spiritual reasons (Butler, Dahlin & Fife, 2002).

Butler, Dahlin & Fife (2002), the only researchers that have studied **rationales for forgiveness** to our knowledge, analysed the relationship between rationales given for forgiveness and acceptability of forgiveness as a therapeutic intervention, and found that *personal growth and healing*, *relationship reconciliation*, and *spiritual reasons* rationales were significantly more acceptable than the other rationales mentioned above.

2.2. Clinical Directions

According to Snyder & Doss (2005), professional competence in infidelity therapists means:

- *Assessment skills*, including one or more of the following: “initial assessment by interview vs. self-report measures, inquiry in individual vs. conjoint sessions, and introducing discussion of outside relationships with general questions about other significant persons in the couple’s relationship” vs. “specific queries regarding extramarital affairs” (Snyder & Doss, 2005);
- *Defining the client*, i.e. clarifying who the client is;
- *Familiarity with cultural, ethnical, gender, individual, religious, role and sexual orientation differences*;
- *Intervention skills* specific to either traditional behavioural couple therapy or integrative behavioural couple therapy;
- *Managing conflicts of interest* by adopting one of the following stances: “adhering exclusively to the stated therapeutic goals of the family, independent of the therapist’s own judgment regarding the relative merits of these goals; being responsible only to the system and refusing to align with any individual, thus targeting the couple relationship or family system as the beneficiary regardless of the impact on any one individual; declaring loyalty to all, but shifting alliances between individuals or subsystems during treatment sessions as determined by the therapist’s judgment about the greater good of the individuals and the relationship or family; pledging primary loyalty to each family member as if they were being treated as individuals, thereby intending that the treatment serves the best interest of each family member” (Snyder & Doss, 2005);
- *Proper knowledge base*: being familiar with information regarding common antecedents, consequences of affairs, and correlates.

2.3. Ethical Directions

The following should be observed when working with infidelity cases (Snyder & Doss, 2005):

- *Applying the principles of confidentiality*: “agreeing that certain information will be kept confidential as a matter of personal privacy; agreeing to keep certain information confidential temporarily with the understanding that it will be disclosed at a later date”; establishing that no information is confidential; treating information disclosed individually as confidential;
- *Handling undisclosed infidelity properly*;
- *Keeping confidentiality when changing therapy format*.

Conclusions

Forgiveness is a *therapy intervention* that may help overcoming and resolving interpersonal hurt in case of infidelity.

The **process of forgiveness** includes accepting responsibility, apology, extending forgiveness, humility, remorse, and softening.

Neither therapists, nor religious therapists use **forgiveness intervention** on a regular basis because they lack an *adequate conceptualisation of forgiveness* (they need to know exactly what forgiveness is not and what it is), a *working model of forgiveness* (they need to choose the therapeutic model that best suits him/her and his/her clients), or a *rationale for forgiveness intervention* (they need to choose the rationale that best suits him/her and his/her clients).

We strongly support the **forgiveness-based infidelity intervention** that benefits from Esther Perel’s (2016) findings.

We also believe that infidelity therapists should reflect more on the conclusions of the most currently reputed experts in infidelity issues (Perel, 2016; Nelson, 2018):

- Infidelity should be treated from an exclusiveness vs. uniqueness perspective;
- Monogamy in a continuum relying on flexibility and fluidity;
- The new monogamy (Runcan, 2015b, 2016; Nelson, 2018) emphasises emotional commitment, love, and loyalty, but it does not necessarily imply sexual exclusivity;
- The way we understand and experience exclusivity is changing;
- There are implicit and explicit understandings of monogamy in couples;
- We need to accept that there are polyamorous couples.

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**SOCIOCULTURAL AND ORGANIZATIONAL DIMENSIONS
OF MENTAL HEALTH CARE NETWORKS FOR OLDER
ADULTS TOWARDS NEW FORMATIONS**

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Abstract: In this paper, we attempt to analyze the developments of welfare state in European countries in relation to social networks of professionals aimed at caring for elderly people with mental health problems. We start with a typology of the welfare state in Europe which has dominated the current debate. We focus on (a) welfare reformation and the values that characterize these reorganization (emphasis on autonomy, problematization of dependency, desire to improve independent living, etc.), (b) certain social processes that determine this change, (c) forms of organization of the socio-economic domain -sanitary current (multiplication of local networks and projects, decentralization of services, criticism of bureaucracy, improvement of the flexibility of care services, etc.). Then we will analyze the organizational, ideological and therapeutic issues of networking. Finally, we will highlight the problems that arise, as a consequence of these issues.

The paper is based on data that has been drawn on the context of a European program Erasmus+ entitled ARPA ageing.

Key words: mental health, professional networks, welfare state.

Introduction

The last years, care in the domain of mental health of elderly people is increasingly forming in a networking way. This organizational reorientation is, as we argue, a result of a wider reorganization of medical and social services; a result of the change in the basic structures of the welfare state in most European countries (Aspalter, 2006). Given the fact that professional networks operate in broader social, organizational, cultural, and national contexts, we have noted the profound differences, but also the commonplaces that emerge (Allen & Ciambone, 2003). The culture of networks tends to acquire common traits with the broader reorganization of medical and social services, developments

that raise common concerns: ideological, cultural, organizational, etc.(Adam & Papatheodorou, 2016).

The evolution of professionals' networks whose main aim is to take care the elderly people with mental problems, are organized and operate on the basis of these new organizational and ideological orientations. We focus on:

(a) The welfare state reformation and the values that characterize these reforms (emphasis on autonomy, problematization of dependency, desire to improve independent living, etc.) (Lawson, 2007; Milligan, 2005),

(b) Social processes that determine the specific change (individualization, liquidation of traditions, new forms of family, flexibility of work, endemic unemployment, etc.) (Williams, 2001),

(c) The forms of organization of the socio-economic domain (multiplication of interdisciplinary professional networks and local projects, decentralization of services, criticism of bureaucracy, improvement of the flexibility of the care services, etc.).The changes in health social care sector is the result of the emergence of new ways bywhich these networks are supposed to operate(Cousins, 2006;Ferrera&Jessoula, 2016; Ferlie et al., 1996; Hill, 2006).

Startingwith a typology of the welfare state in Europe which dominates the current debate and extends our discussion to the countries of Eastern Europe, emphasis is given on the following assumptions:

- Different types of welfare states have been historically organized;networks of professionals are characterized by a particular dynamic in each “regime”.

- In recent years welfare states are in the process of reforming. To a large extent, this reformation has common characteristics: organizational, moral and ideological. It is based on common values and political orientation. Indeed, the relevant literature refers to a “post-welfare condition”: a new regime, a special status of the functioning of the health social care sector tends to dominate (Bonoli& Natali, 2011; Clarke et al., 2000). This process is very important in terms of how networks of professionals are organized and the role they are expected to have.

About the typology of Welfare States in Europe

The typology of the welfare state systems as presented today is the result of historical studies (Titmuss, 1974;Ferrera, 1996). It is common to classically define the welfare state by contrasting two major models: the Bismarckian welfare state, founded in Germany by the laws of 1880, and the Beveridgian welfare state, which is based on the 1942 report of “Social insurance and allied services” (known as the “Beveridge Report”),that was born in the United Kingdom after Second World War.

However, according to the current bibliography the study of social protection systems in Europe is based on a categorization of four types of organization and funding of the welfare state (Petmesidou&Tsoulouvis, 1994;Petmesidou, 2001; Pierson, 2001), that leads to the abovementioned typology and is based on four criteria as summarized below:

- a) The form of insurance coverage (selective or universal),
- b) The organization and legal form of the social protection system,
- c) The quality of services, and
- d) The type of financing (contributions or taxes).

Studies such as those of Titmuss (1974) and Ferrera (1996) categorize and attempt to clarify the characteristics of social protection systems. Based on this classification, we can distinguish five types: the social-democrat, the conservative-corporatist, the liberal, that of southern Europe, and that of the “East”. However, big question for all kinds of typologies still remains the nature of the welfare state in Eastern European member-states of the EU.

Social-Democratic welfare state

This type of regime aims at reinforcing the possibility of individual independence whose most striking specificity is perhaps its fusion between social protection and work. The ideal aim is to strengthen family’s independence but also the possibility of individual independence (a particular fusion of liberalism and socialism) (Arts &Gelissen, 2002; Petmesidou&Tsoulouvis, 1994).

A condition for financing such a high performance model is to ensure full employment. This model has the following basic features:

- General benefits of a universal nature; guarantee universal social rights for the entire population.
- The main reference point is the individual. Public sector intervention is strong, based on the principle of decentralization and monitoring citizens throughout their lives, each time covering different needs in the different phases of each person’s life.
- The subsystems of care are part of the same project and refer to the whole broad redistributive intervention, based on a high level of taxation.
- Promote a gender equality policy. This point is directly related to the main topic of our study, since the functioning of professional caregivers’ networks is based on (a) social representations of the particular capacities of women and men and (b) the sharing of “roles” and “care work” between men and women.

Conservative-corporatistwelfare state

This type of scheme is based on the Bismarckian model, for which quality of social protection depends on occupation and income. This regime is modeled by the state and also by the church and its main concern is the defense of traditional family values. The establishment of social rights is understood through the desire to maintain social hierarchies (Petmesidou&Tsoulouvis, 1994). The countries that are characterized by this model are mainly Austria, Germany, Italy(partly), Belgium and France. Its principal features are:

- Broad coverage of the population and generous benefits.
- Social transfers are important but also differentiated in relation to the subdivision of the population. It is based on the assumption that professional and social divisions exist and must be maintained.
- Linkage between the benefits and the socio-professional position and career of the person. *The care of the elderly is not the same for all but depends on the previous professional career*, an important dimension because the quality of life of the elderly and the risk of psycho-emotional difficulties are related to social resources.
- Often the reference point is the family. There is a major interest in this point because under the new circumstances, the development of professional networks extends to the intermediate domain in which various formal and informal care networks as a family organization, ONG etc., participate. (Allen et al., 2003; Amoss et al., 1981).

The liberal welfare state

This kind of state is a residual welfare state. It supports the market, either passively by providing a minimum level of protection, or actively by subsidizing private social assistance programs. There is an immense interest in this ideological orientation as it tends to affect all the reforms of the welfare state in terms of values. In a liberal regime the state intervenes only as a last resort and forces individuals to return as fast as they can to the labor market (the main role is played by market mechanisms) (Petmesidou&Tsoulouvis, 1994). The archetypal model countries are Canada, the United States, Australia, and in the European area can classify the United Kingdom and Ireland. This model has the following basic features:

- It is an individualistic social policy system based on property rights and the proper functioning of market mechanisms. It provides limited state intervention and aims at encouraging people to participate in the labor market.

- The state takes up responsibility for promoting prosperity only when family and market fail.
- There is a stigmatization of beneficiaries (see the tradition of charity in these countries and link the need for care with impotence and disability).
- In this system, the employees' earnings are only partially maintained in the case of accident, unemployment, *illness or when the retirement age comes*.

The Mediterranean-South European welfare state

According to Ferrera (1996) this model also includes elements of the corporate model (in the field of social security and social protection) and that of Beveridge Health Model (mostly private health sector). We find it mainly in the Mediterranean countries of the EU and it is considered to be rudimentary if compared to other forms (it is also characterized as traditional or "elementary") (Gough, 1999; Katrougalos, 1996; Katrougalos & Lazaridi, 2002; Petmesidou, 1996; Rhodes, 1997). Other features are the follows:

- Limited importance of the principle of universality.
- *High degree of fragmentation and polarization of the social security system*. This point is very interesting as it often leads to the establishment of a specific type of professionals' networks with wide variations by sector of care.
- *Large gaps and strong inequalities have been observed in the field of social protection*.
- Family has a decisive role in a poorly developed health social care sector. Much of the care is taken over by the family. In countries like Spain, Greece and Italy, there is a lot of coherence and solidarity within families; proximity, cohabitation, frequency of contact and communication, transfer of time and money, are used as indicators of positive evaluation.

Eastern European EU member states

This discussion and the relative categorization do not include Eastern European countries. In these countries, the control of the economy and the possession of the means of production by the state were factors that made social protection an obvious obligation for central government vis-à-vis citizens. However, rapid change in economic and political structures is bringing into question the management of social and medical services only by the state (Gavrilă-Ardelean, 2015; Kaprio, 1991).

Reorientation of welfare states ends the professional networks

New values

These welfare state models are based on quite different values, ideologies and institutional traditions. The Anglo-Saxon model comes from the tradition of charity, the continental models are based on Bismarck's selective provision, while the Scandinavian tradition is based on the claim of social rights. All these welfare organizational versions were created in the specific context of a historical development; it was the result of coherent arrangements, which have determined the organization of social and medical services.

However, after 1980, we have observed the transformation of all these arrangements in a particular direction, which highlights the importance of professional networks. (Hill, 2006). The position on which we are based on, is that *(a) although many and different models of organization of social and medical services are historically observed, (b) today there is a structural transformation characterized by common values and specific organizational orientations, such as the development of professional networks, a combination that leads to a particular regime which could be named as "post-welfare condition" (c) that allows, if not imposes, the emergence and multiplication of hybrid forms of organization of social structures and health services, care actions and networks.*

If we assume that welfare state reformation has specific directions that lead to a post-welfare condition, then we need to ask about its characteristics and how the professionals' network, especially the mental health networks, operate in this new regime (Mol, 2008). Certainly, we can point out that there is a trend towards a new balance of rights and obligations, with a focus on individual responsibility (Engster, 2005; Fine & Glendinnig, 2005). Therefore, given these transformations, professionals' networks of health and social care can only be organizational hybrids, as they are based on differentiated social realities and on an ideology that calls for invention, innovation, design, strengthening of locality and relevant cultural specificity. The basic characteristics of these transformations, in relation to the issues that concern us, are:

- The professionals are pushed to "self-motivation" and performance, and no longer to "play a role". The emphasis on formal definitions of professional and social roles is gradually limited to normativity that emphasizes on individual responsibility for collective issues.
- This process ultimately contributed to the creation of targeted services and institutions to renegotiate the relationship between medical and social services and their "clients", "users", etc.

- The concept of the *project* is the key word for understanding the mechanisms of formation of the “locals’ ” systems of mental health and social protection services concerning the elderly. The central lines are partly replaced by local action programs where cultural specificities and local social resources have to be interpreted as exploitable sources (Ion, 1990; Ion &Tricart, 1992).

The concept of “responsibility” and that of autonomy are fundamental elements of this ideological reorientation of medical and social services.

In this new environment of social policy management health professionals are often invited to participate as a subject that is capable of active cooperation. Thus, personal resources, experience, knowledge and individual skills "must" be used as collective resources in the functioning of care networks. On the one hand, this approach makes the individual co-responsible for the successful achievement of collective goals, while at the same time there is a tendency to underestimate the structural dimensions in the field of mental health, such as the unequal distribution of personal resources of all actors.

The privatization of care sectors and its “location” creates “local care service markets” where the patient or senior becomes a client (Arapoglou&Gounis, 2017; Milligan, 2003). Professionals’ networks, and the information systems that support them, *must be friendly* to the “customer”. The evaluation of these networks is often based on the principle of *what works*, always in relation to specific target groups (see elderly people with mental problems).

Responsibility perspectives

The gradual transition to a post-welfare condition forces us to think in terms of hybrids. Increasingly, hybrid forms of social protection and medical care are being developed. Therefore, professionals’ networks can only be organizational hybrids as they are based on differentiated and contradictory social realities and an ideology that calls for invention, innovation, project design, emphasizing on locality and cultural specificity, focusing on intermediate target groups such as the elderly with mental health problems (McLean &Trakas, 2010). Hybridization raises new challenges;social and health services are being reorganized so that several responsibilities are entrusted to local organizations, regional government structures and the “private” or non-governmental sector. This reorientation aims at supporting existing social intervention networks and at creating new at local level. These networks are mobilized by individual and collective stakeholders, through the promotion of individual responsibility (Gavrilă-Ardelean, 2016).

Consequently, the abandonment or weakening of the responsibility for the implementation of major social policy programs has been reinforced by the transfer of responsibilities to larger networks; this tends to replace the traditional intervention structures of the State. At local level, there are opportunities for systematic registration of citizens' needs to enable better re-organization or co-operation of social services and the improvement of formal and informal care networks of older people. Particularly with regard to social protection networks for the elderly, a crucial issue is that of "effective" intercommunal cooperation and development of innovative programs as a mean to explore new forms of support (Bengtson et al., 2005; Bengtson et al., 2009; Hudson & Moore, 2009).

These social developments have a decisive impact on the way elder people live, receive care, psychological support and psychiatric treatment. On the other hand, in risk societies, under Beck's terms, the individual is formed by various institutions the goal of which is the development of self-esteem (Beck, 1996). The therapeutic discourse is disseminated to the general public through social mechanisms such as social work, individual counseling, and a certain perception of a "good life" (Rose, 1990, 2007). These institutional changes contribute not only to the development of a multitude of biopolitical technologies that regulate the body and the well-being of populations, but also to the development of technologies which force individuals to act on their selves and to self-governing subjects (Featherstone & Wernick, 1995).

However, how can we ensure an independent life and how can we achieve self-management, in the case of elder people with mental problems? These are questions that make sense in a world where people live their lives according to an individually conformed plan, that takes beyond their physical or mental weaknesses.

Professionals' Networks and discontinuations' management of care and treatment

The main concern is that, in a fluid institutional environment that is being shaped, a satisfactory group of carers cannot be clearly identified as happens with the case of elderly with mental health problems. In the context of a post-welfare condition, there is the possibility of creating significant gaps between the different areas of social health care sector, at local, regional or national level. In our case, improving intersectoral networks of professionals has as a result the liquidation of care and treatment. Care and support for the elderly is provided by several social institutions: the state, family, formal and informal social networks. Cultural rules and local traditions, which usually define what constitutes a "good" practice of care for the elderly, are often contradictory and ambiguous (Risseuw, 2001; van der Geest 2002a, 2002b).

Given these local characteristics and by developing an effective networking policy in the area of care of older people with mental health problems the following two questions could be answered:

- (a) How do these parameters determine the character of caring for a region, leading to local healing and healing cultures and ways of working together with citizens and services?
- (b) Who and how will care for the mentally ill and the elderly, in the face of institutional changes as described above and the corresponding value orientations?

The new “value code” for the functioning of social services and more broadly formal and informal structures of health, care and psychosocial support do not disassociate the public and private sectors, while underlining the dimension of “choice”.

Decentralization, deconstruction of hierarchical models of decision-making and governance, and the tendency to demand-based diversification are the organizing principles of this pluralistic model (Silverstein & Roseann, 2010). Non-governmental organizations and informal care networks have a major influence on this reorganization of social services. Informal care networks are often traditional family networks. In many Mediterranean countries this process is based on the established feminization of care for the elderly, especially in the immediate family environment, reproducing the traditional division of work into a new framework, based on self-development and the ideological project of autonomy. Elderly people who cannot serve themselves, are often supported by people living in the close family environment (Bettio & Veraschcagina, 2010; Prince, 2000), fact that creates a gap between the new code of values, which reorganizes care of the elderly, and the therapeutic reality that is rarely characterized by organizational discontinuities.

A basic organizational discontinuity, which professionals’ networks are called to face in a fluid institutional environment, is the breach between medical and social care. Thus, as is often the case, in societies where the welfare state has never been sufficiently developed and much care was taken by traditional networks, especially the family, the “problems” related to the “needs” of the old age are classified as “pure” social problems: they are considered as organically linked to family dysfunctions, mainly by the inability of some families to take charge of the “natural” event of the old age without external help and government intervention.

However, even if services are available for the care of the elderly with psychiatric problems, another gap often occurs: this is between biologically oriented health services and social services. This is undoubtedly a problem of redistribution of responsibilities, for which the development of professionals in

the intermediate field between medical institutions, mental health services and social care services have much to offer.

Often, services designed to respond to medical problems, such as hospitals, are defined by the law as responsible for elderly's care, unlike structures that can deal with social problems, thus as a result, older persons are transferred from one state agency to another, from one specialist to another (Kostakiotis, 2010). The representation of old age in our contemporary world is complex. On the one hand, we seek to obtain a label of "aging well", and on the other hand, there is a practical gap for the daily life of old people who accumulate handicaps and deficits, and the therapeutic efforts are often vain and expensive. Drop-out areas appear as a field with evident consequences for the elderly who are exiled there; marginalized spaces are created by the combination of moral perceptions, legal regulations, lack of resources and social mechanisms. "From social services without hands to medical services without eyes" according to Kostakiotis (2010), referring to the one-dimensional look of medical services and the weakness of social services in the case of Greece, the elderly are moving into a no-man's land, in the abandonment zones. There, without care, the weak old people are actually punished for their inability to act on the two dominant projects of the Greek society: on the one hand, the creation and maintenance of a circle of affectionate relatives according to the dominant model family life; and on the other hand, their failure at the financial level.

Developing professionals' networks signifies that we are trying to overcome these *gaps* in the field of care, in a fragmented and liquid care landscape of the post-welfare regime. Increasingly, hybrid forms of social protection and medical care are being developed. It is for this reason that we observe at European level, a reconfiguration of public policies in the field of mental health and care of the elderly, towards decentralization and establishment of an intersectional local or regional welfare state, both situated and open-flexible. To sum it all up, at local or regional level there are opportunities for systematic recording of citizens' needs, in order to allow a better re-organization and cooperation of social and medical services with mental health institutions in terms of community, and improvement of formal and informal care networks for older people (Velpry, 2008). Particularly with regard to social protection networks for the elderly, a crucial issue is the effectiveness of inter-municipal cooperation and the development of innovative programs as a means to explore new forms of support.

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THE DYNAMIC RELATIONSHIP BETWEEN HEALTH AND CONFORMITY AS CONSERVATION VALUES

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Abstract: Nowadays the scientific literature on human values is focused on identify a comprehensive set of values that help to explain individual differences in people's attitudes and behavior. The research investigation coordinated by Schwartz (2012) concluded about the structure of basic values recognized in all societies and identified how these values are organized into a coherent system that reflects the dynamics of value-based, individual decision-making. Current paper contributes with evidence to the theory of values reformulated by Schwartz in 2012, according to which values are arrayed

on a circular motivational continuum in dynamic relationship. A total of 220 youth respondents from the West side of Romania have answered using a Likert scale from 1 to 6 to a 46 items online questionnaire. The 46 items questionnaire shows solid internal consistency. This study brings evidence to interclasses dynamic relationships between health as a security conservation value and conformity as a conservation value, both included in the self-protection anxiety-avoidance value specter. Conclusions and implications are discussed.

Keywords: values theory, health, conformity, dynamic relationship

Introduction

It is recognized that values have a strong individual dimension, meaning personal values, since people are very different in the way they perceive and define their personal priorities. In the same time, it is a fact that the communities and the proximity social environment influence and contribute in a crucial way to individual's value system (Schwartz, 1992, 1994, 2006).

Values are organized on several levels: general human values, values specific to a sociopolitical system, values that characterize a certain culture or ethnicity, values of large and average social groups, micro-group values (family) and individual values (Ilut, 2004). Values also influence both the individual in the choices they make from a relational and professional perspective (Dughi, Bran & Ignat, 2016), and also morally according to them adhering to a certain social, professional and cultural level at different stages of development (Ignat, S., 2017).

Schwartz's theory of values highlights 10 universal categories that include other beliefs people in general would consider values: power, achievement, hedonism, stimulation, self-direction, universalism, benevolence, tradition, conformity and security. The description of the values is comprised in Figure 1.

Values originate as response to personal or social tensions, and are an answer to a need and their relative importance to one another guides individual's behavior. Values are characterized by panculturality, meaning that the same values can be found in similar types across different cultures all over the world. The dominant values in a society will determine how it evolves over time, and how it defines relationships with external groups and challenges.

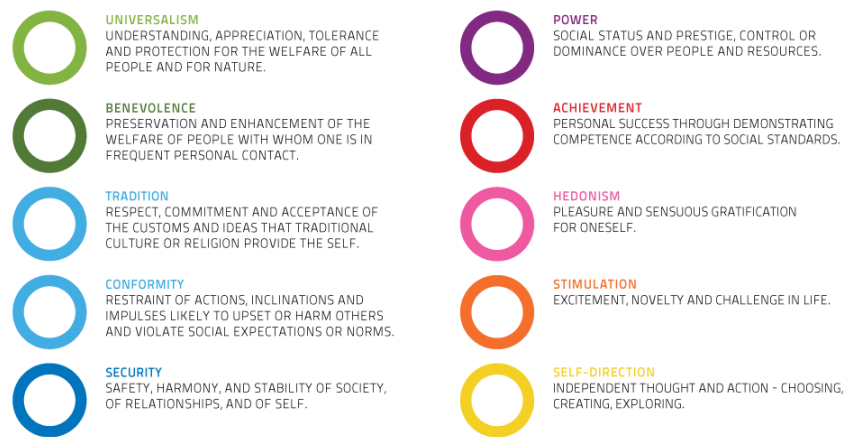


Figure 1. Description of values according to Schwartz's theory

What it gives relevance to the theory of values developed by Schwartz is the relativity principle applied, meaning that dominant values in any given society are not fixed over time, but change dynamically, being sensitive to the contextual inputs. As reflected in some studies implications, the dominant values in a society are determined through the quantum of stimulation they receive. Thus, the most stimulated values, get more enriched, and in time they become dominant.

The dynamical model developed by Schwartz in 2012 helps understanding two of the main characteristics of the system, namely when a particular sector is activated, two effects will follow over time: firstly the promotion of one value has positive effects also on the adjacent ones, situated in proximity and secondly when a value gets activated, it produces an opposite effect on the values on the far side of the continuum wheel.

Research methodology

The national project *Identitatea Nationala a Tinerilor Romani* has been developed by our research team with the purpose of deeper understanding the dynamics of national identity aspects and personal values among youth from the West side of Romania. One of the research questions was the identification of the existent relationship between health and conformity as conservation values, included in the self-protection anxiety avoidance set off values, the first being oriented towards social focus and the second towards personal focus, according to Schwartz (2011). In this regard, we have designed an online questionnaire aiming to gather descriptive data, general perceptions about national identity and values.

Starting from Schwartz's (2011, 2012) three axes conservatism / autonomy, hierarchy / egalitarianism and mastery / harmony, we have designed a 46 items questionnaire including the following values: self-determination (items 1, 2, 3), stimulation (items 5, 6, 7), hedonism (8, 9, 10), achievement (12, 13, 14), power (16, 17, 18), security (20, 21, 22), conformity (23, 24, 25), tradition (27, 28, 29), benevolence (30, 31,32), universalism (33, 34), humor (36, 37, 38), trust (40, 41, 42), health (44, 45, 46) and a dissimulation scale (items 4, 11, 15, 19, 26, 35, 39, 43). We have asked respondents to score on a Likert scale from 1 to 6 the importance of that value, where 1 means less important and 6 very important. A total of 220 responses were gathered between November and December 2018, by sharing them on social media groups of youth, for freely and voluntarily answering.

Our hypothesis states that health and conformity type of values 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 health was the dependent variable and the independent variable conformity.

The study was conducted on a random sample of 220 students from the West side of Romania, of both sexes, 17.3% males and 82.74% females, from both rural 42.7% and urban 57.3% environments, with 50% of participants having high school level of education, 35.5% bachelor and 14.5% master degree.

Results and discussion

As results emphasize, regarding the average means of the total sample of responses, the dominant value of the research sample is intellectual autonomy. Identifying aspects such as intelligence and creativity as highly important, with an averages mean of $m=5.57$ and $m=5.26$, results outline this type of autonomy. On the opposite, lower scores of value like pleasure $m= 4.97$ or excitement and exciting life $m=5.04$ indicate a lower concern for affective autonomy. Contrasting to autonomy there is conservatism, with respondents choosing the lowest interest in this value - social order and respect for traditions having the lowest scores, $m=4.81$ and $m=4.43$ respectively. It is noted here that one of the specific values of conservatism, namely security, has a very high score $m=5.52$.

As for the internal consistency of the 46 items scale of values, we have obtained an alpha coefficient of .839, suggesting that the items have relatively high internal consistency, a reliability coefficient of .70 or higher is considered acceptable in most social science research situations. We have also computed the Total Variance Explained output, where the Eigen value for the first factor is twice larger than the Eigen value for the next factor (10.278 versus 5.312).

Additionally, the first factor accounts for 71% of the total variance, suggesting that the scale items are unidimensional.

We have further tested our hypothesis that states that between health and conformity conceptualized as conservation values, there is a curvilinear relationship; we have used a confirmatory factor analysis, based on multiple regression analysis for curvilinear effects. We describe a curvilinear relationship 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 2 indicates the curvilinear relationship between health on the horizontal axis and conformity, represented on the vertical axis. The sample consists of 220 youth from Romania.

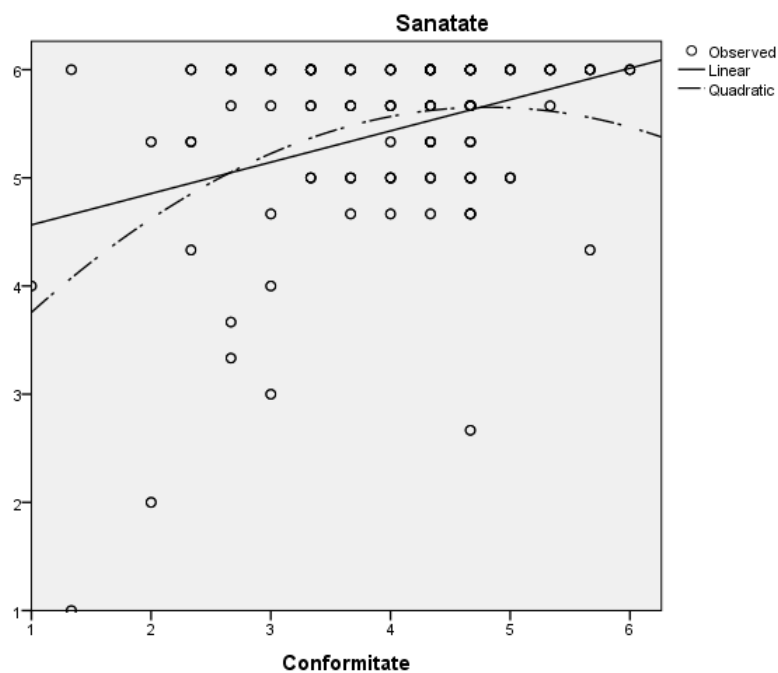


Figure 2. Linear and quadratic curve estimation of health (sanatate) and conformity (conformitate)

There is a very high correlation between health ($m=5.43$, $SD=0.87$) and conformity ($m=3.98$, $SD=1.01$) of $r=.337$ significant at a $p<.01$, which methodologically allows us to proceed with multiple linear regression analysis (Balas-Timar, 2014).

For the curvilinear relationship testing, the present study proposes a hierarchical multiple regression analysis, the dependent variable being health, and the independent variable in step 1 conformity, and in step 2 squared conformity.

Table 2 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, health accounts for 11% of the variance in conformity with an $F= 27.960$ significant at a $p<.01$. In Model 2, the model that supposes curvilinear relationship, health accounts for 14% of the variance in conformity with an $F=20.205$ significant at a $p<.05$.

Table 1. *The relationship between health and conformity as personal values, model summary, ANOVA and coefficients*

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estim.	Change Statistics				
					R Change	F Change	df1	df2	Sig. F Change
1	.337 ^a	.114	.110	.824	.114	27.960	1	218	.000
2	.396 ^b	.157	.149	.806	.043	11.149	1	217	.001

a. Predictors: (Constant), Conformity

b. Predictors: (Constant), Conformity, sqrt_conformity

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	19.003	1	19.003	27.960	.000 ^b
	Residual	148.166	218	.680		
	Total	167.170	219			
2	Regression	26.243	2	13.122	20.205	.000 ^c
	Residual	140.926	217	.649		
	Total	167.170	219			

a. Dependent Variable: Health

b. Predictors: (Constant), Conformity

c. Predictors: (Constant), Conformity, sqrt_conformity

Model		Coefficients ^a			t	Sig.
		Unstandardized Coefficients		Stand. Coef.		
		B	Std. Error	Beta		
1	(Constant)	4.276	.225		19.025	.000
	Conformitate	.290	.055	.337	5.288	.000
	(Constant)	2.630	.540		4.873	.000
2	Conformitate	1.257	.295	1.463	4.267	.000
	sqrt_conformitate	-.131	.039	-1.145	-3.339	.001

a. Dependent Variable: Health

All standardized coefficients of Beta ($\beta = .337$; $\beta = 1.463$ and $\beta = -1.145$) 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: health and conformity is not linear, but curvilinear. The additional incremental predictive capacity of 3 percent, added by including the squared conformity variable which is accounting for the band in the regression line, indicates that there is a curvilinear relationship between health and conformity.

This curvilinear relationship demonstrates that extreme aspects, extremely reduced and extremely high levels of health, significantly influences the conformity value, in a negative way. Normal levels of health triggers a high

level of conformity value prioritization. Thus a too much health oriented person and a low health oriented person will envisage a low level of conformity seen as a conservation value, compared to a person with normal health value prioritization that is associated with a high level of conformity.

Conclusion and implications

This study brings evidence to intra-class dynamic relationships between health and conformity as conservation values, the first being oriented towards social and the second oriented towards self. The curvilinear relationship demonstrates that extreme aspects, extremely reduced and extremely high levels of health, significantly influences the conformity, in a negative way. Normal levels of health triggers a high level of conformity value prioritization.

This study is limitative, respondents are 220 youth from the West side of Romania, thus additional research is needed in order to generalize the conclusion to the total population level.

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SOCIO-ECONOMIC HARDSHIP AND SCHOOL CLIMATE PERCEIVED BY CHILDREN AGED 11-15

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Abstract: The access to education for vulnerable children does not mean just including them in educational settings, but also the manner in which it helps them to succeed, regardless of their socio-economic problems. The current paper aims at exploring the relationship between school climate and educational outcomes for children coming from families with low socio-economic background. 13 children (5 girls and 8 boys) aged 11-15 participated in a focus group. At the end of 2016-2017 school year, the educational status was problematic for 8 children: 1 grade retention and 7 failed classes (Math and/or Romanian language) and therefore needed to be reexamined in the fall. The material precarity, lack of adequate living conditions, of food or school supplies, were the main elements contributing to the school failure for these children. For children coming from vulnerable families in most cases parents do not have the necessary resources to motivate children to succeed in school. Therefore, it is important to construct a supportive school environment where the positive climate helps children to fully participate at educational process and achieve their potential.

Key-words: vulnerable children, school climate, education

Introduction

Wang and Degol (2015) define school climate as moderating the quality of interactions between students, teachers, parents, school staff and reflecting the values, norms, objectives of the school as an institution. Therefore, the school is not just an institution where the child fully develops his/her cognitive

capacities, but also a setting which addresses the person as a whole, social, behavioral, emotional.

Previous research clearly demonstrates a relationship between school climate and a variety of outcomes. Gottfredson (2001) concluded that a common purpose and a set of shared values among school members are an important element in obtaining high levels of student achievement and low levels of school disorder. Furthermore, school environments that promote supportive relationships between teachers and students can protect those students from engaging into high-risk behavior (Gregory, Cornell & Fan, 2012).

A positive school climate contributes to later quality of education the state in providing for its citizens (O'Brennan & Bradshaw, 2007). Moreover, through a positive school climate there is an improvement of learning motivation and school performances (Way, Reddy & Rhodes, 2007). With respect to this, National School Climate Council (2009, p. 3) established a set of five standards:

The school community has a shared vision and plan for promoting, enhancing, and sustaining a positive school climate;

- The school community sets policies specifically promoting (a) the development and sustainability of social, emotional, ethical, civic, and intellectual skills, knowledge, dispositions, and engagement; and (b) a comprehensive system to address barriers to learning and teaching and to re-engage students who have become disengaged;

- The school community's practices are identified, prioritized, and supported (a) to promote learning and positive social, emotional, ethical, and civic development of students; (b) to enhance engagement in teaching, learning, and schoolwide activities; (c) to address barriers to learning and teaching and to re-engage those who have become disengaged; and (d) to develop and sustain an appropriate operational infrastructure and capacity-building mechanisms for meeting this standard;

- The school community creates an environment where all members are welcomed, supported, and feel safe in school socially, emotionally, intellectually, and physically;

- The school community develops meaningful and engaging practices, activities, and norms that promote social and civic responsibility and a commitment to social justice.

When schools fail to comply with these standards, institutions like day care centers are an important community resource for children and their families (Breaz & Iovu, 2018). They offer a variety of customized programs for vulnerable children who are the focus of this paper.

Method

Aim

The current study addresses two research questions: (1) How do children from secondary school with low socio-economic backgrounds perceive the school climate? and (2) How do these vulnerable children construct their motivation for learning?

Sources of data and sampling

The research was carried at one day centre for vulnerable children from Cluj-Napoca during 2017. The day center offers services for a number of 44 children from low socio-economic backgrounds, aged 7-15, all of them being in risk for school abandonment. From the 44 children 13 students enrolled in secondary school were selected for participating in a focus group interview (table 1).

Table 1. Descriptive data for the sample (N = 13)

ID	Age	Gender	Grade	Failed classes 1 st sem 15-16	Failed classes 2 nd sem 15-16	Grade	Failed classes 1 st sem 16-17	Failed classes 2 nd sem 16-17
R	15	B	V	Romanian	Grade repetition	V	Romanian	Romanian
				Math			English	Math
				English				
				Spanish				
				History				
V	14	B	VII	-	-	VIII	-	
O	11	B	IV	-	-	V	Italian	Grade repetition
							Math	
S	14	B	VI	Romanian	Italian	VII	Italian	-
				Italian				
				Math				
A	13	B	V	-	-	VI	-	-
M	14	F	VII	-	-	VIII	Math	Math
A.L	12	F	V	Romanian	Romanian	VI	Romanian	Math
				Math	Math			
M.I	12	B	V	-	-	VI	-	-
I	13	F	VI	-	-	VII	Romanian	Math
							History	Romanian
							Math	
							English	
R.A	13	F	VI	Biology	Math	VII	Math	Math
				Italian	Geography		Spanish	Romanian
							History	
K	11	B	IV	-	-	V	Math	Math
								Romanian

P	12	B	V	Romanian	-	VI	Romanian	Math
				Math			Math	
							Physics	
							English	
E	14	F	VII	-	Romanian	VIII	Romanian	-

Source: children's files

From the 13 participants, 9 failed more than two classes in the first semester. During the second semester their educational status improved, with one student in grade repetition from the four in risk after the first semester.

From the evaluation carried by the day center, all the selected children have low socio-economic backgrounds due to the low ratio for income per family member. They all miss a designated space for learning activities. The only place where they do this is the day center which they regularly attend.

Procedure

Two focus groups were carried in two different days (March 24th and March 27th, 2017). These focus-groups were recorded and then the transcriptions were used for data analysis. The focus groups addressed several topics like motivation for learning, school climate, relationship with peers and relationships with teachers. For data analysis we opted for thematic analysis using these major topics.

Ethics of the research

For pursuing this research I have asked the verbal agreement from the executive director of the Foundation who manages the day center and the project director in order to assure the confidentiality of the data and the improper use of the identification details of the children. There was no need for an agreement from the parents because as a social worker at this institution I already signed a confidentially agreement regarding children's data. I needed thou explained thou to explain children my new role in this research because as a social worker in the project I was responsible for maintain the relationship with schools

Results

Motivation for school attendance

The children use different motivation strategies helping them to attend school. Intrinsic motivation is mainly build on positive experience they have with a certain class helping them achieve a sense of ownership and competence in relation with the learning content (*No one is helping me, I like the class, I like*

the experiments, the teacher does not help me – E, b, 14 yo; *I like Geography because I know a lot of things* - A, b, 13 yo). On the other hand, external motivation relies on their perception in relation to their classmates (*I am the best from the classroom at this* – S, b, 14 yo) or in relation with the effort they have to put in a specific class compared to other classes (*I like it because I have to learn only one unit, unlike at other classes* - M.I, b, 12 yo). This component appears as most significant because children use different sources to keep them participating in the school environment: desire to be recognized in comparison to his/her classmates, the rewards teachers give them or the effort they put in for a certain learning content. Teachers are perceived as very inconsistent in their motivation strategies, sometimes being supportive (*He tells me c'mon I know you like to draw and then I do what I have to do* – M, f, 14 yo), and sometimes not (*He does not help me, I haven't learn anything new* – R.A, f, 13 yo; *I think the grades are according to how well behaved we are and not according to what we know* – O, b, 12 yo).

School climate and relationship with classmates

The school climate includes the entire set of relationships children develop among them. A positive climate is characterized by supportive and mutual beneficial relationships in daily interactions. In this interactive environment children are encouraged to collaborate beyond the curricular activities. Therefore they feel understood, accepted and an important figure in the group (Wang & Eccles, 2016). The level of support can be measured by the level of trust children have in their classmates so when they have a personal problem they can freely discuss it with colleagues and find solutions (*There is Paul, my desk mate, and I talk with him anything, he does not fights, he is a good guy* – A, b, 13 yo). Some introverted children find it very difficult to find support in their classmates (*I prefer not to share my problems when I have a problem* – S, b, 14 yo) or are quite reluctant considering the general perception of the classroom (*I speak with the class master and I do not like to talk with my colleagues, because they mock me, they say will keep the secret, that they would not tell anybody, but eventually they will tell* –P, b, 12 yo). There are no consistent differences between boys and girls on the level of perceived support, both finding a “significant other” to share his/her personal problems, but it is necessary that the other is the same gender. The majority of them see the classroom as being divided by different interests and not acting as a group (*Girls are with girls and boys with boys* – O, b, 11yo; *We are three groups, the less smart ones are together, the really smart ones are just talking to one another, and there are some in-betweens which are the largest group* – P, b, 12yo). Just two children perceive the class as supportive to one another and as a mutual resource, but limited for school issues, not personal (*So, for the class,*

we have a facebook group and usually the colleague who know does the homework and shares it there – E, b, 14yo).

Interpersonal relationships are problematic (*We have one boy who is staying only with girls, the others are calling him “little girl” because he does only what girls say. Sometimes we beat him but afterwards we apologize – O, b, 11yo*) and in general not guided by respect except for the ones belonging to the same group as them (*No, we curse each other – I, f, 13yo; It’s a disaster! We scream, we curse at each other – P, b, 12 yo).*

It is important that at this age, children to be able to set significant relationships with peers as they will shape future adult relationship. Catalano, Haggerty, Oesterle, Fleming, & Hawkins (2004) have already emphasized the importance of school connectedness in promoting a healthy development and to prevent problematic behaviors in adult life.

School climate and relationship with teachers

Children define a supportive relationship with a teacher if they are allowed to joke, to express freely and to decide upon certain tasks (*She knows what it means to joke, we don’t have to write, she counsels us more – V, b, 14yo*) or to emotionally connect (*She loves me and she is the only one who does that – I, f, 13 yo*). Some teachers do not always explain issues connected to the learning content (*They don’t explain it, they call you in front of the class, asks you the formula and if you don’t know it they give you a bad grade – V, b, 14 yo*), display a disrespectful attitude (*If we raise hand and ask they scream at you that you weren’t paying attention and only after this he explain once more – I, f, 13 yo; They tell us if we don’t understand to raise the hand and ask. We do and then they say “how did you not understand what I have just said?”...and then we don’t say anything – E, b, 14 yo*). Students do not feel motivated because when they get a failing grade they are exposed in front of the others because they have low expectations (*When we get a bad grade they say “a...nothing new, I was expecting this”. You can’t change, you let yourself influenced by anything and anyone, and they say we should try more – A, f, 13 yo*). Therefore, when they get a bad grade, teachers are *relaxed* (A, b, 13 yo), *accustomed* (P, b, 12 yo), or *don’t care* (A.L., f, 12 yo).

Relationship with teachers is very important in improving students’ school performances. Wang and Dishion (2012) concluded that when feel understood and supported by teachers, students obtain better results and decreases the probability to engage in problematic behaviors.

Sense of security in school

From the 13 participants at focus groups, 10 consider that there is neither order nor discipline in school. These are very important because they

prove the significance of structure and regulations. So, when there is the impression that rules are not important, their safety might be affected (These children are naughty and they start the fight – R.A., f, 13 yo). The most serious problem is physical violence, especially the older boys beating the younger ones, but also violence towards other persons, where they are no supervision from an adult during the recessions (*They go and throw rocks on cars passing on the road* - R, b, 14 yo). In general, students did not mention feelings of threatening. But one serious problem they constantly mention is drug consumption. 5 children know about this in their school (*I know one girl from 9th grade who has drugs and one time they took all the phones from her classmates to listen to their calls and that's how they caught her* – I, f, 13 yo).

Conclusions and recommendations

The family problems are often too big to handle by parents themselves, therefore affecting their resources to invest in children's education. Moreover, the low level of educational attainment and completion will later impact children's future employment, health and welfare prospects (The Smith Family report, 2016), therefore continuing the poverty cycle. The material precarity, the lack of adequate living conditions, lack of proper food or school supplies etc. combined with the low education of parents proved to be the main causes of school failure for children with low socio-economic background. Furthermore, the higher risk of these children to develop behavioral and psychological problems lead to more parental rejection rather than love and acceptance (Breaz & Tomiță, 2018). Because parents are not able to motivate children, but more often to sustain for long term the motivation for learning in school and to achieve, educational structures must step in and support vulnerable children to fully participate in learning process and help them achieve their full potential. By constructing a positive climate, children have the opportunity to fully express themselves, to become visible in the classroom and to feel included in school's life. From an emotional perspective this helps them build a healthy self-esteem and trust while from a cognitive point of view helps them continuous self-improvement. Way, Ranjini and Rhodes (2007) showed that positive perceptions of school climate (teacher support, peer support, student autonomy in the classroom, and clarity and consistency in school rules and regulations) decline during the middle school. This happens because there is a great discrepancy between what children need (e.g. autonomy, opportunities, consistency) and what the schools offers.

In order to increase and sustain children's motivation we might rely on the restorative practices, helping teachers confront with the difficulties children face through building a sustained supportive relationship. Usually, teachers dealing with children's lack of attention and superficiality in school tasks,

therefore disturbing the entire climate, do not manage to positively engage students in a significant manner. The restorative practices have been successfully applied to judicial, family, work-related issues, in companies or in schools in order to reduce violence, behavioral problems, communication and inter-institutional collaboration (Costello, Wachtel, & Wachtel, 2009). Schools that have enrolled a high number of children with low socio-economic backgrounds are in general performing badly in national evaluations and are in a higher risk of recording different behavioral problems. The low performance of the school is mainly due to its incapacity to address these challenges coupled with the lack of experience for teachers in creating a supportive environment fostering a qualitative education process for all the students, regardless of children's backgrounds. Some of the recommendations we make are:

.Offering a supportive school climate and an adequate learning environment (e.g. development positive and trusting relationships between all the participants of the educational process, elaborating sensitive assessment instruments capable to identify the entire area of problems a child might encounter at school and/or in family of origin, availability of psychological counseling, support groups for children and staff, earning new approaches in conflict resolution);

.Elaborating public educational policies adequately addressing issues like: development of staff's competencies to work with vulnerable and disadvantaged children;

d) *Developing and sustaining the collaborative relationship between family and school.* Often, it becomes difficult for a parent to be fully engaged in the educational process because of their lack of time, low level of education, economic hardships, and schools' attitude to constantly blame. Therefore it is necessary to build a collaborative relationship between parents and schools that first and foremost will foster the best interest of the child.

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THE IMPLICATIONS OF THE AUTHORIZATION IN TEACHING CARE MANAGEMENT

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Abstract: The processes of building and discovering self-image are difficult, sometimes demanding, involving sustained effort on the part of the person, as well as the support of others. The results obtained are sometimes spectacular and compensate for the efforts made, facilitating professional orientation and the choice of the teaching career by young people.

Key words: teaching career, mentoring, coaching, team-building activities

Theoretical frame

The orientation and development of the didactic career does not occur on its own but requires complex interventions from different directions. If young graduates of psycho-pedagogical training programs for the teaching profession aspire to a successful career, they need to get involved directly in building it without waiting for others to do it for them. The more the choice, the orientation and the development of the teaching career will be made from the personal initiative, the stronger the bases of the future performance will be laid.

These are complex forms of psychological knowledge that imply the presence of refined capabilities such as self-analysis, intuition, lucidity, accountability, critical and self-critical sense, realism and objectivity. Effective realization involves focusing knowledge and assessment on one's own person, goals, aspirations, motivations, personal values.

The discovery of self-image, as a central element of personality, is the most important product of self-knowledge and self-evaluation. Many career theories place the image of themselves in the center of their construction. The importance of self-image derives from the fact that it assures the identity of the person or what other authors call the concept or the theory about himself (Bariaud, Jackson, Rodriguez, 1997). Based on this concept of self, the person becomes able to interpret social experience and orient his behavior. The more a person knows each other, the more he can choose, orient or change his career.

Teachers who have built a positive self-image are characterized by the following:

- have effective relationships of collaboration and communication with others;
- correctly assesses personal possibilities and limits;
- anticipate with great precision the nature of the difficulties they will face in practicing the profession;
- know their rights, exercise them and claim them when necessary;
- are active, dynamic, tonic, trustworthy and optimistic at personal and professional level;
- reduce the significance of failures and mobilize in unfavorable situations;
- assume the responsibilities and risks of the teaching profession;
- openly express his thoughts, feelings, opinions to others;
- are natural, sincere, direct, tolerant, confident;
- do not feel depressed, inferior or complex over others;
- are not in conflict with themselves or permanently dissatisfied with others;
- accept the change of the environment and are able to change themselves;
- accepts its own limits and learns permanently (Jigău, 2001).

Materials and methods

In order to accomplish this study, we developed and applied a questionnaire focusing on the needs of young educators, graduates of the psycho-pedagogical training program for the teaching career. The questionnaire has 25 questions about identifying barriers to employment, the difficulties encountered in employment, the need for counseling and support during the onset of work.

The questionnaire responded to a number of 74 subjects aged between 23-30 years, graduates of the psycho-pedagogical training program for the teaching career. For data analysis we used SPSS, ANOVA and Independent Samples T-test.

Results and discussions

Hypothesis 1. The importance of professional experience in the field of educational services

The biggest barrier to employment in education is the lack of professional experience in the field of educational services. To analyze this hypothesis, we analyzed Question 14 of the questionnaire and calculated the amount for each item, generating the following graph:

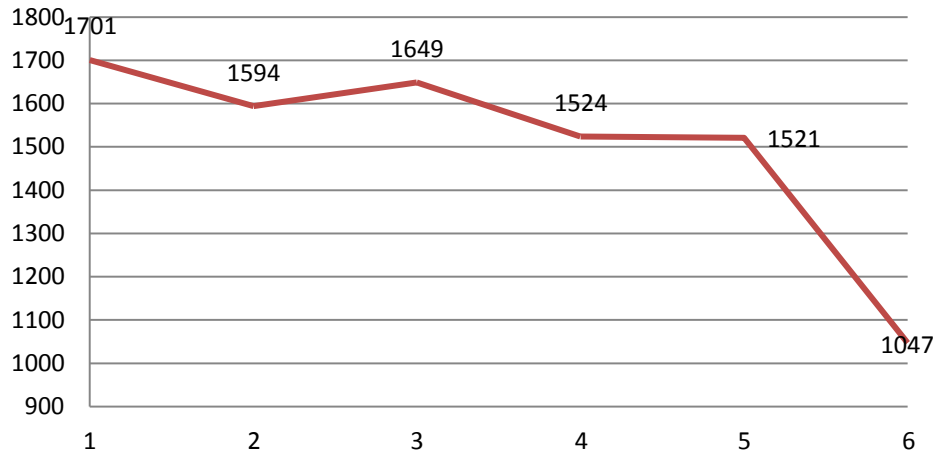


Figure no.1. Barriers to employment in education

The 14 items are:

1. Naveta (the large distance between home and work);
2. The need to engage you from an early age;
3. Lack of specific qualifications / skills;
4. Lack of work experience in the field of educational services;
5. Lack of employment opportunities in my country;
6. Lack of employment opportunities in the field of study;
7. Lack of knowledge of a foreign language;
8. Problems related to the reduction of the school population;
9. Lack of interest and motivation for participation in the national examination of titularization in education;
10. Lack of information regarding the positions taken at the titularization competition in education;
11. Limited access to educational institutions;
12. Personal development / reduced personal knowledge;
13. Family support (I do not have to work);
14. My current age.

From the graph above, we note that the lack of work experience in the field of educational services has a sum of $s = 1557$. Hypothesis is invalid. We can see a higher value $s = 1572$ in terms of lack of employment opportunities in the field of study. Of all the 14 items mentioned above, a ranking of the biggest barriers to finding a job in education regardless of gender or age are:

1. lack of employment opportunities in the study area $s = 1572$;
2. lack of work experience in the field of educational services $s = 1557$;
3. lack of employment opportunities in my country $s = 1483$

Hypothesis 2. The main difficulty encountered after having a job in education

The perception of the biggest difficulty faced by a debutant teacher is the feeling that he will not be integrated into the team. To validate this hypothesis, we analyzed question 15 of the questionnaire. With the use of Excel we have calculated the amount for each item and generated the following graph:

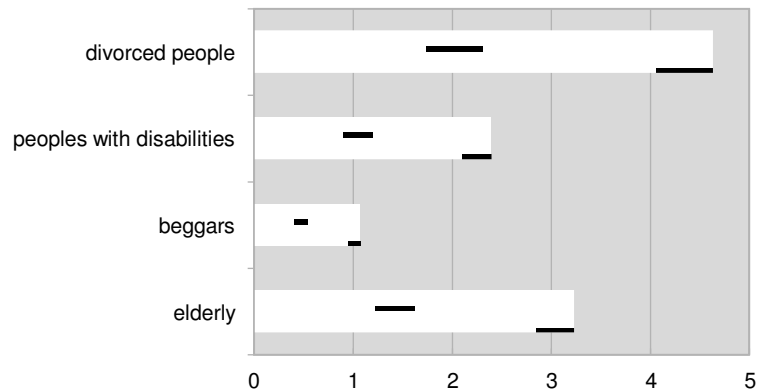


Figure 2. Difficulties encountered after employment in education

The 4 items are:

1. Very high enthusiasm;
2. Overwhelming sense of workload;
3. Feel that you are not yet part of the team / do not feel integrated;
4. You feel confused, uncertain about what you have to do.

From the graph above, we notice that the feeling of nonintegration in the team has a sum of $s = 1301$. Hypothesis is invalid. We can observe the following values:

1. Very high enthusiasm $s = 1385$;
2. You feel confused, uncertain about what you have to do $s = 1357$;
3. Overwhelming sentiment in terms of the amount of work $s = 1317$;
4. Feel that you are not yet part of the team / do not feel integrated $s = 1301$.

Hypothesis 3. Necessary support during professional onset

The most important areas where a beginner in education needs support are induction and team-building activities. To validate this hypothesis, we analyzed question 16 of the questionnaire. With Excel we calculated the amount per item and generated the following graph

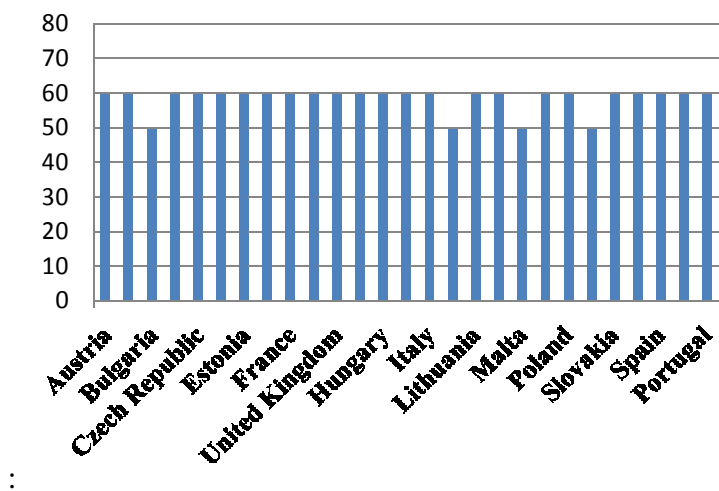


Figure 3. Necessary support during the onset of professional debut

Analyzing the graph above, we observe the highest value $s = 1701$ at the item indicating the need to understand the workflow and induction and the value $s = 1521$ attributed to team building activities. Thus, hypothesis 3 is partially validated.

1. Induction (understand how workflow works) $s = 1701$;
2. Training (ensuring that you are ready to achieve your work goals) $s = 1649$;
3. Buddy (a person designated to show you the company and familiarize you with the team) $s = 1594$;
4. Mentoring / Coaching (a person designated to take care of your personal and professional development) $s = 1524$;
5. Team-building activities (to be part of the team and to have a high degree of trust among teammates) $s = 1521$;
6. You do not need support (at some point you will find your place) $s = 1047$.

Conclusions

Teacher development is a continuous process, closely linked to both external and internal factors. The external context is volatile, influenced by legislation, by various administrative factors. In the development of the teaching career it is also important to mention the social framework and here I refer to the individual's need to be encouraged and supported by both the family and the colleagues and the teachers. From an internal point of view, it is necessary for the on-going educator to reach an adequate level of development and professional satisfaction so that it can overcome any obstacles in the career path.

The processes of building and discovering self-image are difficult, sometimes demanding, involving sustained effort on the part of the person, as well as the support of others. The results obtained are sometimes spectacular and compensate for the efforts made, facilitating professional orientation and the choice of the teaching career by young people.

These processes involve the following:

- constructing self-consistency, ie psycho-behavioral regularities, which have coherence, stability and balance;
- the emergence of the sense of identity and self-fulfillment that ensures the continuity, autonomy, freedom, especially the conscious and plenary assumption of one's own existence;
- elaboration of the sense of own value, estimated and felt as a total person, which ensures the realization of realistic projects and their translation in fact (Porlier, 2001).

The young or adult who becomes aware through the self-knowledge and self-assessment processes of the level of self-consciousness, self-fulfillment, and self-worth will be able to self-manage their teaching career. Deficiencies in self-knowledge and self-evaluation processes will be associated with erroneous decisions about choosing and changing careers.

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FAMILIES FACING AUTISM SPECTRUM DISORDERS. LANDMARKS FOR MARRIAGE AND FAMILY THERAPISTS

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Abstract: Current surveys picture the fact that the number of children diagnosed with Autism Spectrum Disorder (ASD) is on the rise. The complexity of the psychological impact faced by the family lead to a new approach to ASD addressing an integrative treatment plan which includes marital and family therapy. Having a child with ASD affects different domains of family and connects to a variety of chronic and acute stressors that affect marital satisfaction and functioning. In this context, marriage and family therapist could help the members connect to each other and create a new family story. Given the evidence, the need to better understand the types of interventions suitable to enhance the partner connection is clear. Furthermore, the current paper offers a comprehensive image of some possible therapeutic objectives in order to help as better families facing ASD throughout their life span.

Keywords: Autism Spectrum Disorder, couple therapy, family therapy, multifaced treatment plan, parents

Introduction

Current statistics referring to child psychopathologies suggest an epidemic of the Autism Spectrum Disorder (ASD) diagnosis. The prevalence of ASD seems to have constantly growing in recent years (Christensen et al., 2018; Solomon and Chung, 2012). Moreover, the definition of ASD has changed over time depending on different versions of DSM. On the other hand, beyond statistics and definitions, ASD represents a chronic condition which

inevitably impacts and affects the family functioning and their quality of life (Solomon and Chung, 2012). Researches in this area are relatively new in Romania, a region experiencing social and economic transitions, as well as changing patterns following the fall of the Iron Curtain (Swami et al., 2018, apud Matlak, 2014).

The considerable research attention given to the topic revealed some of the repercussions of the diagnosis upon the family. The most frequently highlighted effects are those of developing anxious and depressive symptoms and even obsessive-compulsive disorder, especially among mothers (Lecavalier, Leone and Wiltz, 2006; Karst and Van Hecke, 2012, Gau et al., 2012). Besides, the diagnosis comes together with different couple difficulties and even with a growing rate of divorce among families of ASD children (Karst and Van Hecke, 2012; Hartley et al., 2010; Freedman et al., 2012). Hartley and his colleagues (2010) compared parents of children with ASD with matched parents of children without disabilities and highlighted a 24% higher rate of divorce among parents of children with ASD. A complete description of the impact of such a diagnosis pictures an overwhelming situation as follow:

Low parental self-efficacy – refers to the fact that parents of children with ASD lack trust in their parental skills which leads to feelings of guilt and low involvement in the child development.

Anxiety related to the social behavior of the child, the level of communication, the child's involvement in play and motor skills.

High levels of stress related to the cognitive impairment of the child, the child's mood swings, the lack of autonomy, the hyperactivity, the lack of obedience, adaptation difficulties, communication deficit, learning problems, and social difficulties.

Depressive and anxious symptomatology

Fatigue and a high risk of developing health problems;

Low state of well being;

Frequent conflicts in the family that affect the diagnosed child;

Low marital satisfaction which affects the parental role and the diagnosed child;

High risk of divorce and high levels of divorce;

Low family quality of life.

(Karst and Van Hecke, 2012; Smith et al., 2010; Kelly et al., 2008; Brobst, Clopton and Hendrick, 2009; Gau et al., 2011; Hartley et al., 2011; Higgins, Bailey and Pearce, 2005).

Therefore, the above depiction describes the complex impact of the diagnosis which ways of treatment that are still debatable (Karst and Van Hecke, 2012). Even if this complexity requires a complex psychological intervention, until recently all the focus was towards the therapy of the child (Karst and Van Hecke, 2012). Yet, the understanding of the impact changed the perspective to highlighting the importance of family and couple therapy for parents of children on the spectrum.

While facing the complex described impact it became clear that these cases do not only belong to the developmental disabilities community, but also to systemic therapists. It was just the beginning of admitting the importance of systemic therapy in such cases. Some of the recent directions of treatment involved for example structural family therapy, double ABCX model, solution-focused brief therapy in order to ease marital dissatisfaction and parental stress (Smock Jordan and Turns, 2016; Brockman et al.2016). Given the evidence and the importance of the marital relationship for the parental role, the need to better understand the types of interventions suitable to enhance the partner connection is clear. Furthermore, the current paper offers an up to date image of the strategies presented as useful in the therapy of such families and concludes upon the importance of knowing some directions of intervention.

Landmarks for marriage and family therapist in cases of families facing ASD

The first challenge such a family faces is the journey to diagnosis, which can be long and frustrating winding from pediatrician, psychologist, and neuropsychologist (Neely et al.,2012). Afterward follows the hit shock of the diagnosis, in other words, the beginning of the discussed impact. Creating a complex and multifaced treatment plan for parents of children with ASD is the next required step. Until the magnitude of the impact was fully understood the entire focus when it came to the treatment was towards the therapy of the child. Later on, a new approach proposed the three-legged stool metaphor to described the necessary treatment plan in such cases. The non-profit organization Talking About Curing Autism (TACA) proposed the metaphor which refers to the three main parts of the treatment plan. The first leg of the stool I represented by traditional therapies for autism like Applied Behavior Analysis (ABA) or The Developmental, Individual Difference, Relationship-Based Model (DIR/Floortime), speech therapy and occupational therapy. The second leg refers to the biomedical interventions required for the medical concerns underlying autism. The third leg refers to the necessary family support. According to the approach, without concert to one of the three legs, the system of the child remains out of balance. Unfortunately, there is a high risk of this to happen because the parents tend to focus on the child no matter the distress they

face. It remains the specialist duty to create a comprehensive and multidisciplinary treatment plan involving emotional support for the family. Family therapist as a specialist working with the family system are the most suitable to support the parents. For this to happen, it is essential the family understands the other two legs of the stool and to possess resources in order to offer the emotional support. Current literature attention has been given to the strategies that can be used in the therapy of the families of ASD children.

Solomon and Chung (2012) explored how family therapists can make use of an integrative approach with parents of ASD children. They present three main domains of use in therapy described as an action, meaning, and emotion. The first presented domain refers to helping parents find ways to do their daily activities as well as they can considering the situation. More precisely this refers to helping parents when they feel they did not do enough, helping them organize their lives, support them in making use of self-care activities and support them in talking about the diagnosis with the typically developed siblings. All of these are aimed to reduce stress and increase resilience. The following domain involves facing the "why" question that most frequently daunts parents of children on the spectrum. Most frequent parents believe the autism is the results of genes and curse the bad luck they had or may believe it was due to the decision they made about the child's vaccines. All these narratives include anger and fault. Creating a narrative refers to helping the parent co-construct a story about their child and who they are. The other domain presented by the author refers to working with emotions, with the battle between fighting and accepting the diagnosis. The diagnosis is most often perceived and lived as a loss by parents. This means complex and powerful emotions must be handled by the parents that most often end up constraining the connection between them. Also, parents most commonly experience isolation because of the unpredictable behavior of the child.

Neely and the collaborators (2012) also presented some key roles they consider essential to be completed by the systemic therapist for the family to face the challenge of the diagnosis throughout the life span. The first role is to facilitate the family grieving by firstly discovering how the family grieves. The therapist may help the family by explaining that everybody grieves differently and that the process is ongoing. Also, the therapist may help the family talk about their grief. Another aspect is that the therapist could explore the interventions that are available for the child as the family often face an abundance of confusing information. Considering the importance of opinions, emotions, and trust on an intervention towards the effectiveness of the intervention. Following, the therapist may serve as a mediator for the family helping them advocate for themselves in the interaction with different institutions. Besides, it is essential to explore the feelings, emotions and beliefs

of the family. Exploring the emotions serves to diminish the fact that family members feel isolated also one from another and may benefit from the therapist that may offer permission for the family to talk about what is happening in the family. Exploring the family beliefs refers to exploring the roles are delegated in the family and the meaning of the diagnosis for the family members. Also, the therapist may help the family reach their full potential by reinforcing the positive aspects from their lives and encourage them to explore resources that can improve their lives.

In their article, Ramisch (2012) talks about the ABCX model as a way of helping families of children on the spectrum. The therapeutic tool could be used with families in order to assess and intervene. It refers to A – to pile up stressors and demands by obtaining a correct diagnosis for the child, exploring difficulties and financial hardships. Also, it refers to helping the family access and benefit from their inner and external resources (B). Following, families should gain from building self-confidence and develop coping strategies (C). Finally, the therapist may help in the process of adaptation (X) which refers to all the effort made by the family. In other words, Ramisch (2012) simplifies the model by suggesting that the family therapist may: assess and develop a plan concerning family stressor; assess and develop a plan concerning resources and assess and develop a plan concerning coping strategy. This means that the therapist should know the stressors, the resources and the coping strategies of the family and develop a plan in order to improve and enhance them.

Conclusions

Families living with ASD face a wide variety of overwhelming challenges. In this context, the family therapist is a resource and can help the family face the stressor and enhance their resources. Thus, in order to obtain valid and robust results, studies should take into consideration to use a validated and culturally adapted instruments (Tudorel et al., 2018; Vintila et al., 2018). The family therapist should be one member of the therapeutic, educational and medical team (Gavrilă-Ardelean, 2008).

Parents of children with ASD are challenged by multiple emotions, beliefs, and hurdles and in order to better overcome and accept the reality by establishing. Establishing clear therapeutic objectives is therefore essential in the process. These could be referring to: *knowing the stressors of the family, exploring and enhancing resources and coping strategies, handle emotions, facilitating the grieving process, helping the family co-construct their story and identity and reinforce the positive aspects*. Hopefully, all of these will add to the experience of the therapist and will change the lives of many families.

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THE RELATIONSHIP BETWEEN VISUAL PERCEPTION AND MOTOR DEVELOPMENT IN SCHOOLCHILDREN WITH INTELLECTUAL DISABILITIES

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Abstract: The author makes a review of the psychological and cognitive development of the young schoolchildren, referring to the literature. There are mentioned the terms in the literature intended to denote intellectual disabilities and their meanings.

Research has started from the premise that there is a relationship between motor development and visual perception in children with intellectual disabilities who are integrated into mass school. A sample of 43 children with mild and moderate intellectual disabilities (Raven Color test) were studied for the perceptual level (the Bender-Santucci test) and the level of motor development (Ozeretzki scale).

The processing of the obtained results reveals that: there are significant differences between schoolchildren from the point of view of the visual-spatial perception; there were significant differences in motor development among schoolchildren; there is a positive correlation of intelligence with visual-space perception, so that a high level of intelligence is associated with a high level of visual-spatial perception.

Key words: visual perception, motor development, intelligence, children with intellectual disabilities

Theoretical frame

The whole psychic development concerns the issue of adaptation that is achieved by adopting new forms of balance. When the teacher insists exaggeratedly on discipline, the child presents a difficult adaptation that is manifested by increased nervousness and fatigue. At age 7, there has already been a relative psychological detachment, an increase in expansion, greater

extraversion and euphoric experiences, which means that school adaptation has exceeded the first tense phase. This is also evident in the child's speech, by the frequent use of the superlative in the description of situations and events, as well as by the manifestation of the curiosity towards the extracurricular and street environment (Tinica, 2004).

After eight years, the child is more sensitive to social education, which means that the adaptation has gone beyond another tense stage, reaching a phase in which balance and a more prominent self-control dominate. He becomes more reflective and concerned about issues such as the children's origin, social affiliation, self-identity. And belonging to class and school is a pride (Picker, Walsh, 2013).

Towards the end of the early school year, intellectual development is evident and the self-evaluation of its capacities is more realistic, as the critical spirit is making continuous progress. Under the influence of the school, perceptive sensory capacities are trained and exercised as tools of cognition. The visual and auditory acuity reaches 9-10 years. All forms of learning contribute to their development, especially those related to writing, drawing, composing that require fine perception and rapid interpretation. Perceptual discriminative sensitivity is also stimulated by identifying the phonemes that make up the words and converting them into graphs (Atkinson, 2002).

Compared to other periods, in small school, mental transformations are slow and non-spectacular, but they are still fundamental to the child's further development. Interesting is the side of the general orientation materialized by the abandonment of some prominent pre-school interests such as drawing and modeling. The little school gives the impression that it is less spontaneous in making its products. Appear preferences for biographies, legends, as well as for arithmetic and reading lessons, film, television. They are, for the beginning, collected from everything: from pictures, stamps, nails, buttons, to rabbits, insects (Vernon, 2006).

Children go through a phase of excessive sensitivity to new rules. Many times, they do not tolerate breaking rules and adopt attitudes towards colleagues who "forget their notebook at home," or those who "do not sit behind their backs" (Bonchis, 2002).

The discriminative aspects that develop in children on the perception of small space are also important. The spatial orientation on the paper, the decoding by differentiation of the graphs, the writing, support a complex intellectual activity. In the same context, memory, intelligence, attention, representation (Landsberg, 2005) takes place.

In the process of learning, the child frequently operates with schemes and images that facilitate the manipulation of information, and in which an important role is played by the representations. Based on these, symbols and

concepts develop. The child assimilates a series of symbols in the game, then realizes that letters, words, numbers, and different signs conserve significant amounts and relationships. The discovery of causality and defining attributes enriches the knowledge of the child, which enables it to carry out grouping operations using the concepts from which the correlation between the real, possible and impossible, transpires. This is achieved by both direct, conscious knowledge and indirect learning, deduced. As a result of this correlation, the child acquires the ability to distinguish between the fictional and the real world, determining degrees of acceptance of the phenomena he comes into contact with. Under these circumstances, the formation of the realistic-naturalistic concept becomes more and more evident.

In thinking, the logical critical spirit and the operation of sets of rules as assertions about concepts intervene more and more. Positive thinking creates positive feelings and leads to an active and comfortable adaptation to reality (Roman, 2018). The basics of the rules are operations, and they relate to thinking and intelligence relationships using concepts or information. The progress made in using the rules correlates with the development of general intelligence. Piaget (2005) considered that the whole mental development tends to formal logical thinking.

Language is one of the most significant phenomena that differentiates children from entering school. In writing, there are omissions of graphs, replacements, grammatical disagreements, punctuation, incomplete expressions. Generally, linguistic competence is more developed than performance. Developing language skills is achieved by expanding knowledge about the roots of words, prefixes, suffixes and the application of grammatical rules and the use of abstract language, independent of context. Words and grammars become a communication tool that facilitates the child's adaptation to various situations (Dughi, Ropota, 2018).

There are three stages in the writing-reading evolution. A first step is to identify the sounds (letters) as elements of the words. This process is accomplished by the action of separating words in syllables. Syllables are units of pronunciation extracted from the flow of speech and words, resemble - more or less among themselves, allowing the auditory field of their analysis to be better distinguished by their sound components. This phase, called pre-sessions, creates a new optic to the spoken language and a new possibility of approaching it. Syllabus separation is exerted until it becomes a current, intensely proven capacity. At the same time, writing skills are prepared. The activities for this purpose create a great flexibility and precision of the pen movements on the spaces bounded by the helpline of the notebooks. It is believed that perceptual learning mechanisms are achieved by looking for clues that are retained, not

because of trial and error, or due to reward and punishment, but to the complex adaptive requirement to reduce uncertainty (Bertelli et al., 2016).

The second stage begins to differentiate the sounds and their graphic correspondences and to be mentally associated. This is where active literacy begins. The graphical identification of sounds and their writing creates a condition for the child to distinguish large print and hand from small ones, a relatively difficult process in which reading his own writings is more slowly perfectable than that of printed texts. Children, however, go through the first part of the alphabet in a few months, with the gradual learning of letters to the proper sounds and their writing. During this period, the auditory expectation is a critical one, a phenomenon that can be noticed by completing, replacing, reading mistakes, by supporting the context of these phenomena (Cederborg, La Rooy Lamb, 2008).

In the second part of the first school year, the child reinforces the abilities to assimilate the symbolism involved in the alphabet and to write and read the figures. With this, in fact, the third stage of literacy begins, in fact the longest. It is the stage in which writing-reading consolidation takes place. This stage is extended in the second and third year of the school. Characteristic is the increase in the expectation of reading, which gradually becomes fluent and expressive (Handley, Southwell, Steel, 2012).

Intellectual disability, one of the major psychiatric dysfunctions, is a concept that is still undefined with precision, involving many aspects of a medical, psychological, pedagogical, sociological and even legal nature. In general, intellectual disability (synonymous with mental deficiency) means a significant reduction in mental capacities that causes a series of disorders of the individual's responses and mechanisms of adaptation to the changing circumstances of the environment and the standards of social cohabitation in which places the individual in a state of incapacity and inferiority, expressed through a state of disability in relation to the other members of the community to which he belongs (Horner et al, 2005).

Intellectual disability is understood as a global deficiency that significantly influences socio-professional adaptation, personal and social competence and autonomy, affecting the whole personality: structure, organization, intellectual development, affective, psychomotor, adaptive-behavioral.

In the United States, the American Association for Intellectual Disability considers that this deficiency exists whenever there is a significantly lower than average intellectual activity associated with adaptive limitations in two or more areas: communication, self-care, social networking, community services, situational orientation, health and personal security, knowledge applicable in everyday life (Osiceanu, Zaharescu, 2017).

In our country, the first rigorous definition of mental deficiency belongs to Alexandru Roșca (apud Buică, 2004), for whom this abnormality represents a state of restricted potency or a stop in the cerebral development, as a result of which the person reached is unable to mature adapt to its environment, to the requirements of the community, so that it can maintain its existence, without oversight and external support.

Ionescu and Radu (apud Bonchiș, 2000) understand by mental deficiency the type of deficiency determined by a complex of etiological factors with unfavorable action on the brain during its maturation, having two main consequences: to stop or slow the pace of evolution, especially of the functions cognitive and diminishing social competence.

Gavrila-Ardelean M. and Gavrila-Ardelean L. (2010) state that mental deficiency refers to the phenomenon of organic damage and / or functional impairment of the central nervous system, with negative consequences on the process of mental maturation, development in different aspects to the individual concerned. Mental Disability is the disadvantage that mental deficiency creates in the context of the individual's adaptation and integration relationships in the social environment to which he or she belongs.

In some specialty circles, a distinction is made between the mental deficiency, which indicates an abnormal level of organization and mental functioning, with direct implications on the organization and structuring of the individual and the deficiency of intellect, a term that denotes the inability of the individual to deal with tasks included in the act of learning, as a consequence of the inadequacy of these tasks, often overworked in school, to the specific and actual potential of the child. In other words, mental deficiency - which is an impairment of evolution and development due to the pathology of organizing and functioning of psychic structures, differs from the deficiency in the intellect where, even under the conditions of a normal mental organization, the individual can not exceed certain limits adaptation and learning (Bonchiș, 2004).

Specialist literature uses a number of synonymous terms to designate mental deficiency, the most common of which are: mental retardation, mental retardation, oligofrequency, mental retardation, mental impairment, mental retardation, mental retardation, mental disability, mental debility, behavioral alteration adaptive, altered skills / maturity of learning and socializing, etc. (Cantone et al, 2018). Due to the fact that these terms, with the exception of the last two, have a blatantly pejorative nature, the specialists have decided in recent years to use the term intellectual disability.

Most of these terms are mainly used in the psychiatric field. In recent years, medical terms specific to psychiatric, classical and modern nosology have been used less in the field of special psychopedagogy, with strong

recommendations from practitioners in this field to abandon medical terminology because of the effects induced by the nosological label on the psychological plane and negative public perceptions / representations about this category of people (Gherguț, 2005).

This attitude is of great importance, especially from the point of view of the socio-professional integration of individuals and the removal of the mentalities and prejudices that constitute real barriers to the understanding, acceptance and valorisation of those persons.

Objectives and Hypothesis

The research started from the following assumptions:

H1 - *there are significant differences in school children in terms of visual-spatial perception based on the level of intelligence*

H2 - *there are significant differences in terms of motor development in school children based on the level of intelligence*

H3 - *there is an association between the level of intelligence, the visual-space perception and the motor development*

From the aforementioned assumptions, the following objectives are achieved:

- identifying the level of visual and spatial perception in children with intellectual disabilities;
- identifying the level of motor development of children;
- identifying an association between the level of intelligence, the visual-space perception and the motor development;

Methodology

Sample taken into study

The sample taken into study was made up of two groups of children with intellectual disabilities:

- group 1 - 22 scholars with mild intellectual disabilities (QI ranging from 60 to 69)
- group 2 - 21 scholars with moderate intellectual disabilities (QI ranging from 50 to 59).

The level of disability was appreciated by the psychological test of nonverbal, global intelligence testing: Raven color

The samples were made up of children with intellectual disabilities from different schools in Arad, which were included in mass education. Table 1 shows the mean age values for both samples.

Table 1

Values of central trend indicators for the studied group

Group	Characteristics	Age average	Std. Dev.	Total subjects
1	schoolchildren with mild intellectual disability	7,22	0,42	22
2	Schoolchildren with moderate intellectual disabilities	7,23	0,43	21

Methods

The Raven colour test

It is a test destined to show the global nonverbal intelligence coefficient.

The Bender-SantucciTest

One of the factors influencing the child's school performance is the perceptual-motor function, ie the student's ability to accurately perceive spatial configurations, compare them to each other, so to see space and form, to remind the form that can serve as the content of various mental operations. One of the tests by which we can diagnose this function is the one known as the Bender-Santucci sample, a proof sample of geometric figures. The Bender-Santucci sample consists of 5 patterns made on a 10/15 cm cardboard.

The Bender-Santucci test, being a genetic test, highlights the evolution of the reproduction of fundamental geometric figures from one age to the next. In normal children due to harmonious and logical development, it is easier to establish rules characteristic of a chronological age than to children with intellectual disabilities. Heterocronia, which is specific to mental insufficiency, makes it impossible to identify mental deficiency in terms of mental development and compliance with the norm of the same chronological age or even the same mental state

An indication of the heterocrony of mental deficiencies is the high frequency of "unclassified" responses that occurred in different samples. Santucci's rating system designed to evaluate reproductions of subjects with normal intellect, does not allow penalizing those performances of mental debilitations that are far inferior to normal. To highlight quotas of "unmerited", in addition to the original rating system, some penalties were imposed. Thus,

the following issues will be given the minimum rate (zero): scratch that does not allow identification or evaluation of the component elements of the model; rotating drawings close to or over 180 degrees; replacing a pattern during reproduction with another previously perceived pattern; the gross non-observance of the number of elements of the different models; the impossibility of reproduction of simple geometric figures, normally dominated by small ages (circle, square).

The prognostic value of the test is evidenced by its strong correlations at the $p = .01$ threshold with the copy sample ($r = .76$), the dictation ($r = .67$) and the reading ($r = .84$).

Ozeretzki Scale for motor development evaluation

The Ozeretzki scale (for the 4 to 13-14 year age) determines the degree of normal development of motor movements. It operates with the concept of motor age or age of motricity and carries out a gradual assessment of normality of motor development from 4 to 14 years. It includes six samples each year, differentiated for boys and girls. The movements are performed at the verbal command of the evaluator, and the evaluation is done in the classical Binet-Simon tests, that is, calculating the delay or the advance of the driving age related to the chronological age. In some situations, the scale can highlight motor skills specific to sporting activities.

The significance of the results is as follows:

- slight motor delays: when we have a delay of 1-1.5 years;
- motor deficiency: 1,5 to 3 years delay;
- severe motor deficiency: 3 to 5 years delay;
- deep motor deficiency: delay of over 5 years.

Procedure

The research took place in mass schools, where children with intellectual disabilities were included in the integration program were in the first class. The tests were applied for a period of two months; the parents were informed in advance and gave their written consent for testing.

The sample surveyed comprised 43 children with intellectual disabilities divided into two groups according to the severity of the disability. The tests were applied both individually and collectively.

Results and discussions

Following descriptive processing, histograms show a symmetric distribution of data, which allows us to use parametric statistical methods. We used the t test for independent samples to identify the differences between the groups studied and the statistical significance of these differences.

H1: - *there are significant differences in school children in terms of visual-spatial perception based on the level of intelligence*

Tabel 2

**Values of central trend indicators in the perception test
visual-space in school children**

Visual-spatial perception	Average	Std. Dev.	N
Group 1	52,27	2,14	22
Group 2	28,80	2,18	21

where: group 1 = children with mild intellectual disability
group 2 = children with moderate disabilities

As can be seen from Table 2 there are significant differences between pupils from the point of view of the spatio-spatial perception, since the value of the test $t = 35,57$ is statistically significant for a significance threshold $p = 0,974$.

Table 3 shows the significance of differences in visually-spatial perceptions in small schools.

Table 3

**The significance of differences in perception
visual-space at small schools**

Visual-spatial perception	df	t	Sig
Intergroup	1	2,14	0,974
Intragroup	41		

Visual-spatial perception is much better for children with intellectual disabilities compared to those with moderate intellectual disabilities. This confirms the hypothesis we initially formulated that the visual-space perception is influenced by the intelligence coefficient. The H1 hypothesis was confirmed by our results.

H2: *there are significant differences in terms of motor development in school children based on the level of intelligence*

Table 4 shows the values of central trend indicators at the level of motivation in school children.

Table 4
Values of central trend indicators at level motricity in school children

Erors	Average	Std.dev	N
Group 1	8,34	0,29	22
Group 2	5,23	1,82	21

where: group 1 = children with mild intellectual disability

group 2 = children with moderate disabilities

Table 5 refers to the statistical significance of motor-grade differences in school children.

Table 5
Meaning of differences in level motricity in small schools

Motricity	df	t	Sig
Intergroup	1	17,215	0,00
Intragroup	41		

The hypothesis H2 was confirmed by our results.

H3 -*there is an association between the level of intelligence, the visual-space perception and the motor development*

As can be seen from Table 6, there is a positive association of intelligence with visual-space perception, a high level of intelligence is associated with a high level of visual-spatial perception, at a correlation coefficient $r = 0.961$, significant for a significance threshold $p = 0.01$.

Table 6
Relationship of intelligence with visual-space perception

	Intelligence	Visual-spatial perception
Intelligence	1	0,961 **
Visual-spatial perception	0,961**	1

The correlation is significant at a significance threshold of $p = 0.01$. The hypothesis H3 was confirmed by our results.

Conclusions

The research was conducted in normal schools where children with intellectual disabilities were included in the first grade within the integrated education program. Samples were applied for a period of two months, parents being informed in advance when they were asked for written consent to the test.

The sample surveyed consisted of 43 children with intellectual disabilities divided into two groups: children with mild intellectual disabilities (QI between 60 and 69) and children with moderate mental disabilities (QI between 50 and 59). Samples were applied both individually and collectively.

After the statistical processing of the obtained data, the following aspects were highlighted:

There are significant differences between pupils from the point of view of the visual-spatial perception, results obtained by processing the data with the t test for independent samples, which is significant, so hypothesis no. 1 confirmed.

Hypothesis no. 2 was also confirmed by the results obtained by processing them with the significance test t for independent samples, showing significant differences in the motor development in school children.

Verification of hypothesis no. 3 shows the existence of a positive correlation of intelligence with visual-space perception, so that a high level of intelligence is associated with a high level of visual-space perception.

We consider it necessary to implement programs of intervention that improve the motor development of children with intellectual disabilities and, of course, spatial perception.

Acknowledgement: We hereby state that the subjects involved in our research were informed about the voluntary character of participation in this research, about the understanding of information and of that fact that withdrawal from research is possible at any time without negative consequences upon the participant. The research complied with all ethical research standards, the research participants/participants` guardians giving their consent to participate in the research.

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ETHNICAL IDENTITY AND THE [RESERVATION OF VALUES IN MULTIETHNIC COMMUNITIES (CASE STUDY: DUDESTII VECHI, TIMIS COUNTY)

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Abstract: This article is based on the data provided by an actual research carried out in 2013-2014 in a multiethnic community in the Banat area, Timis County, namely in the village of Dudestii-Vechi (Old Dudesti). In this study, I have tried to find out from the inhabitants of the studied community what their perception of their own person is, but also of those who live with them. In this respect, I have developed and applied a psycho-sociological questionnaire, highlighting these aspects. Thus, in Dudeștii Vechi, the number of questionnaires applied was 590, and they were applied to the following groups of people.

Keywords: concept of community; concept of interculturality; ethnic minority; national minority

Introduction

In the first writings and studies that sociologists have penned about the community, it is being described as "the living together of a group in a given, common space" (A.E. Popa, 2010, p. 18).

The concept of "community" has its origins in German Romanticism and it refers to a "global social entity in which the ties between its members are very strong, a supra-individual entity that prevails over singular beings. " (B. Zani, A. Palmonari, 2003, p. 37)

The community, initially considered a totality, a substantial entity by F. Tonnies, who also resembled it to society, is nowadays represented as a whole, composed of complex social relationships whose nature and orientations are analyzed in specific contexts.

The concept of interculturality suggests to cultural anthropology the need to carry out some ideological detached analyses and interpretations,

showing political neutrality and emotionless affection, of coexisting cultures" (A. Mișu, 2002, p. 123).

The concept of national minority designates (J. Droz, 1960, p. 15) a certain part of a nation that lives within the borders of another national state, having the conscience of national identity and its own way of financing itself.

An ethnic minority is a part of an ethnic, peaceful, stateless nation which is recognized by other states, living in the borders of one or more national states (J. Droz, 1960, p.60).

Methodology

This article is based on the data provided by an actual research carried out in 2013-2014 in a multiethnic community in the Banat area, Timis County, namely in the village of Dudeștii-Vechi (Old Dudești). This community is the largest community in Timis County which has a majority of ethnic Bulgarians. Besides these, ethnic Hungarians and Romanians live peacefully together (Gavrilă-Ardelean, 2014).

The study started from the following objectives:

- the description of the ethnically specific peculiarities and the cultural differences between the ethnic groups in terms of the cultural model (traditional vs. allogenic);
- identifying a set of values on which the social life of rural communities is based upon, and attitudes towards these values in the villages of Banat (multi-ethnic communities in Timis County);
- identifying the forms of cultural and inter-ethnic relations between the Romanian population and the various ethnic groups in Banat (Timis County)

In this study, I have tried to find out from the inhabitants of the studied community what their perception of their own person is, but also of those who live with them (Gavrilă-Ardelean, Gavrilă-Ardelean, 2014). In this respect, I have developed and applied a psycho-sociological questionnaire, highlighting these aspects. Thus, in Dudeștii Vechi, the number of questionnaires applied was 590, and they were applied to the following groups of people, and namely: 330 questionnaires were applied to the Bulgarian ethnic group, 85 questionnaires were applied to the Hungarian ethnic group and 175 questionnaires were applied to the Romanian population.

The psychosociological questionnaire "Who am I" comprises 18 items, being structured on several aspects, namely: personal identity / national identity, interethnic relations, values and attitudes, factual data, being based on M. Kuhn's 20 questions test "Who am I?".

Personal identity / national identity includes the items by which both Romanians and other ethnic groups (Bulgarians and Hungarians) must self-

characterize and characterize the locals belonging to other ethnic groups, as well as the characterization of the other ethnic groups at national level.

Ethnic relationships include the items through which the questioned subjects have choose, from a set of values, the values that define their life expectations (terminal values) and from a personal perspective (instrumental values), as well as the importance classification of the main social factors.

Results

When we have to say who we are, we become restrained. We are not at all sure of the qualities and defects we have, and we often tend to place in the negative category certain attributes of quality, from the desire to show that society has become degraded and moral valuea are just obstacles in today's society. In the following, we will see how the locals surveyed in DudeștiiVechi, Timiș County, characterize themselves.

In DudeștiiVechi, most Romanian males are characterized by the following attributes: good householders (90 persons), proud (83 persons), generous (82 persons), hardworking (81 persons) and few men characterize themselves as mean (15 persons), ill-wishers (10 persons), selfish (12 persons), indifferent (9 persons).

The women of DudestiiVechi considered themselves as proud (75 people), good-looking (65 people), good householders (72 people), benevolent (70 people), but also hardworking, honest, generous, and good-hearted. There are also Romanian women from DudeștiiVechi who admit that they are indifferent (12), stingy (10), selfish (7), hostile (5).

The Bulgarian men in DudeștiiVechi characterize themselves as honest (181), hospitable (175), hardworking (160), good-natured (137), proud (115), but also avaricious (25), hostile (41), selfish (41) and indifferent (13), and these last four attributes are aknowledged by very few respondents.

If we refer to Bulgarian women in DudeștiiVechi, the highest number of answers cited these attributes: good householders (112), honest (112), good-hearted (107), generous (103), proud (100) , and the lowest number of responses backed these attributes: hostile (31), selfish (17), avaricious (15), indifferent (10).

More than 30 responses have the following attributes that characterize the Hungarian men of DudeștiiVechi: proud (40), hardworking (39), cocky (33), goof householders (32), good-hearted (31) and less than 8 answers had the attributes: avaricious (7), hostile (5), selfish (2), indifferent (4).

Unlike Hungarian males, the Hungarian women from DudestiiVechi who answered the questions in the questionnaire were fewer and, according to their answers, most of them perceived themselves as hard-working (33), good-natured (26), generous (25), good-hearted (27), and proud (25).

Analyzing all of the above, we find that all persons questioned avoid describing themselves as avaricious, hostile, selfish or indifferent, perhaps being ashamed to do so. It is important that they realize that each person has both defects and qualities and they should assume not only their qualities but also the defects that they can turn into constructive aspects.

The second question in the questionnaire – “Who are?” (Romanians, Serbs, Germans, Hungarians, or other ethnic groups) - regarding the community of the respondent - is a strategic question, the answers help us to see whether or not there is any negative attitude among the different ethnic groups. In analyzing and interpreting the answers to question number 2, we start from the assertion that ethnic minorities in a community are often viewed with skepticism. There are few Romanians in Dudeștii Vechi who consider the Bulgarians in the community where they live as restrained, cold, unfriendly or hostile people. Most of them define these by attributes (words, expressions, sentences) such as: friendly (80 Romanian men and 57 Romanian women), down-to-earth (79 Romanian men, and 67 Romanian women), good neighbours (78 Romanian men, and 68 Romanian women). If men put values as friendship first, women see hospitality as the main virtue.

Nor do Bulgarians have a negative opinion about Romanians in Dudeștii Vechi, except for a few people who consider Romanians as cold, reticent, unfriendly or hostile (9 answers with negative characteristics).

The problems of Romanians with the Hungarians are not insignificant at national level, but at the community level, the Romanians in the Dudeștii Vechi perceive them as being especially hospitable people, good neighbors, sensible, family-loving, polite, good-hearted and friendly. 27 Romanians consider them to be cold people, 4 Romanian women see them as unfriendly, 3 see them as introverted / closed, and one Romanian considers them hostile.

The Hungarians in Dudeștii Vechi do not consider the Romanians as their enemies but, on the contrary, they regard them as good householders (41), good neighbors (40), good-hearted (42), friendly (39), kind (38), good-natured (37), hospitable (35) and even generous (38).

At the level of the analyzed community, Dudeștii Vechi, there are no ethnic conflicts or, at least, so seems to be the results of the applied questionnaires. This is a good thing, in this community we predominantly see peace, common sense, communication, harmony, friendship, helpfulness.

Thus, the assertion that ethnic minorities in a community are often regarded with skepticism does not fit the studied community, and this can only be seen with confidence and conviction that people are beginning to understand the meaning of the expression peer-equality or ethnic tolerance.

Question 3 is the same as question 2, but this time it is about the perception of other ethnicities not in the local community, but throughout the

country. We will see to what extent the answers to this question differ from those offered about the ethnicities in the community.

Romanians from Dudeștii Vechi have, for the most part, words of praise for Bulgarians who, according to the collected answers, are honest (70), good (67), hardworking (71), friendly (69), open (67), good-natured (77), sincere (68) and generous (87).

Asked to offer 5 words, sentences, expressions to express their opinion about Romanians in the country, Bulgarians have used positive attributes. Bulgarian women do not consider Romanian men as very hard-working, but rather see them as good, open, honest and generous people.

Despite the many national differences, Romanians from Dudeștii Vechi look at Hungarians with an open heart, attributing them qualities such as: honor, friendship, generosity, diligence, kindness, sincerity, openness and empathy.

The Hungarians from Dudeștii Vechi do not have an ostentatious attitude towards Romanians either, considering that the main characteristics of Romanians are: generosity, diligence and sincerity, this latter characteristic being predominant in the responses of Hungarian women.

We find that, from the point of view of the country's population, there are not many negative opinions about the different ethnic groups. This may be a consequence of the fact that the inhabitants of this community from Timiș County provided answers according to their relations with the other ethnic groups within the community, and that they cannot be influenced by the disparities existing at national level between different ethnical groups.

Marriage between subjects belonging to different ethnicities may be a real problem for the family of the two people who decide to take this step. Tradition could be one of the reasons for the dispute. 112 people agree with marriage between Romanians and Hungarians, 31 with that between Hungarians and Romanians and 103 with marriage between Bulgarians and Romanians.

From the answers of the inhabitants of the three villages of Timiș County, pertaining to the commune of Dudeștii Vechi, we find that there are no real problems regarding the ethnicity of the young people who want to get married, which is as normal as possible in a society in which common values are promoted and not the differences or inequalities of gender, race, ethnicity, religion, education, etc. The same can be said about ethnic friendship, there being no disagreements between certain friendships.

From the category of terminal values we could mention: a comfortable life, an active life, the feeling of fulfillment, world peace, a beautiful world, equality, family safety, happiness, inner harmony, pleasure, salvation, self-esteem, friendship and wisdom.

These values reflect a person's preferences for what he wants to achieve in life, the goals he pursues throughout his life. For Romanians, the three most important terminal values are: self-respect (302 answers), family safety (275 answers) and comfortable life (251 responses). For Hungarians, the most important terminal values are: family safety (81 responses), pleasure (80 replies) and friendship (75 replies). For Bulgarians, their goals in life are: feeling of fulfillment (275 answers), self-respect (263 answers) and a beautiful world (259 answers).

Of all these answers, we conclude that self-respect and family safety are the most important terminal values for the people in Dudestii Vechi. But people need to be encouraged to be wiser, in order to make the right choices, and to be friendlier, in order to be happy and to feel fulfilled.

The instrumental values reflect the means by which these objectives will be achieved, namely, how exactly we are going to reach what we want. To do this, a person needs to be: ambitious, open, capable, cheerful, clean, courageous, forgiving, honest, creative, independent, loving, responsible, friendly and logical. From a personal perspective, the three most important attributes for each of the ethnicities concerned are:

- for Romanians: ambition (390), logic (375), responsibility (370);
- for Hungarians: honesty (73), capability (71), responsibility (70);
- for Bulgarians: ambition (295), independence (293), responsibility (285);

Responsibility is a common value for these ethnicities. However, achieving these goals requires the knowledge of all these values and the implementation of plans based on them, also taking into consideration the habits and traditions of each community / ethnicity.

Conclusions

This study concluded that there is no Romanian ethnocentrism, but civic acts exercised in a pluralistic social space in which there were no significant asymmetries in the horizons of expectations of the different ethnic, religious and linguistic communities in the research area. Every fact of popular culture that we consider to belong to the region of Banat involves the decoding of some bi-unequivocal relations between Romanians, the so-called "Banateni", on the one hand, and the different populations established here: Bulgarians, Slovaks, Serbs, Hungarians, Germans and others, on the other hand. Each of these populations has been both the emitters and the recipients of a message made up of the culture of the native places and the place where they either stayed for a while or even settled. It is within these coordinates that a traditional folk culture has developed, one whose formula is deciphering the process of acculturation, but also the process of internal growth, in which, as a matter of fact, each

population has manifested its specific originality. Over time, a unique civilization has emerged in the Banat area, a civilization that is characterized by elements common to all ethnicities, as well as by individual features of each ethnic group.

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ATTITUDES ON TATTOOS AND TATTOOED INDIVIDUALS

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Abstract: Tattoos are increasingly common around us. Young and adult wear tattoos in sight and people around me don't turn their heads after tattooed people. The present study is an exploratory attempt to identify the attitude of young people about people with tattoos. With the help of a quantitative methodology and a scale of attitudes we interviewed 113 respondents about different aspects regarding tattoos.

One of the most interesting finding was that less than half of the people who answered the questionnaire do not think that an individual is more attractive if they are tattooed, which means that tattoos are not a way to improve the image or attractiveness of someone.

Key words: tattoos, attitudes toward tattoos, young.

Introduction

People who put on different "additions" (tattoos and piercings) are a minority that is judged more by its physical appearance than by its intellectual, emotional or moral attributes. People in these minority groups are almost automatically treated with prejudice and are framed according to certain expectations. Erving Goffman (1963) refers to the Greek word *stigma* as *signs on the body designed to expose something out of the ordinary and bad about the moral status of its bearer*. They had the role of warning other people against the presence of the stigmatized ones with the sole role of being able to avoid them. Tattoos and piercings, as bodily modifications, are perceived as signs that have led to the formation of negative stereotypes and thus their bearers have been considered deviant. Goffman (1963) defines the deviant as an individual who does not obey the norms of society. Hence, a person who chooses to be tattooed is exiting the patterns and norms imposed by society.

The number of tattooed people is increasing steadily, thing which can be easily noticed, but that does not mean that the level of stereotyping or stigmatization will be diminishing any time soon. Individuals who negatively stereotype someone based on their appearance are not aware of the negative

emotional effects that could occur, and which could significantly affect that person (Gavrila-Ardelean, 2014).

Researchers who have studied the way people mark their body have found that by displaying it, they create, communicate and maintain their status and identity, not only in traditional societies but also in modern ones. In short, body modification is the easiest way for people to become a social being through the transition from the *naked body* to the *marked body* (DeMello, 2007).

Tattoos and piercings are two examples of body changing practices that are increasingly common in contemporary society, this fact resulting in many scientific studies.

Researches have been conducted in the medical field (Long & Rickman, 1994; Chowfin, Potti, Paul, & Carson, 1999; McGovern, 2005; Tuffs, 2007; Vanston & Scott, 2016). The authors listed possible risks, but also real medical complications related to the process, but especially the hygiene of tattooing. Another association exploited in specific literature was that of tattoos and religion (Firmin, Luke, Foster, & Angelini, 2008; Rivardo & Keelan, 2010). Increased interest has also been manifested in the field of social sciences. Sociology has conceptualized tattoos and piercings and has often associated them with the search for adrenaline rush (Nathanson, Paulhus, & Williams, 2006; Roberti, Storch, & Bravata, 2004; Wohlrab, Stahl, Rammsayer, & Kappeler, 2007) or psycho-social disorders (Roberti & Storch, 2005).

Being for long associated with the exotic, with the passage of time, tattoos have begun to be adopted by all kinds of subcultures: from motorcyclists, hippies to punks, as a form of protest against mass society. Thus, tattooing is seen as a form of physical and visual protest against the virtual and conservative world (DeMello, 1995; Bell, 1999).

It is interesting that while the popularity and visibility of tattooing is increasing, stereotypes about personal life and the features of tattooed people persist (Howard & Jacobi, 2014; Swami, & Furnham, 2007, Durkin & Houghton 2000).

Today, tattoos are also common among career women, students, athletes, actors (Drews, Allison, & Probst, 2000), practically crossing the boundaries of class, genre, and culture.

Skin is a visible way of defining the identity and cultural differences of an individual or group (Schildkrout, 2004). Tattooed skin marks the relationship between the individual, society, and social groups.

Seiter & Hatch (2005) examined the effects of tattoos on the perception of the credibility and attractiveness of an individual, whether male or female. Analyses have shown that the level of attractiveness has not been influenced in any way by displaying a tattoo, but the affected one was the credibility of the

individual. In another study, the subjects were shown images of tattooed and un-tattooed individuals. They were asked to evaluate aggressiveness, attractiveness, dominance, health, masculinity and perceived femininity (Wohlrab, et al., 2009). It was discovered that tattooed men were perceived to be more dominant, and tattooed women were considered unhealthier than the untattooed ones.

Swami and colleagues have shown that people with piercings have been rated less physically attractive and intelligent than those without piercings. In addition, pierced men were evaluated in a more negative way than women with piercings (in most cultures women have the "normative" earrings in their ear lobes, and men do not fit these rules). The tattooed individuals were identified as less conscious, more extrovert, and more often involved in casual sexual relations in the absence of a long-term relationship (Swami et al., 2012).

We live in a culture where body changes have become a rule rather than an exception. Tattooing as a practice of defining eyebrows or lips is no longer considered as something out of the ordinary. However, "body drawing" has not yet become a normative practice. Whether individuals use the tattoo to express rebellion, social protest or compliance, the practice of tattooing has been preserved in the peripheral cultural area, forming rather a subculture than a generalized practice (Atkinson, 2003).

Methodology

Through this study, we investigated young people's attitudes towards tattoos and tattooed people. Answers to a set of 15 statements were digitally recorded. Respondents completed the survey in about 5 minutes. The used tool and the way the data was collected ensured the anonymity of the participants. The above mentioned were also asked to provide general information on their age, gender, occupation and level of education.

To capture the participants' attitudes as nuanced as possible, we used a five-point Likert scale between total disagreement and total agreement. The study was carried out with the help of 113 individuals aged between 18 to 35 years old.

Most studies, in other countries, that have dealt with tattoo issues and body art in general, have shown that they are still viewed with some skepticism by the unknowing or those who do not have a passion for these practices. Thus, we have started with the same presumption that there is also the same problem in Romania: tattooed individuals receive negative feedback from others.

The 15 items in the questionnaire indicated the dependent variables representing the attitudes and perceptions of tattoos and tattooed individuals. The statements were as follows: tattoos are an art form; people who get tattoos should not be taken seriously; tattooed people are more attractive / interesting;

people with tattoos are mentally ill; tattooed individuals are former inmates / offenders. Using the Likert scale, these assertions were evaluated in the following response categories: 1 = total disagreement, 2 = disagreement, 3 = no agreement, no disagreement, 4 = agreement, 5 = total agreement.

Results

More than a quarter of respondents (35.4%) reported one or more tattoos, of which 62.5% were women and 37.5% were men. Thus, we can say that tattoos have gone beyond the boundaries of gender, so they have ceased to be a mark of masculinity.

Most tattooed respondents made their first tattoo at the age of 22 (20%). At the age of 18, when one can tattoo with the consent of the parents, only 5% reported getting the first body art. 85.8% of respondents believe that tattoos are a form of art, with 68.1% choosing "totally agree" and 17.7% "agree". But 2.7% do not include tattoos and art in the same category. Also, a percentage of 11.5% remains neutral to the statement "Tattoos are a form of art." This data may signify that the practice of tattoos is regarded as a form of art.

Tattoos are considered a means of expressing uniqueness by 69% of respondents, 10.7% disagree, and 20.4% adopt a neutral position against this statement.

The highest degree of agreement on tattoo identification with uniqueness was expressed by the tattooed category: 85%, compared to 57% non-tattooed respondents.

The statistical differences between the two groups are confirmed by the t test on independent samples. Among the respondents with tattoos ($M = 4.55$, $SD = 0.749$) and those without tattoos ($M = 3.67$, $SD = 1.131$) statistical differences were identified; $t(111) = 4.40$, $p < 0.001$. This data suggests that the individual perceives tattooing differently as a means of expressing uniqueness, depending on the presence of the tattoo or not.

Of all respondents, 57.6% disagree with the statement "Tattoos are just a fashion," 23.9% are indifferent, and 18.5% agree with it. Those in the tattooed category who think that tattoos are not just a fashion are 77.5% compared to 46.5% from the non-tattooed category. However, there are also tattooed respondents who agree that tattoos are a fashion (7.5%), but a smaller number than the others that account for 24.6% of respondents without tattoos. The choice of "not agree nor disagree" was also made by 15% of the people possessing a tattoo, but a smaller number than those without a tattoo (28.8%).

From the analysis of the t test it is confirmed that there are statistical differences between tattooed individuals ($M = 1.90$, $SD = 1.00$) and those without tattoos ($M = 2.56$, $SD = 1.20$) with $t(111) = 2.95$ and $p = 0.004$. This means that the presence of a tattoo influences the bearer's attitude to the claim

that tattoos are just a fashion. This can be explained by the fact that tattooing remains permanently on the wearer's skin, and fashion is fleeting, so he does not perceive his tattoo as passing.

42.5% of respondents without tattoos say they like tattoos, but not on their bodies, compared to 38.4% who they do not like and do not want to experience the tattoo experience on their skin, and the remaining 19.2% remain neutral regarding this fact.

The t test for independent samples was applied in order to compare the answers to the statement "I like tattoos, but not *on* me" depending on the presence of a tattoo. The results of the test confirm that there are statistical differences between tattooed respondents ($M = 1.12$, $SD = 0.33$) and those without a tattoo ($M = 2.99$, $SD = 1.46$), $t(111) = 10.358$ and $p < 0.001$. This means that respondents without tattoos like them, but only insofar as to look at them or admire them on other people's bodies.

In terms of attracting attention through tattoos, 67.2% of respondents do not believe that someone tattoos themselves just to attract attention. But there were still 12.4% of those who had a different opinion. Of all respondents, 20.4% retained a neutral opinion.

However, it seems that 10% of those who have tattoos have done it to attract attention because 2.5% agreed that "People are doing their tattoos just to attract attention", respectively 7.5% totally agreed. Interestingly, the number of non-tattooed respondents who disagreed with this statement (60.3%) is higher than the number of respondents (13.7%).

Analysis of the t test was performed to compare self-confidence based on the presence of a tattoo. The results indicate that there are no statistical differences between the tattooed ones ($M = 4.18$, $SD = 1.15$) and the untattooed ($M = 4.12$, $SD = 1.10$), $t(111) = 0.23$ and $p = 0.81$.

This may mean that tattooing does not affect the level of self-confidence of an individual.

96.5% of participants do not choose their friends because they own a tattoo or not, and the other 3.5% gave the "not agree or disagree" answer to the statement "I accept people with tattoos as my friends. " This proves that most of the study participants do not make a difference between individuals who have and those who do not have a tattoo, as far as their friends are concerned.

Less than half of respondents consider tattooed people as more attractive or interesting (40.7%). The other half is represented by those who totally disagree (10.6%), disagree (14.2%), and those who are neutral (34.5%). It can be observed that of those who totally agree with the statement "Tattooed people are more attractive / interesting", the respondents with tattoos are more numerous than those without tattoos.

The t test identified statistical differences in the degree of agreement with the statement, of tattooed people ($M = 1.08$, $SD = 0.35$) and the un-tattooed ($M = 1.38$, $SD = 0.73$), t being 2.49 and $p = 0.014$. These results suggest that the presence of a tattoo influences the opinion of an individual, so tattoo respondents are more likely to disagree with the statement, "People with tattoos are irresponsible."

Over time, tattooing has been and still is associated with drug and alcohol use. Nonetheless, the results of this research show that 86.7% of respondents do not do this. This may also be due to the fact that drug use has recently dispersed beyond any social, age, class and gender limits, so anyone can be a drug user, and not necessarily just tattooed individuals. 95.6% of respondents do not consider tattooed people to be violent, and 4.4% of un-tattooed people take an indifferent position, leaving room for doubt.

These results indicate that negative stereotypes among young people are not so much attached to people who choose to decorate their body with permanent ink, and society is beginning to open up to tattoos, accepting them as a component of society, and tattooed individuals are being marginalized less and less.

Conclusions

This research introduces what attitude young people have about tattoos.

It has been observed that the number of tattooed people is still small, that is less than half of the respondents. The fact that most of them chose not to tattoo does not mean they did not take this into consideration. Tattooing is an important step, given the serious and permanent implications of a tattoo.

Of those reporting one or more tattoos, female respondents were the majority (62%), which means that tattoos are no longer characteristic of the male gender.

The results of the research revealed that respondents did not tattoo themselves in order to attract attention but for their own pleasure, which means that, by tattooing themselves, they do not want to make any kind of statement.

A small number of people reported doing their first tattoo at the age of 18, given that this decision implies a certain amount of time and taking into account the permanence of a tattoo, they preferred not to rush into it, lest they later regret this decision. The predominant age at which most respondents did their first tattoo was 22.

It could be seen that the prevalence of multiple tattoos was higher among males than females, which means that although the number of women who are tattooed increased, they still consider the negative feedback that society still conveys based on the number of tattoos present on one body.

It has been found that tattoos are a means of expressing uniqueness and not just a fashion among respondents who follow this practice. Interestingly, less than half of the people who answered the questionnaire do not think that an individual is more attractive if they are tattooed, which means that tattoos are not a way to improve the image or attractiveness of someone. Moreover, the results indicated that the presence of a tattoo is not a reason why someone is not treated seriously, and the tattoo is not considered to be a marker of irresponsibility.

Limitations of this study include a relatively homogeneous group of participants in terms of age and level of education. Future developments should include several variables of socio-economic status, as well as replication on a larger sample, more representative of the general population.

The results of this study are quantitative, although qualitative interviews should be applied in the future to provide broader insights; they could include interviews with people affected by negative tattooing stigma.

Finally, this study is an exploratory analysis that should be continued in order to develop a more complete and accurate understanding of tattoo perception and its dynamics in Romania.

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TATTOO- BETWEEN PARENTAL PATTERNS AND ACCENTUATED PERSONALITIES

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Abstract: Tattooing represents a practice which has ancient origins. From tattoos discovered on mummies bodies to today's tattoos which can be seen on the street, they are still a taboo subject. In Psychology tattoo represents a debating subject but there is no specialty literature in that direction. That fact promotes me to elaborate this research that focuses on tattoo and the act of tattooing from the perspective of the influence of the environment on our personality, especially familiar one. Thus, I correlated familiar environment and parental patterns with the developing of an accentuated personality. Also, I investigated if there are differences between people with tattoo and people without tattoo regarding tattooing issue, educational parental pattern and the developing of an accentuated personality using psychological instruments and analyzing all data obtained from psychological point of view.

Key words: environment, education, educational parental patterns, accentuated personalities

Introduction

Tattooing and tattoos are a debating subject which generate controversy even today, despite the fact that they represent a global phenomenon. From tattoo artists like Don Ed Hardy, Kat von D who are representative for tattooing culture to tattoo shops in our city or our neighbourhood to people who wear them on their body, tattoo gets different valences according to social, cultural or religious context or decade. Even today, tattoo represents a taboo subject.

For tattooed persons is not easy to talk about their tattoos, about the story and the semnification of tattoos they wear. Fear of not becoming vulnerable in front of other people and the desire of protect themselves from others is due to some factors. One of those factors is represented by mentally

collective. According to the continent they live, geographical area which means natural environment, but above all the social environment, people have different conceptions regarding tattoos and the act of tattooing. In some geographical areas tattoo has got a curative and protective role while in other countries it is associated to convicted persons, gangsters or people with behavioural disorders. In some societies, tattooed persons are marginalized.

Other factor regarding that fear of not becoming vulnerable is tattoo itself. Many tattoos want to cover or try to cover a trauma or a memory. Many of traumatical events happen in the family sphere, mostly in childhood, thus a lot of tattoos are lead to traumatical events from very young age. Even it is an event more or less realized from the person, the trauma is felt. Therefore, according directly to parents or uncounsciously to childhood and experiences that were lived in that period of time, tattoo is adopted by many persons as a coping mechanism, a defense mechanism. In that way we can explain tattoo addiction.

According to James Elkins, "tattoos connect a person with other people, with his family, his town and his culture" (Friedman, A.F., 2015, p. 79). They represent a union between tattooed person's microcosmos and the macrocosmos he belongs. We can considerate tattoo as a form of union with the Universe and, also, for the fact that for the person who wears it represents a part of himself, of his identity, it means acceptance, integration, merging with oneself, selfacceptance and the acceptance of a new image. But what if that problem of selfacceptance generates the act of tattooing? What about being tattooed as a coping mechanism? Does tattoo represents a form of release? Is that a way through people try to adopt a new identity which can be more appropriate to the ideal self? Does family environment generate a pattern of personality which is predispose to tattooing as a coping mechanism? Which is that educational parental pattern? Does exist a pattern of an accentuated personality which is predispose to adopt this coping mechanism and a pattern of parental education to influence that predisposal personality's formation? These are few questions that generated the research for this study which is woven around tattooing and tattoos issue.

Without bringing disparagement to tattooed people, this study in Psychology wants to demonstrate the fact that exists one educational parental pattern that influences one pattern of personality which is more predispose to tattooing. Gravitating around the issue of tattooing and tattoos, this research situates tattoo and personality in the first plan and educational parental pattern in the second one. With these, this study wants to demonstrate that exists a strong influence of parental patterns on personality. Also, it is curious to observe if any difference between people with tattoo and people without tattoo

exists and if there is a generally valid pattern for both parts. For that, this research propounds few hypotheses.

Before moving to the methodology part, it is important to focus a while on the concept of personality, on its components, the factors that influence personality and the importance of the environment, especially the family in our evolution as adult persons.

Psychology as a science has the focus on what a human being is regarding biological, psychological, social and cultural dimension of his personality. Every person is a unique one and has its own genetic baggage. According to the environment where it is growing up and live, it develops its personality. Through personality we understand "the entire system of characteristics, qualities, social and ethical orientation of a person" (Iovan, M., 1993, p. 148).

The personality represents the burden of psychology. It totalizes "psychological characteristics which characterized [...] modern human and his behavior" (Rosca, A., 1976, p. 466).

Psychology attributes the term of "personality" to a mature human being. Through "mature human being" and "maturity" we refer at a decision-making capacity, selfcontrol, social integration, emotional and psychological maturity of a person in the process of its social and cultural development" (Moldovan, O.D., Ignat, S., Balas-Timar, D., 2014, p. 257). At maturity we not only talk about a maturity as a biological age, but even a mental one, about achieving autonomy. For that, the attribution of that term to children is inappropriate.

Beginning with the age of 16, personality starts to figure out. It is considered that personality is formed at the age of 18, but at some persons this period may continue to age of 20. Moreover, more current remarks support the idea that says personality's process of formation is finalized at the age of 35. As every human being is different from the other one, time of development and acquiring knowledge differs from person to person.

If regarding cultural and political life the term of "personality" is used to refer to exceptional human, in psychology it totalizes not only mental process, but even human behavior and his subjective experiences.

When we refer at the factors that influence personality, we talk about heredity, environment and education. Heredity represents the factor of psychological development which offers one set of natural, predisposant conditions. These can be favorable as in case of normal heredity or, contrariwise, unfavorable to development. According to subject's developing environment, but even to influence exercised by education, personality is figured out. In case of heredity, parents play the main role because through their means some characteristics and genetic informations are sent to successors.

The environment is represented by the "totality of external factors that act on organism" and determine "its relations influencing its development" (Șchiopu, U., 1967, p. 45). These "material and social conditions [...] exercise a direct or indirect action on psychological development" (Dughi, T., Roman, A., 2008, p. 108) of a person.

Being a natural environment (climate, resources, spatio-temporal framework) or a social one (family, school, church, peer group) it has an impact on personality's process of formation. From all of these, family has major contribution in psychological development of a child. Within family are building up harmonious relationships based on trust, help, respect or defective relationships with major impact on child's psychic and also on his emotional stability. The educational parental pattern and the attitude of parents influence child's wellbeing and his harmonious growing and developing process. These aspects were studied in researches "regarding family's structure and its role in child's psychic development" and also aspects which target the "type of authority which characterizes the educational parental pattern which is used" (Șchiopu, U., p. 47).

The environmental factor can be influenced by human through education. From the need of adaptation and satisfaction of his needs, passing instinctual needs (physiological needs) to the needs from the top of Maslow's pyramid (need of self esteem and the need of self-improvement, autonomy), educated man fulfills what heredity has given in the sight of reaching his objectives. That way, we can affirm that education "shapes" behaviors in the purpose of adaptation at the environment, of his integration in socio-cultural life. Therefore, education is an important factor in formation and becoming of an individual. It means growing up, development, knowledge assimilation, experience.

As I mention before, family by parental patterns has an enormous contribution in the development of an individual's personality. It influences the way in which the child at adult age will refer to his own person and to other people. Self esteem, the implication or disengagement in some activities all of these are strongly related to educational parental pattern, the way in which parents educate their child. These styles of parental education are divided in four big categories: dictatorial/authoritarian style, democratic style, careless/inadvertent style and permissive style.

Another classification of educational parental patterns is found in the inventory for educational parental patterns, EMBU. Designed by professor Carlo Perris from Umea University in Sweden, the inventory comprises 81 questions classified on 14 subscales, each one with its own educational practice. These 14 ways of parental education are: abusive style, permissive style, punitive, humiliating, rejecting, overprotective, overindulgent, a tolerant educational

parental pattern, an affectionate one, a style directing performance, one which is generator of culpability or one incentive, favoring others or one favoring subject (the last two in case of family with more children).

Correlating these educational parental pattern with the characteristics of accentuated personalities and also tendencies towards these accentuated personalities, entire discussion gravitating around the issue of tattoos and the choice of being tattooed, I elaborated the research that follows. It has as purpose the identification of a connection between these variables and has the intention to emphasize psychological aspects regarding young tattooed people and the influence of experiences lived in familiar environment through the educational parental pattern.

Considered a modern art by tattoo artists who "paint on alive canvas", disputed in socio-cultural and psychological environment, tattoo is still a taboo subject. But what is the connection between tattoos, educational parental pattern and accentuated personality to make this subject a topic for a research in clinical psychology?

In psychology it is well known the fact that the environment exerts an important influence on a individual's development of personality. Especially familiar environment is one which influences attitudes and behaviors. Through values, knowledge that are sent by parents to their children accentuated personalities are building up or not, mentalities, behaviors. As clinician psychologist and psychoterapeut Sorin Nica specifies, in case of tattoo viewed as an expression of personality, we talk about an "unstable disrupted background" regarding "relationships with important people in one person's life".(<https://www.facebook.com/cabinetpsihoterapie.sorinnica/posts/1666325380272485>).

The most important persons are our parents, thus, the style they use in our education is so important and influences our personality. Educational parental pattern may let traces of traumatical events (more or less realized) on child's psychological and emotional health. This fact can generate the accentuation of any personality. Professor Sorin Nica talks about "fundamental" causes of tattoo in a post on his Facebook profile and also about tattoo's "current" causes. "Fundamental" causes refer to first ages in life of an individual, ages in which the main attachment figure (mother/father) plays the main role in formation of child's identity. This is the period of time in which many traumatical events occur in family sphere or are lead to parents. Even if the person considers that it passes these events formerly strongly present in his conscious, traumatical events whom it represses bringing them in unconscious, these are present and determin its thoughts, values, behavior. These events may involve "feelings of failure and helplessness" and also "the impossibility of

control in the relationship with parents”, “pain and suffering cause by attachment figures” (Nica (<https://www.facebook.com/cabinetpsiho/terapie.sorinnica/posts/1666325380272485>)).

Summing up those said before, I consider that exists a strong relation between educational parental pattern, personality and its accentuation and for that I elaborate the research that follows having as variables educational parental pattern and accentuated personalities at people with tattoo and people without tattoo to observe if any difference between them exists.

Hypotheses and Objectives of Research

Having in the first plan tattoo and personality of an individual and in the second plan parental styles, this research has the purpose to demonstrate the fact that exists a strong influence of educational parental pattern on personality of an individual and that some accentuated personalities or personalities with tendencies to accentuation of some characteristics as demonstrativity/demonstration (DEM), hyperexactness (HEX), hyperperseverance (HPERS), hyperthymia (HTIM), anxiety (ANX), emotivity (EM) etc., are more predispose to tattoing than others. Is interesting to observe if exists any pattern generally valid for tattooed persons different from the one of untattooed persons. For that, this research is propounding some hypotheses.

In order to emit the hypotheses is necesarly to make “precisation and delimitation of problem of research” (Rosca, A.) before. This is “the first step in psychological scientific research” (Rosca, 1976, p. 33). An hypothesis of reserch “is an anticipation of the possible answer at the question” (Rosca, A, 1976) the researcher ask himself about his study.

The hypotheses on which we are focusing in this article are the ones that fallow:

1. At persons with tattoo exists a relation between educational parental patterns and the type of subject`s accentuated personality.
2. There are statistical significant differences between maternal educational parental pattern of persons with tattoo and the ones of persons without tattoo.
3. In case of persons with tattoo predominates an overprotective maternal educational pattern.
4. In case of persons without tattoo predominates an affectionate maternal educational pattern.
5. There are statistical significant differences according to the gender of subjects regarding educational parental pattern at persons with tattoo.
6. There are differences according to the gender of subjects regarding accentuated personalities at persons with tattoo.

Methodology of Research

In the approach of realize this research I used psychological instruments. This research is based on data collected after the application of questionnaire for identification of accentuated personalities, P.A. (Accentuated Personalities), developed on the concept of "accentuated personality" elaborated by K. Leonhard and the inventory for educational parental patterns, EMBU.

The questionnaire for identification of accentuated personalities, P.A., is a psychological instrument which measures anxiety, depression, emotional stability/ instability. It contains 88 items as questions on which the subject will answer with YES or NO, marking an "X" near his chosen answer on answer sheet. There are no correct or wrong answers. The administration time is unlimited. The items form ten groups of accentuated characteristics of personality (I-X). These are: demonstrativity (I DEM) (demonstration), hyperexactness (II HEX), hyperperseverance (III HPERS), uncontrol (IV NST), hyperthymia (V HTIM), dysthymia (VI DIST), ciclothymia (VII CICL), exaltation (VIII EX), anxiety (IX ANX) and emotivity (X EM). Analyzing the answer sheet, will observe that are significant items for all ten characteristics of personality (for each characteristic from the left column we have an item from questionnaire taken horizontally. So, for the first characteristic from the answer sheet noted with Roman figure V for hyperthymia we have items 1, 23, 45, 67. If at these questions the subject answers affirmative, the answers are counted and are taken into account in the process of data quoting. There are few significant items for negative answer. These items are: 5, 12, 25, 31, 36, 46, 51, 53, 59, 65. If at these questions the answer was YES, the answer is not taken into consideration. But how actually data quoting is realized? It is realized by psychologist directly on the subject's answer sheet. In the process of data quoting, firstly we identify negative answers that are significant and mark them by circling them and cutting the affirmative answer. Once we finished this task, we are going to count the YES answers horizontally for each scale, considering and counting the NO answers where they are significant instead of answer YES. Thus, for each of ten characteristics (I-X) we will obtain a coefficient which is noted in the table from the bottom of the answer sheet, next to its corresponding scale. There is one coefficient for each scale which will be multiplied with the total number of significant answers for each scale. The result is going to be written nearly. Each score over 18 points is considered to be an accentuated characteristic of personality and each score over 12 points is considered to be a tendency to an accentuated personality. Exists a proper accentuation of characteristic when the number of significant answers from the group is over 50%. Each weighted score is reported at standard and the symptomatic level (%) is determined by comparison of different groups of accentuated characteristics. For each of ten tendencies are few specific characteristics.

Demonstrativity is characterized by self-praise, self-pity, disimulation, selfishness, intolerance to frustration etc; hyperexactness implies repression, meticulousness, formalism; hyperperseverance characterized an individual who is stubborn, hypochondrium, jealous; uncontrol involves impulsivity, a low control of impulses and may generate antisocial acts; hyperthymia means cheerfulness, increased verbal flow, hypertension, an chaotic individual; dysthymia express itself by seriousness, slowness, severity; ciclothymia means oscilation of states from exaltation, euphoria to depression and reverse; exaltation involves enthusiasm, despair; anxiety totalize anxious states, hypochondria shyness, fear, hesitation and emotivity implies sensitivity, accentuated emotionality, depth of feelings.

EMBU, the inventory for educational parental pattern measurement evaluates subject`s memories about the behavior of his parents in his education. It sums up 81 items in form of questions on which the subject will answer by marking one of these answers: never, rarely, often, always. Each of those answers has an equivalent number from 1 to 4. Then we have: 1=never, 2=rarely, 3=often, 4=always. The subject will pass those items twice, firstly evaluating his mother`s attitude and behavior in his education and secondly his father`s attitude and behavior. Data quoting is realized totalizing each category`s score (figures from 1 to 4 granted to answers). There are 14 subscales, each one having its own educational practice attributed. Those 14 subscales and educational parental patterns are: privative; punitive; humiliating; rejective; overprotective; overimplicated; tolerant; affectionate; one targeting performance; one generator of culpability; a stimulative pattern in which child is encouraged, supported, positively rewarded and, for families with more than one child, the one favoring others or one favoring the subject. For some items the score is inverted. So, 1 becomes 4 and 4 becomes 1; 2 comes into 3 and 3 becomes 2. Each score over 50% indicates the usage of that style in child`s education and a low score evocates the lack of usage of that educational style.

EMBU was elaborated in 1980 by professor Carlo Perris and his contributors from Umea University in Sweden. The calibration on Romanian population was realized by Radu Vrsti and co. from Jebel Psychiatric Hospital in 1990. For that, 152 clinical healthy subjects were taken part into.

Sample of Research

In realization of this research, I collaborated with tattooed persons having one ink to persons with a large part of their body covered by tattoos and also with persons without tattoo who claim that they will never tattoo their body as a manifestation of personality. Persons who were taken part at this study are in number of 60, both male as female between 20 and 40 years old. All participants are from Arad, Arad, Romania. The participants were divided into

two groups, one lot of 30 persons with tattoo (15 male and 15 female) and a lot of 30 persons without tattoo (15 male, 15 female). This division was made in order to obtain real results which can catalogue this research as valid.

Results and Discussions

Regarding data obtained after the application of these tests, questionnaires, these "cannot be considerate as final results of examination" (Rosca, A., 1976). They represent only "a preliminary orientation" (Rosca, 1976, p. 32). Therefore, we can not make considerations on these data unless "based on qualitative and quantitative analysis using the most advanced statistical methods and also based on interpretations" (Rosca, A., 1976). With these, I realized the thorough analysis of data. In this approach I used advanced statistical methods. Statistical results will be then interpreted from psychological point of view.

For the first hypothesis I realized a correlational study using PSPP (Analyze→ Bivariate Correlation). I used the PSPP program for all data processing. I presupposed that at persons with tattoo exists a relation between educational parental patterns and the type of subject's accentuated personality.

Table 1. The Relation Between Educational Parental Pattern and The Type of Subject's Accentuated Personality

		<i>maternal parental pattern</i>	<i>paternal parental pattern</i>	<i>accentuated personalities</i>
<i>maternal parental pattern</i>	<i>Pearson Correlation</i>	1.00	.07	.06
	<i>Sig. (2-tailed)</i>		.730	.764
	<i>N</i>	30	30	30
<i>paternal parental pattern</i>	<i>Pearson Correlation</i>	.07	1.00	-.06
	<i>Sig. (2-tailed)</i>	.730		.770
	<i>N</i>	30	30	30
<i>accentuated personalities</i>	<i>Pearson Correlation</i>	.06	-.06	1.00
	<i>Sig. (2-tailed)</i>	.764	.770	
	<i>N</i>	30	30	30

Analysing table 1 we found that there are strong correlation between the educational parental patterns and the type of the subjects, that means the accentuated personalities of the subjects.

The hypothesis is confirmed. Accentuated personality of tattooed subjects correlates directly proportional with maternal parental pattern at a level of signification $p = .06$ and inversely proportional with parental pattern at a level of signification $p = -.06$, which means that in case of persons with tattoo maternal parental pattern is the one that has a major influence on development of an accentuated personality at persons with tattoo.

Forwards, I stated the hypothesis according to which there are statistical significant differences between maternal educational parental pattern of persons with tattoo and the ones of persons without tattoo. For testing the validity of this hypothesis, I suppose that are differences regarding educational parental pattern between persons with tattoo and persons without tattoo. The supposition is confirmed.

Table 2.1 Differences Between Persons with Tattoo and Persons without Tattoo regarding Educational Parental Pattern

T-TEST

T-TEST /VARIABLES= matern patern
/GROUPS=subject(1,2) /MISSING=ANALYSIS
/CRITERIA=CI(0.95).

Group Statistics

		<i>tip subiecti</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>S.E. Mean</i>
model parental matern	cu tatuaj		30	7.00	2.35	.43
	fara tatuaj		30	8.43	1.99	.36
model parental patern	cu tatuaj		30	6.67	3.35	.61
	fara tatuaj		30	8.53	2.27	.41

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality			
		<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<i>Sig. (2-tailed)</i>	<i>Mean Difference</i>
model parental matern	Equal variances assumed	1.04	.312	-2.55	58.00	.014	-1.43
	Equal variances not assumed			-2.55	56.52	.014	-1.43
model parental patern	Equal variances assumed	8.68	.005	-2.53	58.00	.014	-1.87
	Equal variances not assumed			-2.53	51.03	.015	-1.87

*subject= subject

*matern= maternal

*patern= paternal

- *model parental matern= maternal parental pattern
- *model parental patern= paternal parental pattern
- *tip subiecti= type of subjects
- *cu tatuaj= with tattoo
- *fara tatuaj= without tattoo

It is noticeable that exist differences regarding maternal educational parental pattern of tattooed persons and persons without tattoo. In case of persons with tattoo we have $t(58) = -2.55$ at a level of signification $p = .014$ and in case of persons without tattoo $t(56.52) = -2.55$ at a level of signification $p = .014$.

In case of parental educational pattern at persons with tattoo we have $t(58) = -2.55$ at a level of signification $p = .014$ and in case of people without tattoo $t(51) = -2.53$ at a level of signification $p = .015$.

For the second hypothesis that claimed that there are statistical significant differences between maternal educational parental pattern of persons with tattoo and the ones of persons without tattoo, I realized a correlational study.

Table 2.2. Significant Differences Between Maternal Educational Parental Patterns of Persons with Tattoo and the ones of Persons without Tattoo

		<i>accentuated personalities</i>	<i>maternal parental pattern</i>
<i>accentuated personalities</i>	<i>Pearson</i>	1.00	-.01
	<i>Correlation</i>		
	<i>Sig. (2-tailed)</i>		.915
	<i>N</i>	60	60
<i>maternal parental pattern</i>	<i>Pearson</i>	-.01	1.00
	<i>Correlation</i>		
	<i>Sig. (2-tailed)</i>	.915	
	<i>N</i>	60	60

maternal parental pattern	with tattoo	30	7.00	2.35	.43
	without tattoo	30	8.43	1.99	.36

Thus, we obtain in case of people with tattoo $t(58) = -2.55$ at a level of signification $p = .014$ and in case of people without tattoo $t(56.52) = -2.55$ at a level of signification $p = .014$. The hypothesis is confirmed.

Furthermore, I supposed that in case of persons with tattoo predominates an overprotective maternal educational pattern and in case of persons without tattoo predominates an affectionate maternal educational pattern. For testing the validity of both hypotheses I analyzed in detail the results confirmed by the second hypothesis using the function Crosstabs (Analyze→ Descriptive Statistics→ Crosstabs). After the analysis I obtained results which confirm both hypotheses. It can be noticed the fact that exists a great weight regarding overprotective style in case of maternal parental pattern of persons with tattoo. Also, there is a great weight regarding the affectionate style in case of maternal parental pattern of persons without tattoo.

		Levene's Test for Equality of Variances		t-test for Equality						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Diff.	95% Conf. Int. Diff.	
									lower	Upper
maternal parental pattern	Equal variances assumed	1.04	.312	-2.55	58.00	.014	-1.43	.56	-2.56	-.31
	Equal variances not assumed			-2.55	56.52	.014	-1.43	.56	-2.56	-.31

Table 3. Weights for Maternal Parental Pattern at Persons with Tattoo and Persons without Tatoo

type of subjects*	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
maternal parental pattern	60	100.0%	0	0.0%	60	100.0%

Type of subjects * maternal parental pattern [count, row %, column %, total %].

Type of subjects	maternal parental pattern				
	tolerant	affectionate	Targeting performance	Generator of culpability	stimulative
with tattoo	4.00	4.00	.00	4.00	.00
	13.33%	13.33%	.00%	13.33%	.00%
	66.67%	25.00%	.00%	80.00%	.00%
	6.67%	6.67%	.00%	6.67%	.00%
without tattoo	2.00	12.00	4.00	.00	2.00
	6.67%	40.00%	13.33%	3.33%	6.67%
	33.33%	75.00%	100.00%	20.00%	100.00%
	3.33%	20.00%	6.67%	1.67%	3.33%

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Chi-square tests.

<i>Statistic</i>	<i>Value</i>	<i>df</i>	<i>Asymp. Sig. (2-tailed)</i>
Pearson Chi-Square	19.28	9	.023
Likelihood Ratio	22.92	9	.006
Linear-by-Linear Association	5.94	1	.015
N of Valid Cases	60		

Using T Test (Independent Samples T Test) we obtain statistical significant differences depending on gender of subjects regarding educational parental pattern at persons with tattoo. Thus, we have $t(28) = .77$ at level of signification $p = .477$ at male persons with tattoo and $t(27.78) = .77$ at a level of signification $p = .477$ in case of female persons with tattoo having as independent variable maternal educational pattern at 7.33 as mean in case of male persons and a standard deviation $std. dev. = 2.77$ and 6.67 as mean and a standard deviation $std. dev. = 2.26$ in case of female persons. These results emphasizes the fact that in case of tattooed persons, maternal parental pattern has more impact on men`s personality rather than women`s.

Table 4. Statistical Significant Differences According to the Gender of Subjects Regarding Educational Parental Pattern at Persons with Tattoo

Group Statistics

		<i>N</i>	<i>Mean</i>	<i>Std. Dev.</i>	<i>S.E Mean</i>
maternal parental pattern	male	15	7.33	2.47	.64
	female	15	6.67	2.26	.58
paternal parental pattern	male	15	5.87	2.61	.68
	female	15	7.47	3.87	1.00

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means			
		<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<i>Sig. (2-tailed)</i>	<i>Mean Diff.</i>
maternal parental pattern	Equal variance assumed	.47	.497	.77	28.00	.447	.67
	Equal variance not assumed			.77	27.78	.447	.67
paternal parental pattern	Equal variance assumed	4.82	.037	-1.33	28.00	.195	-1.60

Independent Samples Test

		Levene's Test for Equality of Variance		t-test for Equality						
		<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<i>Sig.2 tail</i>	<i>Mean Diff.</i>	<i>Std. Erro Diff.</i>	95	
									<i>Lower</i>	<i>Upper</i>
accentuated personalities	Equal variances assumed			-1.33	24.58	.197	-1.60	.86	-1.10	2.44
	Equal variances not assumed							.86	-1.10	2.44
								1.21	-4.07	.87
								1.21	-4.09	.89

Regarding independent variable paternal educational parental pattern we have $t(28) = -1.33$ at a level of signification $p = .195$ in case of males and $t(24.58) = -1.33$ at a level of signification $p = .197$ in case of females at 5.87 as mean for male with a standard deviation $std. dev. = 2.61$ and 7.47 as mean with a standard deviation $std. dev. = 3.87$ for female. Hypothesis is confirmed. Also, I stated the hypothesis that are differences according to the gender of subjects regarding accentuated personalities at persons with tattoo. Hypothesis is confirmed.

Table 5. Differences according to the Gender of Subjects regarding Accentuated Personalities at Persons with Tattoo

Type of subjects		N	Mean	Std. Dev.	S.E Mean
accentuated personalities	male	15	8.93	6.64	1.71
	female	15	9.07	5.31	1.37

Independent Samples Test

		Levene's Test for Equality of Variance		t-test for Equality						
		F	Sig.	t	df	Sig.-tail	Mean Diff.	Std. Error Diff.	95%	
									Lower	Upper
accentuated personalities	Equal variances assumed	1.85	.185	-.06	28.00	.952	-.13	2.20	-4.63	4.36
	Equal variances not assumed			-.06	26.71	.952	-.13	2.20	-4.64	4.37

I obtained $t(28) = -.06$ at a level of signification $p = .952$ in case of tattooed male persons and $t(26.71) = -.06$ at a level of signification $p = .952$ for

tattooed female persons. These results emphasize the fact that more men than women with tattoo present accentuated personalities.

Conclusions

According to the purpose of this research, I demonstrated the fact that educational parental patterns influence the accentuated personality of subjects with tattoo. Data obtained show that, in case of persons with tattoo, educational parental pattern has more impact on development of an accentuated personality, obtaining a level of signification $p = .06$ in case of maternal parental pattern which correlates directly proportional with subject's accentuated personality and with paternal parental pattern correlates inverse proportional at a level of signification $p = -06$. Also, we saw that there are differences between parental patterns at persons with tattoo and persons without tattoo. Regarding maternal parental pattern at persons with tattoo $t(58) = -2.55$ at a level of signification $p = .014$ and in case of persons without tattoo $t(56.52) = -2.55$ at a level of signification $p = .014$. In case of paternal educational pattern we have $t(58) = -2.55$ at persons with tattoo at a level of signification $p = .014$ and $t(51) = -2.53$ at persons without tattoo. Moreover, I demonstrated the fact that there are statistical significant differences between maternal parental pattern of persons with tattoo and persons without tattoo obtaining $t(58) = -2.55$ at a level of signification $p = .014$ for tattooed persons and $t(56.52) = -2.55$ at a level of signification $p = .014$ at persons without tattoo. In table 3 we can observe that in case of persons with tattoo predominates an overprotective educational parental pattern and an affectionate one in case of persons without tattoo regarding maternal figure of attachment. Hypotheses are confirmed.

I emphasized the fact that there are differences according to the gender of subjects regarding educational parental pattern at tattooed persons obtaining significant differences where $t(28) = .77$ at a level of signification $p = .477$ in case of male persons with tattoo and $t(27.78) = .77$ at a level of signification $p = .477$ in case of female persons with tattoo at 7.33 as mean in case of male persons and a standard deviation $std. dev. = 2.77$ and 6.67 as mean and a standard deviation $std. dev. = 2.26$ in case of female persons.

These being mentioned, all hypotheses were confirmed which means that the purpose and objectives of this psychological research were reached.

By realizing this research, I emphasized a controversial issue that represents a taboo subject not even in everyday space but also in the academic one. An evidence in that way is represented by the fact that there is no specialty literature in Psychology on the subject of tattoos and psychology of tattooed person, despite the fact that it represents a global phenomenon especially on teenagers and young adults. According to one study published in 2008 by

Archives of Dermatology, it seems that for persons with requests for tattoos removals, "in many cases, tattoos were realized around the age of 20" (Mifflin, 2015). This is the mean of age taken into account when I started the demarche of this research for which I chosen a sample of 60 persons, 30 with tattoo, 30 without tattoo, with ages between 20 and 40. The subjects are 30 men and 30 women.

Having into consideration these mentioned before and all data obtained, I suppose the level of innovation and actuality of this research in Clinical Psychology and I plead for the importance of this subject that made the topic of this research.

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THE INFLUENCE OF TATTOOS ON SELF-ESTEEM AND THE PERCEPTION OF ROMANIAN SOCIETY

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Abstract: This paper aims to inform and to raise awareness of the existence of people with at least one tattoo in Romanian society. It is also hoped to increase the chances of integrating these people into Romanian society and at the workplace. In the same time, the present paper wishes to investigate whether the possession of a tattoo affects positively the self-esteem of these individuals and at the same time their tolerance level.

Keywords Tattoos, self-esteem, perception.

Theoretical framework

Introduction to the appearance of tattoos

Tattoos are very popular. Approximately 25% of those aged 18 to 30 have at least one tattoo and it seems that in the next few years the proportion will reach 40%. If you thought tattoos were a specific thing for men, think about it.

Approximately 65% of the tattooed persons are women. After all, why do people make tattoos?

There are different reasons people do tattoos. There are people who make tattoos for pleasure, for beauty or even for medical reasons.

The symbolism of tattoos varies according to each culture.

About 12,000 years BC the first forms of "artistic" representations on the skin were all by chance: those who had wounds on the body were trying to heal them by rubbing them with ashes. After scratching the affected areas, there were black drawings, like drawings.

It seems that the term tattoo comes from the word Tahitian *tatu*, which means "to mark/mark". According to other sources, according to the Polynesian

term "tatao" (tapa), the current name would be designed. This form of art (one of the oldest) has not appeared somewhere, but has been practiced simultaneously in several areas, in various forms.

The first representations were discovered in Egypt during the construction of the great pyramids. The empire has gradually expanded, and tattoos have found a way to follow the same process: around 2000 BC. arrived in China and continued to evolve.

After the Second World War, the custom became more and more controversial, especially since it was associated with juvenile delinquency and the "biker" style. In American culture, in general, skin tattooing was not very appreciated. In 1961, the outbreak of hepatitis epidemics and various blood poisonings led to banning this practice in several areas.

However, during the 1960s, prospects changed radically, with the advent of Lyle Tuttle, the one who managed to use media influence to make positive the pejorative note underlying the art of "skin decoration." He tattooed the bodies of some celebrities of the day, mainly women, which he then brought to the spotlights. The initiative was a success, as large magazines and TV stations frequently approached it to provide the public with various information about tattoos.

Although current tattoo practitioners do not have the same motivations as in the past, the choice of a particular drawing certainly takes into account the ancient symbolism.

For aesthetic purpose

At first, the tattoo was only ornamental and, to make it beautiful, the primitive man tattooed. Then, gradually, it became a characteristic, a sign of nobility, a hint of servitude, finally establishing a distinction between members of the same family, the same tribe, etc.

In some peoples, the tattoo is spread as ornamentation and is practiced by stinging, in this case a blue or black coloring. This is how we find it in the women of Polynesia, the Islands of Society and Tahiti, where they present true elegance, is also found in Arab women, namely Moorish and Kabil.

For therapeutic purposes

In this case, they are represented more by burns. Thus, in Asia, the populations of Kazemir and Baltisan make their babies, from the age of 5-6 years, a burning that either occupies the center of the head (glabella) or the vertex, over the ear, the dorsal region of the leg outside the first metatarsian, the fist, etc. Burns are made with a bamboo tube applied to the chosen region, leaving a sign like a true seal. This practice, very widespread in the populations

cited, is intended, after Ujfalvy, to keep children from epidemic diseases. It's kind of mystical vaccination.

Also in Asia there are populations in which these burns on the calves are meant to guard against neuralgia (Armand), the same kind of tattoo is found in botocudos, which, although they have a large number of mutilations on the body, adds a scar white burn in the middle of the forehead.

This scar, after Rey, made with a piece of quartz or bamboo, is designed to heal headaches. After Spencer, the Arab tribes of Guyana are scaling their limbs in order to avoid the reumatism they are very prone to.

For religious purposes

The ancient Egyptians tattooed on their skin some emblems belonging to the rites of Isis and Osiris. In this way the priests were tattooed.

In the Jews, the tattoos were totally opposed to the precepts in the Bible (Leviticus) which forbade any kind of tattoo, the same is noticed in Turks forbidden by the Qur'an. In New Guinea, priests of the serpent cult bear on their arms, chest and cheek scars representing flowers, animals and, above all, snakes. This operation makes them sacrifices. Also, according to Alibe, any Arab who will have three parallel incisions on each cheek will be considered a slave to the house of God.

In some populations, priests being replaced by priestesses, they are also tattooed in a special way.

For warlike purposes

Through their tattoos, through physiognomy and a terrible appearance, these people had to inspire the fear of the enemy. Thus, they were Attila's hordes, which had their faces covered with deep scars. Sometimes they were meant to try the courage (Breaz, 2011). To this end, the Central American populations, caribbeans, for example, after Spencer, were making young tattoos at the age of puberty.

Tattoos in Romania

The fashion of tattoos in Romanian society can be considered present from the Middle Ages at the level of the upper blankets or probably a series of more extravagant characters such as Petru Cercel, Aloisio Gritti or Stefaniță.

Along with modernity, tattoo fashion has spread to all social structures, especially urban ones.

Tattoos with their various symbols meet from delinquents to high society. From a sociological and psychological perspective (both of which have a strong imaginary and mental consistency), tattooed symbols also highlight some particularities of individual personality.

From the perspective of the history of the modern urban daily, the impact of the rapid and rapid modernization in which individuals are beset by problems, many of the tattooed symbols were either protest against a difficult world or repression. There are other facets of the problem: tattooing is an urban art or not; is a product of subcultures or an extension of persuasive refinement, sexual attraction, etc.

The first and last attempt to treat such a problem was not a historian, but a lecturer, Nicolae Minovici, in 1898. The Tattoo work in Romania was his bachelor thesis and is still a reference for Romanian medicine and he it should be the same for historiography.

Tattoos to delinquents gave precious notions "to the nature of the tattoo's moral ideas, images that are expensive, their intimate souvenirs, and even their cynical revenge projects."

To the criminals – it is the case of France, with which Dr. Nicolae Minovici makes a comparison - were found inscriptions such as " Freedom martyr", "Death of the Gendarmes", "Death of the French officers", "I swear avenge", and various insignia, between which a gendarme head threatened by a closed fist.

Prostitutes bring true news in tattoo symbolism, even if "after sex, tattoos are more widespread in men." As far as prostitutes are concerned, they were generally tattooed "when they were young and their first lover" and are often "bad and unwashed souvenirs of their first mistakes, which are meant to mistreat them the exercise of their profession ". From the story of a young woman tattooed, "I love you, Leon," we find out that "many people who are very gentle at first, seeing this tattoo, cool fast, and many go without doing anything and without paying." Another interesting fact is documented by Dr. Minovici: "Generally, old prostitutes have a tattoo represented by a woman's name, while the young ones have men's names, their sense is not yet perverted." In the clandestine prostitution, very numerous, the habit of having more tattoos on the body was not shared; most were tattooed by either an "artist", others by their girlfriends, in prison, or by their mistresses.

The doctor Nicolae Minovici integrates obscenity and pediatric tattoos, "this kind of people who, more than anyone else, likes others." It again refers to a few cases from France that might have been encountered in our country; on such an individual was found the tattoo of a naked woman on the forearm joint, a woman "who seemed to masturbate when her forearm flexed." There were also several portraits: Joana d' Arc, a hangman, Bismarck's portrait, a soldier, "one eye on each buttock, one snake headed to the anus.

Another category of individuals was mad, jinks. Some observations have been made on a few selectively reproduced cases: Radu Ionescu, also called Dumitru Ignat Călărețu, touched by chronic alcoholism, has a tattoo that

represents his mistress and is dated (1879). The tattoo was made with spirits and rifle grass. Dumitru Mihai, touched by alcoholism, had a tattoo executed with six needles and incense smoke; a certain Costache Ionescu, touched by general paralysis, had a tattoo "consisting of several crosses made in the Golgotha Monastery, by a monk when he was locked there for the theft of horses" and made of "rifle grass, yeast and three needles".

Defining the self-esteem concept

There have been numerous studies on self-esteem and its correlations with other dimensions of personality or with various behaviors. For example, Rosenberg and Harter in 1990 took into account three dimensions: self-esteem, personal responsibility and social responsibility. Initially, however, there was no link between the three dimensions. Only after a few years re-analyzing the data in another study revealed a negative correlation between self-esteem and personal and social responsibility. The same study highlighted a correlation between high self-esteem and violent behavior.

Baumeister (1996) shows that individuals, groups and even violent nations that already have a high self-esteem appeal to violence when they do not receive the respect they think they owe. On the other hand, he argues that, in the case of accumulation of knowledge, high self-esteem may lead to a decrease in school performance. Similarly, S. M. Pottebaum, T. Z. Keith and S.W.Ehly (1986) also claim, following an empirical research, that an increase in self-esteem does not bring a benefit in the accumulation of knowledge by students.

Appleman (2007) in a research entitled *Self-Esteem Can Affect Your Health* concludes that self-esteem is in close association with anger and depression and the two negatively affect the state of health.

Research has been carried out and it has been discovered that there is no such relationship, but only a pattern of consistency in the favorable way of presenting the individual (those who have a high self-esteem have a good opinion about them, but those around you do not have a good opinion about them) (Breaz, 2018).

Baumeister, Campbell, Krueger and Vohs (2003) summarize the results of various studies on self-esteem. The only significant links identified by them are those between self-esteem and happiness (positive correlations), self-esteem and the degree of depression or aggression (negative correlations).

Links to school performance, workplace performance, interpersonal relationships, and health have proven to be not significant. In addition, the mentioned authors concluded that high self-esteem improves perseverance in the face of failure.

Self-esteem is one of the fundamental dimensions of personality. It is a judgment of ourselves, vital to our own psychic balance. When it is positive, relatively high, it allows us to act effectively, to cope with the difficulties of existence.

According to G. Albu (2002), self-esteem refers to self-confidence in thinking, in the ability to cope with the fundamental challenges of life and trust in our right and ability to succeed, to be happy, to the feeling that we are entitled to affirm our needs and desires, to fulfill our values and to enjoy the results of our efforts.

Self-esteem correlates significantly with rationality, creativity and the ability to manage change, with the readiness to recognize and correct possible errors. The overall level of self-esteem of a particular person greatly influences the choices it makes in life and its existential style. In this context, high self-esteem is associated with strategies of seeking personal development and accepting risks, errors, while self-esteem, constantly, involves strategies of defense and avoidance risks and failures (Albu, 2002).

In any activity, we seek to satisfy two needs indispensable to self-esteem: the need to be loved (appreciated, desirable, sympathetic) and the need to be competent (performing, skillful, endowed). A high level of self-esteem can be achieved through love and education, initially from parents, then from friends, colleagues, to all significant people, for an individual, throughout his life.

The question arises as to how old we can talk about the existence of self-esteem. Thus the concept of self-esteem is closely related to the idea of social acceptance (the extent to which an individual is pleased with the group to which he belongs) that occurs in the children of 3-4 years, but also to the desire to valorize one's own person in children aged 5-8 years. The experiences accumulated during childhood are the foundation of self-esteem in the way the child is taught to cope with success and failure, the way it is supported by its parents, the type of relationships it establishes and cultivates with others. Thus, good resistance to failure, school performance, good relationships with children of the same age, awareness of competency areas are factors that lead to the creation of a high level of self-esteem.

Coopersmith (1984) considers that the more an individual is freed from doubts and ambivalence, the better he resists threats, he is disposed of by minor personality disorders; so the one who has a high self-esteem can achieve his goals.

Research objectives

A first objective of this research is to inform and raise public awareness of the existence of negative perceptions of society regarding individuals with at least one tattoo and how this perception affects them psychologically.

Another goal is to increase the chances of adopting ways to approach and integrate people with at least one tattoo.

Specific objectives

This research project aims to:

- Find out if the possession of at least one tattoo influences the growth of self-esteem;
- Investigate if the possession of at least one tattoo influences the perception of Romanian society.

Research hypotheses

Hypothesis 1 - research on the influence of tattoos on self-esteem

Possession of at least one tattoo influences the increased level of scalar scores from the Rosenberg scale - the self-esteem evaluation scale.

More accurately, scores from the Rosenberg Scale Self-Esteem Scale tend to be higher in subjects who have at least a tattoo compared to scores of subjects who have no tattoo and tend to be lower.

Hypothesis 2 - Research on the influence of tattoos on the perception of Romanian society

Possession of at least one tattoo influences the low level of the scores from the Questionnaire about the perception of the Romanian society regarding tattoo.

Specifically, the scores from the Questionnaire on the perception of the Romanian society on tattoos tend to be higher in subjects who do not have any tattoos compared to the scores of the subjects who have at least one tattoo and tend to be lower, ie the subjects that do not possess at least one tattoo tends to be less tolerant of the possession of a tattoo than those who hold at least one tattoo.

Methodology

Sample description

This study was attended by 60 subjects, 30 of whom have at least one tattoo, and 30 have no tattoos. Subjects have socio-economic statuses and different ages and are of both sexes.

Of the total subjects, 28 of the subjects are aged 18-45, and 32 are ages 46-65, 23 of them are men, and 37 are women. These characteristics are not variable in this research.

Also, the 60 subjects can be ranked according to their level of education, so that in this research 26 of the subjects have higher education and 34 of them have medium studies.

Selection procedure

Subjects' participation in this research was based on free consent, expressed in terms of confidentiality of the data provided, and on the fact that the results will be used exclusively for research purposes. At the same time, the 60 subjects were tested in non-disturbing environments such as strong noise, other people's interventions, etc.

The subjects were read the training of the tests intended to be applied, ensuring all the conditions necessary for the correct application of the tests.

Methods description

The samples that were used in this paper are:

- Rosenberg Scale;
- Questionnaire about the Romanian society's perception of the tattoo.

The Rosenberg scale indicates the level of self-esteem. The sample contains 10 items, each item being evaluated by the subject on a scale from 0 to 3 (3 - absolutely agreeable; 0 - definitely not). The scale is made up of 5 quoted items and 5 reversed items (3, 5, 8, 9, 10).

The score to be awarded for each item varies between 0 and 3 points. The final score is obtained by summing the points obtained in the 10 items.

Between 0-10 points - low self-esteem

Between 10-20 points - average self-worth

Between 20-30 points - Increased self-esteem

Questionnaire about the perception of the Romanian society on the tattoo

The purpose of the questionnaire on the Romanian society's tattoo design is to analyze the extent to which Romanian society accepts or rejects this form of expression, depending on age.

Item description

The questionnaire on the Romanian society's tattoo design contains items with given answers. These answer items are: 2 items of *yes* or *no* type, these being most often used in personality tests and opinion polls, and have ease and speed in their administration. At the same time, this questionnaire contains 8 items with answers of choice, having the advantage of reducing the percentage of guessing and 5 items with answers on scale types: yes-no-do not know.

37 points - 45 points - high tolerance for people who have tattoos

You are a very tolerant person. For you, tattoo signifies a form of expression, an art you admire, and you do not dare to say that. You are a person who is not limited to the physical aspect, being able to understand the person who has the body covered by the tattoos.

18 points - 36 points - average tolerance for people who have tattoos

The tolerance you show towards the people you come into contact with is not so pronounced because you tend to perceive others by mirroring. For you, the physical aspect has a high weight, but this does not prevent you from trying to get to know the guy tattooed in the tram.

Under 17 points - low tolerance for people who possess tattoos

The tattoo for you is a taboo subject. Your first reaction when you see a tattooed maid is to scream for her how vulgar she is. You do not understand why they're making some tattoos, but you know you would not do it forever.

Procedure

In December 2010, the instruments were applied to a total of 60 subjects, 30 of which possessed at least one tattoo and 30 subjects had no tattoo.

Subjects have been notified that they will be confidential and that there are no good or wrong answers.

Results and discussions

The first hypothesis interpretation of the results, it can be seen how the holding of a self-esteem tattoo influence by showing the results of frequency values (13) lies within the range 20 to 30 points - in the case of high self-esteem which has at least one group as compared to the frequency tattoo of the results values (14) for the group that does not have any tattoos that fall between 0-10 points of low self-esteem. This means that the values of subjects without a tattoo tend to be lower than those of tattoo subjects, the presence of a tattoo influences positively the level of self-esteem.

Interpreting the results of the second hypothesis, we can see how the holding of a tattoo influences the high level of tolerance by highlighting the frequency of the results values (12) which fall between 37-45 points - high tolerance for the group holding at least one tattoo compared to the frequency of the results (23) in the case of a group lacking any tattoo falling below 17 points - low tolerance. This means that the values of subjects without a tattoo tend to be lower than those of tattoo subjects, ie the presence of a tattoo positively affects the level of tolerance with respect to tattooed persons.

Conclusions

Regarding the hypothesis supporting the influence of having at least one tattoo on the high level of self-esteem, significant differences can be noticed between the two groups of the study.

Thus, the group of subjects possessing at least one tattoo tends to have higher scores from Scala Rosenberg compared to the second group of non-tattoo/ subjects who tends to have lower value at the Rosenberg Scala, that is, subjects possessing at least one tattoo denote high self-esteem while subjects without a tattoo have a lower self-esteem.

As for the hypothesis that supports the tattoo influence on the perception of society, significant differences can be noticed between the two groups of the study.

Thus, the group of subjects possessing at least one tattoo tends to have higher scores from the *Questionnaire on the Concept of the Romanian Society on Tattoos*, compared to the second group of non-tattooed subjects, which tends to have lower values in the questionnaire about the Romanian tattooed society, subjects with at least one tattoo denote a high tolerance on the person being tattooed whereas subjects who do not have any tattoos have a lower tolerance on the tattooed persons.

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**FOR SCIENTIFIC ETHICS: INTERVIEW WITH
PEOPLE WHOSE OPINIONS ARE NOT USUALLY
TAKEN INTO CONSIDERATION:
CROSSED VIEWPOINTS**

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Abstract: What ethics to adopt and what responsibilities to assume for the researcher who investigates by engaging the speech of those whose opinions are not usually taken into consideration? How is the researcher's report played out to his respondents? In very different fields of research - the sociology of mental health and the history of contemporary art - these questions arise in the same terms. This article is based on the research experiences of the research authors. They all have experienced a relatively complex survey approach because of the respondents' positioning, perceived as "stigmatizing" or "out of step" from society's point of view. Laurence Fond-Harmant has gathered a panel of testimonies for the de-stigmatization of psychiatric diseases by inviting patients to testify of their relation to their mental pathology and to the social world. Lydie Rekow has interviewed live models of the contemporary artist Paul-Armand Gette with the aim of listening to the voices of those who act as part of his art, in order to constitute a corpus of knowledge enlightening the modalities of the artist's artwork.

Mihaela Gavrilă-Ardelean has studied occupational interview techniques and educational methods to reduce stigma of people with mental health problems. Liviu Gavrilă-Ardelean has been working for over a decade with children with mental deficiencies, improving their compliance to medical treatment. In all cases, the researchers have adapted to a new audience and adopted a new position; what are the stakes and issues, the added values and the scientific postures in the field of the interview? These are the tormenting questions of scientific ethics that the article attempts to answer. It inscribes the tracks of reflection in the deontological and ethical framework of the fields of research reviewed in human and social sciences.

Keywords: scientific ethics; social survey; de-stigmatization; public mental health; live models.

Introduction

Although this reflection concerns different fields of research - The History of Contemporary Art and *Public Health* - it aims to identify, so as to analyze, the stakes of the practice of interview with disregarded, ignored people, studied in Humanities and Social Sciences. Because of their social position perceived as "stigmatizing" or "marginal", the approach of these subjects engages the researcher in a complex relation of proximity, of even intimacy. In the field of the *Promotion of Mental Health in Public Health*, it is a question of gathering a panel of testimonies on the de-stigmatization of psychiatric patients living outside the hospital. Surveys have been conducted on patients invited to testify about the relation between their mental disease and the social world. This work, completed as part of a European project, enabled the production of a DVD- used by health professionals and professionals in the social sector (Blanchet, *et al.*, 2010). In the research of *Contemporary Art History*, the aim is to create a body of knowledge that sheds light on the work of the contemporary artist Paul-Armand Gette (1927). The purpose of the collection of data is to gather the declarations of some of his living models, by questioning them about the working relationship they have with the artist, especially about the freedom he offers them in the setting of his artistic activity. It is a matter of analyzing their interaction and measuring its influence on the artist's work.

The interview always presents a social relation; it poses an *interlocution* situation and engages a research protocol. Concretely

supported by our research experiences, our concerns focus on the stakes and the respect for values and ethical standards in the field of interviewing in the humanities and social sciences. More specifically, we question the positioning of researchers who investigate individuals with a singular profile in that it is a deviation from an expected social or scientific norm. In the history of traditional art, living models are generally considered only a workshop *tool* devoid of artistic meaning. The mentally ill are also very rarely listened to; others take charge to speak for them!

Thus, because of the nature of the relationship which is nevertheless possible to establish with these people, we attempt to clear the new deontological problems that arise.

How does the researcher's relationship to his respondents play out when they do not constitute an identifiable group, and they are not given the opportunity to speak their minds? What ethics and what responsibilities must the researcher have?

We propose to formulate these ethical and normative questions because they torment us as researchers; they compel to consider the relation to the respondents and to the final outcome of the analysis not only as a scientific report, but also as the elaboration of a survey which calls for other measures of protection and interpretation of the research item.

Finally, we suggest ways to understand the scientific stakes and the contribution of such approaches to a renewal of the professional practices of the Human and Social Sciences researcher.

Mental health research

Our project concerns four European countries with different realities: France, Belgium, Luxembourg and Germany. It is financed by the European Regional Development Fund. It includes several components (Fond-Harmant, 2013), in particular a common and cross-border need for partners to work towards the destigmatization of mental illness among the general population and non-psychiatric professionals in these four countries. For pedagogical purposes, one of the pilot actions for this part of the project consisted in developing a bilingual German-French DVD, gathering interviews and testimonies from users of the psychiatric services. "The stigmatization of the madman and the asylum "has no borders. It is based on a social disagreement of personal characteristics or beliefs that are perceived as going against cultural norms". According to Goffman the stigmatization of individuals occurs when they present a variant relative to the models offered by their environment (Goffman, 1963).

Why give the floor to users of psychiatry services? What difficulties does the researcher encounter? Gathering the opinion of users, patients of psychiatric services, is not always easy (European Commission, 2005). Before the major reforms of psychiatry, the users of hospitals have never had the opportunity to express their thoughts in this environment. If needed, caregivers, educators, or their families would speak for them. They would communicate the patients' discomfort, their relation to the disease, their compliance with drug treatments, etc. Twenty years ago, the situation started to change. The emergence of new neuroleptics and the reduction in the number of psychiatric hospital beds have caused patients to live outside the hospital in the ordinary environment and to become full-fledged citizens. The development of ambulatory services ensured that patient care was provided and crisis situations were avoided.

This is how our project fits into a "community" vision of mental health, in which each type of actor expresses themselves, valorizing their own point of view (WHO, 2004). It is based on the concept of user *empowerment*, of recognition of their expression and expertise (Blanchet, *et al.*, 1993; Gavrilă-Ardelean, 2016; Gavrilă-Ardelean, 2016).

Methods

A sample of respondents was constituted to gather interviews of testimonies, for a better understanding of mental health disorders and their consequences on the social life of people who no longer live in psychiatric hospitals, but in a community. A semi-directive interview grid was developed for the patients invited to testify to their relationship to their illness and to the social world. Nine themes were chosen to structure the speech:

- a. User perspectives on mental health;
- b. Solitude;
- c. Addictions and substance addictions;
- d. Couples and sex life;
- e. Temporality and rhythm of life;
- f. Views of others;
- g. Relation to the general practitioner;
- h. Violence;
- i. Knowledge about the care system.

In this context, our interviews consist of producing a more or less linear discourse with the minimum of intervention on the part of the researcher. The aim is to provoke a discourse based on the nine items, after having received the agreement from the surveyed patient, then to facilitate it to explore the information available to the respondent on

these topics. The purpose of the interview is to gather information on the respondent's opinion on the subject.

The interview's setting corresponds to a symbolic and physical social construction that is necessary to maintain regardless of who the questioned people are and the pathology that affects them. For the researcher, the work is based on the need for a scientific methodological framework.

It is a research interview, not a therapeutic meeting, whose function is to solicit a speech aimed at eliminating symptoms in the context of a consultation, and not yet a clinical interview, which is both therapeutic and a research (Blanchet, 1985; *et al.*, 1987). In our work process, our interviews and collections of testimonies are intended to verify hypotheses and to deepen knowledge (Ghiglione & Matalon, 1978). It is a matter of collecting fragments of life stories, by the method of *ethno-biography*, of integrating the narrative into its environment, for which it represents a component (Bertaux, 1974).

For Gorden, the methodological approach is based on the triptych: Intrigue/Scene/Distribution which constitutes its three central dimensions (Gorden, 1969).

Results and Discussions

It is about being cautious with people as well as with the normative and scientific codes of ethics. We have ensured the smooth running of each interview, emphasizing caution, respect, listening.

Table 1.
Table summarizing triptych for the methodological approach, after Gordon

The triptych	The items
Intrigue	The theme / Objectives
Scene	Time and place The definition of the situation
Distribution	The different actors

Aware of the fragility of people and of the strength of their speech, the researcher collects the words that give the meaning of their testimony as

a direct contribution to the work of *de-stigmatization* of psychiatric disorders. To achieve this goal, the researcher must build a scene, as Gorden says, and find the right cast of actors.

Research in History of Contemporary Art

The lack of interest in the personality of living models is evident by the almost total absence of documents on their subjects. There are certainly some letters, anecdotes, biographies, but the use of the living model for academic purposes erases any attachment to people. Apart from the intimate relations that Rembrandt, Rubens or Picasso have maintained with their models that were also their wives, the living model has no recognized personality; like a still life, the model is for study. Since the XVth century, many documents attest to this. The XIXth century offers some emerging personalities in the world of brothels and thus the scandalous model appears - in the features for example of Victorine Meurent, regularly employed by E. Manet (1832-1883). The pecuniary relationship that usually binds the model to the artist has not favored his reputation: surreptitiously, tradition has made living models women of little virtue who earn their living by showing off their bodies. Art and morality merge in the eyes of the public; a charge of indecency is even supposed to weld the question of looks in the closed workshop of an artist. Changes are beginning to occur due to some artists who introduce relative disorder into the conventional pose of professional models. E. Degas (1834-1917) or H. Toulouse-Lautrec (1864-1901) are interested in women that are "simple and honest, who take care of nothing other than their occupation" (E. Degas, apud Borel, 1990: 122). These models of a new kind - they no longer pose but indulge to an activity, from the most banal to the most intimate - were appreciated because they represented the reality of everyday life. Likewise, in the studio of A. Rodin (1840-1917), the models remain solicited so that they engage with naturalness; it is no longer a matter of still poses, but of lively body movements. The integration of the model in the (or her own) daily life implies a real personal engagement in the exercise of this activity. The fascination with the model becomes obsession to P. Picasso (1881-1973). In his work, the model takes over the palette, and painter-model couples freely embrace. Through the game of substitutions or inversions, the artist takes the place of the model that takes the place of the painting that takes the place of the artist ... the stagings of the gaze redouble in a play where relations are confused. The figure of the model imposes itself, beyond the person or her temperament, as the master of the artwork. Current artistic research is no longer guided by model compliance; the stakes follow the emancipated gaze of artists freed from the plastic constraints they once submitted to. Nevertheless, working with live models occurs from a tradition for certain photographic, filmic or scenic practices: the models either

play roles in agreement with the artist, the director of the work, or become partners, collaborators or activators of artistic events. For example, the *Anthropométries* by Yves Klein (1960) shows the active participation of the models in that they are at the same time, models, brushes, painting, and sculpture.

In and through his attachment to models, the entire work of Paul-Armand Gette expresses a particular and delicate attention to the world. Nature and body are observed, combined, explored and captioned to form a universe inhabited by nymphs of all kinds, where discourses with a scientific tone are translated into poetry.

Methods

Our study of this prolific work focused, at first, on the notion of shared pleasure with living models; they occupy the space of this art with such freedom that it seemed relevant to us to reveal a new type of artist-model relationship outside of all conventions, study conducted in the framework of a D.E.A. in History of Contemporary Art, in University of Lyon II, 1994. Through direct interviews with people who have been models for Paul-Armand Gette, our objective was to create new, original sources and to show the specificity of the relationship that is being played out, for a better understanding of the artist's work.

Before meeting the models, we made a semi-directed interview grid in order to structure the conversation. While respecting individuality, this grid also allows a common sense of analysis of the singular experiences of each model. For the development of this grid, our work elements came partly from conversations with the artist, and also from the results of our research on the traditional use of living models, which faithfully follow the thread of history art (Borel, 1990; Clark, 1969).

Paul-Armand Gette develops an artistic activity with models - feminine or masculine - in terms of collaborations. He treats this matter as a committed criticism to the systems, codes and methods of which he systematically foils the purpose, by using them out of context or by applying them to different objects. Like any other system, the models are apprehended out of context; by depriving them of the comfortable role of being at the service of the artist, Paul enjoys "watching the models idle" (Gette, 1994).

Note that he does not choose his models, he only determines the framework in which he agrees to meet people who wish to work with him; in fact, he accepts all those whose motivation is stronger than a physical quality or relative canons. The fact of not remunerating those who accept to work with him renews the idea that the motivation of the model must be totally oriented towards the desire to be a model, driven by pleasure. The chance of the meeting

often guides the artist, reaffirming the autonomy of the model he intends to respect. Moreover, by submitting to the desires of the model, he proceeds to an unusual reversal when it comes to artistic creation. Not guiding his models and, what is more, enjoying being led by them, can be interpreted as laziness or even indecency. Nonetheless, the models are invited to find freedom in the open space of the art of Paul-Armand Gette, and are given the opportunity to demolish the stereotypes, to have fun teasing the artist and the public in the field of representation.

As a historian of Paul-Armand Gette's art, we are interested in the way in which artistic collaboration works; the terms of freedom, recurrent in this work, unravels the practices and opens unexpected fields for the artist. Our approach fits into the logic of *a contribution to the study of ...*, placed within limits inherent to the work of the researcher engaged in a prospective research, necessarily incomplete for various reasons (some answers are negative, the number of answers I receive is well below the number of models, I can not meet all models that agree to talk to me (lack of time, economic issues).

Before the beginning of the actual interviews, we invited the participants to become acquainted with our previous work. They received the general outline established for our interview – an opportunity for them to discuss the axis of our conversation, to consider another, or, if they accepted the project, to keep in mind the proposed structure before meeting us; we did not want to force or compel people to choose any line or orientation; the questions were asked only in case of need, the tone of the conversation being more easily adopted. Our method was to listen. Our constant concern was to allow the models to talk and to let the conversation flow in the direction they wanted it to.

We are aware that we are in the presence of personalities from whom we have everything to learn, since they were at the heart, and often at the origin of the time of creation. They have lived an exceptional experience that they are proud to describe. Likewise, we measure the immense favor we benefit from. Logically, in this context, our method of inquiry is a means of establishing a dialogue that aims to give the word its freedom, in the open space that we organize, in our turn, at the time of the interview - as their gestures, their postures, their presence were free and creative while working with the artist.

Issues of discrepancies

Thus the investigative work involved in the elaborate research reveals a twofold deviance: that of the artist facing conventions - with and in close agreement with his models-collaborators; but also that of the interviewer facing the stereotypes of the interview, since we accept that the interviewees decide themselves the tone of the meeting.

Rich in their experiences of freedom in art, the models offer unrestricted speech time, with or without intrigue, in the field of narration; we never prejudge reality or the fictional dimension. As the artist foils artistic conventions, the inquirer must shift from an interview with analytical purposes, subject to the usual social typology. When we bring to light the point of view of the model, we are led to play a role of *between-content* (the one who holds information between two parties) to make a singular voice heard that reveals an originality, and that determines intentions regarding the stake of the participation in the space of the artist's art. In this way, the investigator partially opens an obscure field of art history by making the voice of those generally constrained to silence, and whose role is limited to figuration in an image, readable - and audible. This contribution to thinking about the history of a discipline cannot be fulfilled without the support of the main actors, because the way in which the sources were collected guarantees their validity, and the respect for each person's role.

Discussion-Conclusion: for scientific ethics

In both disciplines of our research experience, reflection tracks enable the identification of scientific stakes in conducting interviews with people whose opinions are not usually taken into consideration.

How does the researcher's report play out to the respondents?

These interviews are not just a collection of users' or artists' models' opinions. The mental health researcher influences the respondent who signs an "informed consent form" validated by the National Ethics Committee for Research that informs him of:

- the purpose and description of the study;
- the duration, the place, the possible risks or inconveniences (for a study with medical analysis or therapeutic interventions);
- anonymity and protection of privacy and collected data.

In the History of Contemporary Art, respondents are verbally assured of this data, there is a tacit agreement which takes the value of a "contract" as long as people agree to have their words re-transcribed, and, later, published with their consent.

In this formalized context, the recognition of a bias in the relationship does not invalidate the method. On the contrary, it is a necessary and obligatory condition for this method to attain a scientific status. All discourse produced by an interview is co-constructed by the exchange partners depending on the stakes and interactions at work.

What are the responsibilities of the researcher?

In both art history and public health, the interview as a

qualitative method does not only provide data to the subjective judgment of the researcher. It possesses its own rigorous rules and methodologies (Mucchielli, 1996). From our experience, it seems relevant to formulate three great logics corresponding to three registers of scientific rigor.

A complementary logic:

Collecting data from any research discipline, in the form of interviews, is "to realize" in order to clarify science and research questions. It is a matter of elucidating, explaining and objectifying. To give the opportunity to speak to those who are not usually questioned is to change the social norms; it is to participate in a better understanding of the world and to advance the disciplines. These professional situations put the researcher in charge of bringing to light the invisible part of the 'iceberg'. Sociologically, it is to say out loud "the unspoken, the hidden, and the masked part"; it is to let talk those who had previously been silent because society and science were not yet ready to give them the floor.

A logic of producing valid results:

The validity of the results must respond to a solid methodology as opposed to an intuitive interview approach.

Listening to those who are not often interviewed requires the sharp knowledge of a subject, its problematic and the questions to be addressed. The survey protocol must be in adequacy with the data sought. These social survey situations involve a great control over the parameters that influence the interview situation. The researcher must selectively orient the listening according to objectives and hypotheses well worked in advance. As for the discourse analysis, it must have a coherence that inscribes it in the social dynamics of the evolution of the scientific demarche.

A deontological and ethical logic:

The research guidelines propose an ethical evaluation of projects based on the principles of beneficence and respect for the individual and social justice. The interview survey is constructed in compliance with ethical standards relating to the scientific validity and the necessity of obtaining the consent of the respondents. The fair selection of subjects, especially with regard to vulnerable people, represents an important reflection prior to field work. Aspects related to respect for confidentiality and private life are also taken into account and participants' anonymity is preserved.

In Public Health, ethical issues concern individuals but also concern the communities. They accentuate the respect for the autonomy

of the individual and the group. The researcher's problems and difficulties arise from the tension between the application of scientific methods and the moral demands of the principles of respect for the autonomy of the person and benevolent and justice groups. The solution lies in the right balance to build and experiment in practice. In Contemporary Art History, we find more and more frequently participation-oriented works. They involve the contribution of either the audience, which becomes the performer, or the actants or actors who have the ability to modify or interact with the meaning of the artwork. This situation generates fundamental reversals as to the place of the protagonists and as to the very definition of what a work or an action of art is. However, it must not overlook people and individuals who play on a field of high level of personal commitment; people's intimacy, the secrets kept or whispered, the ways of seeing and understanding what they execute on behalf of another, must be respected and brought to light according to their will. The researcher is the guarantor of the intimacy revealed in the narrow framework of a study interview, whose sole objective remains the understanding of a collaborative work. Thus, the research is enriched by the consent of the actors, key essential to the right outcome of the investigation work.

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FAMILY EDUCATIONAL CLIMATE AND THE DEVIANT BEHAVIORS

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Abstract: The relationship between the role of the family in determining the deviant behavior is a topical aspect in interdisciplinary research. The family climate influences the child's harmonious development and helps him avoid the acceptance of deviant behaviors. The research was conducted on two groups of 30 young people (delinquents and non-delinquents) to track the influence of the family climate and the aggressiveness of the group who committed the crime without violence. The results reveal a rejective parental educational climate and a growing degree of aggression in the group that committed crimes.

Key words: criminal behavior, aggressivity, family educational climate

Theoretical framework

Family is the most important group of all social groups because it influences and shapes the human person. Some go even further and claim that its action on the person is so great that it equals the action of the other social groups (Bucur, Mociovan, 2003).

Transforming an individual into a person, that is, an "individual with a social status," is first of all the work of the family. There are two reasons that explain this family influence on the person; one is related to the fact that the family action is exerted earlier and the second is that for a long time the family is the way to channel any other socialization action, being identical to the whole social world of the child (Munteanu, 2009).

The main scheme of the family of child growth is formed on the model of relationships between parents or their relationship with the child. It was found that parents educated as they were educated. But the family does not only provide socialization prerequisites but at the same time it gives the child the

possibility of defining himself, through the play of comparisons, of imitations, of his own models, in other words his own position in the social universe. This permanent game of actions, relationships, attitudes that take place in the family environment contributes enormously to socialization, individualization of the child, and last but not least to the formation of the main springs that determine the personality's specificity (Bonchis, 2009).

All these contributions that the family has in the normal, mental and physical development and formation of the child, in some of the families they are child-bearing realities, but others unfortunately remain in the ideal state. For all these transmissions to be possible, for the existence of this family-child correlation, the psychic factors, the climate and the family atmosphere, the affective dynamics, must be of a positive nature, to have a good influence on the child's behavior.

The family educational climate is a very complex psychosocial formation, encompassing the set of mental states, interpersonal relationships, attitudes that characterize the family group for a longer period of time. This climate, which may be positive or negative, interferes as a filter between the educational influences exerted by parents and the behavioral acquisitions made at the level of the children's personality (Ilut, 2001).

The family educational climate can be analyzed according to several indicators: the way of interpersonal reporting of parents (level of approach and understanding, agreement or disagreement on various issues); the system of parental attitudes in relation to different norms and social values; the way the child is perceived and considered; the mode of manifestation of parental authority (unitary or differentiated); the degree of acceptance of various child behavior; the dynamics of the emergence of tension and conflict states; how to apply rewards and sanctions; the degree of openness and sincerity of the child in relation to the parents (Miftode, 2010) .

However, there are also types of faulty family climate, which affect the normal development of the child, with subsequent serious behavioral deviations. Among these faulty familial climates can be mentioned:

The rigid family climate is largely determined by the excess severity. Severity, within certain limits, imparts order, discipline, seriousness, it is constructive if it is based on good intentions.

But the excess of severity, expressed by the parents, expressed through rigidity and authoritarianism, will cause the child conflicting and oppositional states, a generally stressed atmosphere. Through such an excess the parent can impress the child with the feeling of alienation. In such cases the child can make the decision to leave the family.

In other cases, excess severity can cause and prolong the parent-child dependency, or a generation-to-generation conflict at the age of preadolescence

and adolescence. Under these circumstances, and especially when children are in great need of love, understanding, guidance, excess severity causes anxiety and resentment, generates a lack of confidence and demoralization (Buzducea, 2010).

The libertine family climate creates a casual, unconventional atmosphere in which the independent and tolerant parents adopt permissive attitudes. In such an environment, children are deprived of supervision, their education being entrusted to children or other relatives.

Lack of interest and firmness in the education of children is detrimental to their psychosocial maturity. At older ages, children are confused, suggestive or excessively independent by their negative autonomy, achieving school and professional outcomes below their aspirations and capabilities, and thus become victims of social nonconformity and delinquency.

The sense of affiliation is affected by negligence and "apparent" abandonment, which causes the child a feeling of embarrassment that belongs to that family (Ilut, 1997).

The anxiogenic family climate creates an atmosphere of deception and suspicion, of permanent anxiety caused and amplified by fear of illness, school failure.

This ambiance of tension, creates shyness in the child, prolongs the child's addiction to parents, increases distrust itself. It favors the inclination towards melancholy and reverie. Regarding the term "anxiety" we refer to frequent tension anxiety, expression of distrust in the favorable evolution of the desired situation, and not to anxiety, as a pathological condition.

The naive family climate is created by parents who are not mature enough to be responsible for raising children's education. Such relationships are broken down by the abolition of marriage or divorce. Parents are accused of social immaturity, and in such an environment, children are neglected and abandoned (Lacan, 1966)

Conflictual family climate is created because of family disputes due to alcoholism, neglect of marital relationships. Thus cohabitation in the family becomes a stress for every family member, children are traumatized by conflicts, placed on the side of one or the other parents, judging them. All these relate to the child, to the level of learning in particular (Scripcaru, Astărăstoae, 2003).

The distinction between offenders and offenders should be sought in the "delinquent threshold", meaning that some of the non-respondents need events, severe pressures to provoke a delinquent reaction, others pass out from a very slight outside excitation. Unlike them, the delinquent - opposed to the uninvited - does not wait for a good occasion, an external excitation, but causes the very opportunities in which he then operates.

In the final analysis, what makes it possible to distinguish the non-indictment of the offender, but even of the delinquents among them, is the more or less pronounced aptitude for the act. "Fundamental criminology is the science of passing on to the act of crime and nothing else" - concludes Pinatel (apud Buzducea, 2017).

Further analyzing the criminal behavior point out that the offender is not detained in committing his act of social abuse because he is labile, incapable of organizing himself in the long run, as well as being able to overcome the obstacles to his criminal action, because

he is dynamic and eminently aggressive. At the same time, he succeeds in overcoming his aversion to odious acts, for he does not care about anyone, he does not nurture feelings of sympathy for anyone and consequently can commit any crime (Durnescu 2009).

The offender presents himself as a deformed personality which allows him to commit atypical actions of an antisocial or disocial nature. It appears as an individual with insufficient social maturity, with social integration deficiencies, which conflicts with the requirements of the valor-normative and cultural system of the society in which he lives. On this basis, both the personality of the offender and the internal mechanisms (motives, motivations, goals) that trigger the transition to the criminal act as such are attempted to be highlighted. From the point of view of psychological peculiarities, some common characteristics found in most of those who frequently violate the law: emotional-acuity inactivity, social inadequacy, duplicity of criminal behavior, intellectual immaturity, affective immaturity, special sensitivity, frustration, complex of inferiority (Eibl – Eibesfeldt, 1995).

Hypothesis and objectives

Behavioral disorder has its roots in the parent-child relationship. Parental failure in maintaining a high degree of adaptation of the child to the environment can be addressed from the perspective of the following research objectives:

Identifying aggression as an internal factor that maintains or accentuates the psychopathological process of deviant behavior.

Highlighting the role of family educational patterns in determining behavioral disorders.

The hypotheses from which they started were:

H1: There are statistically significant differences between the two batches in terms of physical aggression. This will be statistically significantly higher for offenders than for those who did not commit a crime.

H2: Subjects who have committed a crime have assimilated a predominantly rejecting parental model as opposed to those who have not committed a crime.

Methodology

Lots studied

A total of 60 subjects aged between 19 and 30 were studied, divided into two lots:

Lot A - is represented by 30 male subjects who have been deprived of their liberty for violent crime. They are convicted of committing a crime or several crimes.

Lot B - is made up of 30 male subjects who have not committed any crime, are not in the records of the investigation or police investigators.

Methods used

The anamnesis which is a method used to obtain data about the individual's life and its evolution;

Carlo Perris' Inventory for Measuring Parenting Education Models - EMBU - This sample consists of 81 items and aims to measure the following 14 subsets of parental models: Abusive, Privative, Punitive, Humiliating, Rejective, Overprotective, Overprompted, Tolerant, Targeting performance, Generating guilty, Stimulating, Favoring others, Favored topic. These subscales are grouped into the following four factors: Emotional Heat, Overprotection, Rejection, and Favored Subject.

The Aggressivity Questionnaire (A.H. Buss and M. Perry)

This questionnaire represents an improvement in the Hostile Inventory conducted by A.H. Buss. It has as its primary objective the measurement of aggression and includes 29 items. They are grouped into four scales targeting physical aggression (9 items), verbal aggression (5 items), anger (7 items), and hostility (8 items).

For the quantitative interpretation of the hypotheses of this study, we used the SPSS11.0 statistical program.

Results and discussions

Testing the hypothesis 1.

For testing the hypothesis, the t test was used to compare the averages of the individual samples.

Table 1.

The average and the standard deviation of the two scales

Sample	N	Mean	Std. Dev.	Std.Error Mean
Lot A – crime without violence	30	20.27	4.34	.79
Lot B – control sample	30	11.87	2.58	.47

The average of the two batches for the aggressivity variable is 20.27 for group A and 11.87 (standard deviation of 4.32 for physical aggression and 3 for the anger variable) for group B. The higher the average, the higher it approaches the maximum value of aggressiveness for subjects so that the first batch is closer to this maximum value than the second batch.

In order to support the hypothesis of a difference in the level of aggression between the two categories of offenders and offenders, we must reject the null hypothesis. To reject the null hypothesis, we must show that the

chance that these differences occur by chance is less than 0.05. Following the t test for independent samples we obtain the following essential information extracted from the output provided by SPSS:

Table 2.
Comparison Index

	Levene's test for equality of variance		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence interval of the Difference	
								Lower	Upper
Physic Equal variances assumed	11.75	.001	9.112	58	.000	8.40	.92	6.55	10.25
Aggressivity Equal variances not assumed			9.112	47.26	.000	8.40	.92	6.55	10.25

For the physical aggressivity variable $t(58) = 9.11$, the difference between batches is statistically significant at a $p < .01$ which leads to the rejection of the null hypothesis showing that there are no significant differences between the two batches in this variable.

We can also say that the difference between test values in the case of physical aggression of subjects who committed a violent crime ($M = 20,27$, $SD = 4,34$) and those who did not commit a crime ($M = 11,87$, $SD = 2.58$) is 8.40. The 95% confidence interval for this difference is from 6.55 to 10.25. because the interval does not contain the 0.00 point difference is statistically significant at the level of two-tailed significance of 1%.

A first explanation for the significant differences in the two batches for the level of aggression is that for those who committed a theft offense, there is an increase in aggressive antisocial manifestations in interpersonal relationships as opposed to the other subjects in group B. Also, the first passive components (egocentrism, lability, affective indifference) have the role of letting aggressiveness manifest itself freely, (the barriers that normally inhibit

aggression, these people are missing).The core of criminal behavior in these subjects is made up of four elements: egocentrism - the tendency to relate everything to itself; lability - behavioral instability; aggressiveness - the component that eliminates barriers in the way of human acts; affective indifference - that is, the absence of emotions. The active component of aggression plays a decisive role in the transition to the criminal act, and the passive, represented by the neutralization of the inhibition at the time of committing the criminal act, has the role of letting the aggressiveness manifest itself freely. Although the offender's behavior is often assimilated to simple aggressive behavior, in reality it is a behavior made possible by the absence of barriers that usually inhibit aggression. Aggressivity appears as a continuous inner pressure with destructive tendencies and requires continuous discharge. This spontaneous aggressiveness episode is an urgent need for unloading. People who have committed a violent crime talk about the compulsion to kill that is felt as an internal force that urges them to kill. Switching to act is the release from inner tension that becomes unbearable. Once theft is accomplished, tension is diminishing and some satisfaction occurs over a period of time.

In the case of non-offenders, aggression is under the influence of society turning into altruism as a reactionary formation. It is a transformation of selfishness and cruelty to their opposite: altruism and compassion. The hostile pulses have not disappeared, but they are reversed and maintained by the inverse tendencies.

Testing the hypothesis 2

The mean mean and standard deviations for the parental rejection model variable are shown in Table 3.

Table 3.
The mean mean and standard deviations for
the parental rejection model variable

Sample	N	Mean	Std. Dev.	Std.Error Mean
Lot A – crime without violence	30	50.63	13.03	2.38
Lot B – control	30	42.47	6.64	1.21

sample				
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For those with violent offenses, the average value of the design of a rejection parental model is 50.63 and the standard deviation of this value is 13.03. For subjects who have not committed an offense, the average value of the parental model is 42, 47 and the standard deviation of 6.64. Following this notification, we can say that the average for this dependent variable is closer to the maximum value for people who committed a violent crime than to the other lot. To see if this difference between test values is significant, we need to inspect Table 4 of the comparison index.

Table 4

Comparison index.

	Levene's test for equality of variance		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence interval of the Difference	
								Lower	Upper
Parental Equal variances assumed	10.698	.002	3.058	58	.003	8.17	2.67	2.82	13.51
Rejection Model Equal variances not assumed			3.058	43.11	.004	8.17	2.67	2.78	13.55

For the parental rejection model variable $t(58) = 3.05$ the difference between lots is statistically significant at a $p < .01$ which leads to the rejection of the null hypothesis showing that there are no significant differences between the two batches in this dependent variable. The difference of 8.17 for the parental rejection model variable is also statistically significant ($p > .01$) at a confidence interval of 2.78 to 13.55. ($M = 50.63$, $SD = 11.03$ for group A and for group C $M = 42.47$, $SD = 6.84$).

Family life is the place to offer the most opportunity to investigate the etiology of anti-social behaviors, and precisely in this family life, or in its substitutes, the character of the subject is built in all its positive aspects. In the antisocial behavior an important element is that at a certain point or at a certain stage of development there has been a true failure of the Ego support that

sustained the emotional development of the individual. Instead of natural growth, there has been an individual's reaction to this disorder.

The maturing processes of those who have committed a crime have been resolved by the failure of the favored environment. It is known that the True Self can not become a living reality as a result of repeated mother's success in meeting the spontaneous gesture or the sensory hallucination of the subject during childhood (the baby's ability to use a symbol). Moreover, the severity of the parents practiced in a chaotic, excessive or too diminished way, as well as the inadequate supervision as well as the parental conflicts, have increased the number of crimes committed by the subjects in question, in general the presence in the education of the children of some factors adds to the parent doubles the risk of committing crimes later.

Conclusions

Behavior of the offender in the social environment is investigated by approaching individual development from childhood to maturity. Destructive impulses vary from individual to individual, are an integral part of psychic life, even under favorable conditions, so that child development and adult attitudes result from the interaction between internal and external influences.

The research carried out on two comparative lots of offenders and non-offenders revealed that there are statistically significant differences between the two groups in terms of physical aggression in their personality structure. It has also been shown that the subjects of the offender group have experienced childhood offensive paradigmatic models that have influenced their dysfunctional development.

The aim of the research was to highlight factors that can be worked through various forms of therapy to improve individuals' behavior and their future reintegration into society.

Acknowledgement: We hereby state that the subjects involved in our research were informed about the voluntary character of participation in this research, about the understanding of information and of that fact that withdrawal from research is possible at any time without negative consequences upon the participant. The research complied with all ethical research standards, the research participants/participants` guardians giving their consent to participate in the research.

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PSYCHOLOGICAL ASPECTS OF BODY DISMORPHIC DISORDERS AND COSMETIC SURGERY – LITERATURE REVIEW

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Abstract: All around the world, there is a explosion of cosmetic surgery industry, growing daily. An emerging literature indicate that the cosmetic surgery industry should be more strict about the choice who they accept for treatment. Recent studies assesing the prevalence of body dismorphic disorder (BDD), and the multiple psychological aspects of this menthal health disorder by patients seeking help and hope in plastic/esthetic surgerys and cosmetic/MI (minimally invasive) interventions. This paper examines, as suggested by recent literature, several psychological aspects of menthal illness BDD. We discuss the implication of these finding and offer direction for future research. The *results* shows how many symptoms are includet in this disorder and that the individuals who have BDD are considered high risk patients.*Conclusion.*We conclude that, all the teams involved in the cosmetic surgery industry should be more strict about the choice who they accept for treatment.The awairness of plastic/estethic surgeons using screening tools, as standardised daily practice, to identify patients affected by BDD.The refferal after the recognition of BDD, to a psychiater or psychologist are important steps to an adequate treatment.For patient safety to establish standards tools for minimize the likelyhood of intervention complication and to avoid psychological complication.

Keywords: body dysmorphic disorder, dysmorphophobia, cosmetic surgery, esthetic surgery, body image, psychological aspects.

Introduction

Body dysmorphic disorder (BDD) is a mental disorder characterized by excessive repetitive preoccupation with nonexistent or minor flaw (Crerand et al., 2010) and very largely variety of symptoms (as living with the doubt if many parts of own body are not your own). In previous version of DSM-IV BDD was classified as somatoform disorders. Recently according to DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, fifth edition), is now classified under new category „obsessive-compulsive and related disorders” (OCDs) including eating disorders, obsessive-compulsive disorder, trichotillomania, hoarding disorder, somatic anxiety, major depressive disorder, anxiety disorders, psychotic disorders and excoriation disorder (Schieber et al.2013). New criteria was introduced recently in DSM-V, like presence of repetitive behaviors or mental acts (thoughts) helping for (Schieber et al, 2015). Diagnosis involving distress due to a perceived physical anomaly, such as a scar, the shape or size of a body part, or some other personal feature (Schieber et al., 2013). Comorbid depressive symptoms are also common features of BDD (Phillips et al., 2007). While most individuals feel a degree of doubt or dissatisfaction with their appearance at times, (NHS, 2012) individuals with BDD will experience persistent and intrusive thoughts about the imagined flaw, in the absence of a real physical deformity or anomaly ([APA, 1994](#)). The person affected by BDD „at some point during the course of the disorder, the person has performed repetitive behaviours (e.g., mirror checking, excessive grooming, skin picking, reassurance seeking), or mental acts (e.g., comparing his or her appearance with the others) in response to the appearance concerns (Schieber et al.2013). There are also several non DSM-5 disorders and syndromes which are either rare, or culturally specific, such as gender dysmorphia, olfactory reference syndrome, body identity integrity disorder and dysmorphic concern (American Psychiatric Association, 2013).

There is difference between BDD and the distorted body image which is a defining feature of eating disorders, in that distorted body image involves a preoccupation with overall body mass, whereas BDD involves focusing on a specific part of the body or feature.

BDD can cause distress, excessive self-consciousness, and avoidance of social situations and intimacy, leading to depression, isolation, and potentially suicidality, functional impairment (Kenny, Knott, & Cox, 2012), feelings to being a burden and social withdrawal (Joiner et al., 2009).

According to DSM-5 data, the incidence of body dysmorphic disorder in the United States is 2.5% in males, and 2.2. % in females (American Psychiatric Association, 2013). There is a 1% prevalence in the population of the UK (NHS, 2012) and among German general population a prevalence rate of 1,7% - 1,8% (Rief et al 2006; Buhlmann et al 2010). The prevalence point in people affected by BDD, who are seeking cosmetic surgery is 15,6% (Buhlmann et al., 2010).

Kollei et al (2012) examined, body image dimensions, emotions and thoughts control strategies in four different groups. The subjects from the group who have been affected by BDD (N=31) scored higher on psychosocial and appearance manipulation dimensions of body image compared to healthy controls (N=33). The groups with anorexia nervosa (N=32) and bulimia nervosa (N=34), reported higher psychosocial impairment and a higher degree of negative emotions compared to the healthy controls (N=33). Different body image dimensions from body image as „negative impression on other people”, „assessment by other people”, „familial burden” and also a distorted own body image has been studied and the results show that they are present in individuals with BDD (Kollei et al., 2012). The results reveal that BDD subjects expect to be judged negatively by other people due to their appearance, often feel they experience a lack of understanding from other people when mentioning or talking about their appearance related worries (Kollei et al., 2012). Also individuals with BDD reported more psychosocial burden, appearance manipulation, more psychosocial impairment due to appearance, compulsive checking, camouflaging and mirror avoidance (Kollei et al., 2012). The study findings that negative body image triggers negative emotions which may again elicit negative and dysfunctional beliefs about one's appearance (Kollei et al., 2012). The necessity of special interventions approaches focused on the whole negative emotions spectrum present in individuals affected by BDD has been suggested (Kollei et al., 2012).

According to the cognitive behavioural models that consider certain personality traits to be risk factors for the development of BDD (Schieber et al 2013). In their research will be examined perfectionism, aesthetic sensitivity and the behavioural inhibition system (BIS). There has been examined individuals with BDD (N=58) and population control trial (N=2071). The main concern of the BDD group in their study were focused on the skin, stomach and hair. BDD group show a mean value of M=8.95 for the Dysmorphic Concern Questionnaire. The results of the study suggest that individuals with elevated perfectionism levels are more addicted to develop a BDD, BIS-reactivity is with BDD associated and especially perfectionism and BIS- reactivity are more pronounced in individuals with BDD compared to the population control sample (Schieber et al., 2013)

There are new characteristics of BDD, like presence of repetitive behaviors or mental acts (thoughts) introduced recently in DSM-5 (Schieber et al, 2015). Schieber et al. (2015) compare individuals diagnosed with BDD who present typical clinical characteristics of BDD as disliked body parts (nose, skin, stomach, breast and hair) and individuals without BDD. Their study results, showed that subjects identified with BDD reported more unattractive body parts, presence of dysmorphic concern, higher degrees of depressive symptoms and self-harming/suicidal ideas than individuals without BDD (Schieber et al, 2015). The new criteria for BDD in DSM-V may be useful to distinguish between various degrees of severity of BDD (Schieber et al., 2015).

Dey et al. 2015 found out in their study that depression and anxiety scores were elevated and highly correlated in patients with BDD compared with the non-BDD population. Moreover, the features of most common concern to their patients with BDD were the nose, skin, and hair and men and women are equal affected this is consistent with the literature finding that BDD affects men and women with equal frequency (Dey et al. 2015).

Weingarden et al. (2016) design a study to examine anxiety and shame as risk factors for depression, suicidality, functional impairment and days housebound symptoms present in body dysmorphic disorder (BDD) as well in obsessive compulsive disorder (OCD). The result shows that anxiety and shame was significant across BDD group (BDD=114) and obsessive compulsive disorder (OCD) group (n=114) compare to the healthy control sample (HC=133); also this research support the reclassification of BDD and OCD in DSM-V, into the same group Obsessive Compulsive Related Disorder (Weingarden et al., 2016) cause the depression, suicide risk and housebound values were similar in both groups, only the functional impairment was higher for subjects with OCD compare to subjects with BDD (Weingarden et al., 2016). Shame was a significant risk factor special for depression among subjects with BDD but not between subjects with OCD (Weingarden et al., 2016).

The study by Hartmann et al. (2015) examined three characteristics as follow, body image, beliefs about attractiveness and its importance and coping strategies (avoidance, appearance, fixing or acceptance) for thoughts related to negative appearance. The participants was randomized in three groups, individuals with anorexia nervosa (AN) and body dysmorphic disorder (BDD) healthy control group (HC), (Hartmann et al., 2015). The results found out that the two clinical groups showed higher score in BDD symptoms, eating disorders and depressive symptoms comparing to healthy control group (Hartmann et al, 2015). Regarding body image worse self-attitude, lower evaluation of their appearance and both clinical groups significant more avoidance and appearance fixing and less rational acceptance; body area satisfaction was lower and their

overweight preoccupation higher; AN Group had a lower BMI compare to the other groups (Hartmann et al 2015).

Recent study from Weingarden et al. (2017), investigate 165 participants and analyze the effect of stressfull events wich contribute to development of BDD symptoms. Part of the participants declare a triggering event and the other bullying experience. 37,6% of participants attribute the responsibility on a trigger event as the reason for the development of BDD. Social-cultural message of beauty is well known as event focused on physical appearance (Weingarden et al., 2017). Teasing and bullying incidents are the and the results from the study was the most commonly described events (Weingarten et al., 2017). Triggering events from participants were interpersonal and occured between grade and middle school (Gavrila-Ardelean, 2014). Most common reason now a days are experiences that instilled cultural or social messages about the importance of beauty (Weingarden et al., 2017).

The present paper is the beginning of a more alaborated study on the subject in Romania, where despite recent social and political changesit has been suggested that cultural norms and traditions have not changed at the same pace (Swami et al., 2018, apud Gavreliuc, 2012)

Method

The literature such was conducted using PubMed, Psychinfo, ScienceDirect, ReserchGate and Medline.Reviews and studies were identify using terms as: „body dismorphic disorder”,OR „dysmorphophobia”, OR,, body image” AND „psychological aspects”, OR „depression”, OR „eating disorder”, OR„anxiety”, OR „plastic surgery”, OR „esthetic intervention”, OR „cosmetic surgery”. The eligibility criteria for the studys to be included in the review was as folow:

- language of publication english or german.
- to investigate the psychological aspects of the BDD.
- to show the relationship between BDD and any risk factors wich increase the aggravation of the menthal health of the individuals with BDD.

Table 1. Summary of included studies

<u>Author /Country</u>	<u>N</u>	<u>Measures</u>
<u>Clinical Variables</u>		
Kollei et al. (2012)	31 (BDD)	1,2,3,4,5,6
Disordered body image		a.
Germany 1st group	32 (AN)	b.
Negative emotions		
2nd group	34 (BN)	c.
Intrusive thoughts		

Schieber et al. (2013)	3th group 33 (HC) 58(BDD)	7,8,9,10	a.
Perfectionism			
Germany	2071(control sample)		b.
Aesthetic sensitivity			c. BIS reactivity
Schieber et al. (2015)	N= 2129	11,12,13,14	a.
Preoccupation with flaw in Germany			appearance (n=340) b. Distress/impairment (n=151) c. Behavioral acts (n=142)
Weingarden et al. (2016)	N=361	15,16,17,18,	a. Anxiety and
Shame (relationship)			
USA	1th group (BDD=114)	19,20,21,22	-
Depression	2nd group (OCD=114)		-
	Suicidality		-
	3th group (HC=133)		-
Functional impairment			- Days housebound
			b. Level of anxiety and shame across groups
Hartmann et al.(2015)	N=69	26,27,28	a. Body image
concerns			
Germany	1th group AN=24	29,30,31	b. Beliefs
about attractiveness			
	2nd group BDD=23	32,33,34	c. Copy
strategies (avoidance,			appearance
3th group HC=22			for negative
fixing or acceptance)			thoughts.
appearance related			

Dey et al. (2015)	N=234	23,24,25	a.
Depression			
USA	1st group Cosmetic surgery	(122)	b.
Anxiety			
	2nd group Reconstructive surgery	(112)	
Weingarden et al.2017	N=165	35, 36, 37, 38,	a.
Triggering event			
USA		39, 40, 41, 42	b.
Bullying experience			

Abbreviations:

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1. Structured diagnostic interview (Mini-DIPS)
 2. SCID-I
 3. Yale-Brown obsessive compulsive scale,modified for Body Dysmorphic Disorder (BDD-YBOCS)
 4. Body Dismorphic Disorder Questionnaire BDDQ
 5. Differential Emotions Scale (DES)
 6. Control of Intrusive Thoughts Questionnaire (CITQ)
 7. Eating Disorder Inventory:Subscale Perfectionism
 8. Dysmorphic Concern Questionnaire
 9. Highly Sensitive Person Scale:Subscale aesthetic sensitivity
 10. Behavioural Inhibition System/Behavioural Activation System –Scale: Subscale BIS
 11. BDD diagnosis
 12. BDD perceived defects and flaws list
 13. Dysmorphic Concern Questionnaire (DCQ)
 14. Patient Health Questionnaire (PHQ-9)
 15. Body Dismorphic Disorder Questionnaire (BDDQ)
 16. Yale-Brown obsessive compulsive scale,modified for Body Dysmorphic Disorder (BDD-YBOCS)
 17. Suicide Behaviors Questionnaire-Revised (SBQ-R)
 18. Sheehan Disability Scale (SDS).
 19. Self-Report BDD Y-BOCS
 20. Obsessive Compulsive Inventory-Revised (OCI-R)
 21. Depression Anxiety and Stress Scale-21 (DASS-21)
 22. Test of Self-Conscious Affect-4 (TOSCA-4)
 23. BDD SCID,BDD Structured Clinical Interview for DSM-IV
 24. BDDQ, BodyDysmorphic Disorder Questionnaire
 25. Beck Depression Inventory (BDI-II)20;andthe
 26. State-Trait Anxiety Inventory for adults
 27. EDE

28. SCID
29. BDD-YBOCS.
30. BAAS .The beliefs about Appearance Scale
31. BDI-II. Beck Bepression Inventory
32. BCSI.Body Image Coping Strategies Inventory
33. BIDQ.Body Image Disturbance Questionnaire
34. Multidimensional Body-Self Relations
35. MBSRQ-AS.Questionnaire Appearance Scales
36. BDDQ
37. BDD-YBOCS
38. BDD Trigger event
39. Quality of Life Enjoyment and Satisfaction Questionnaire-short form (Q-LES-Q-SF)
40. Depression Anxiety and Stress Scale-21
41. Sheehan Disability Scale (SDS)
42. Multidimensional Scale of Perceived Social Support (MSPSS).

Discussion

The aim of the paper is to investigate the multiple facets of the BDD. Our findings from all the previous literature and included studys show the complexity and severity grade of the symptoms characteristic for BDD. Moreover the higher rate of comorbody in BDD shown how serious this mental disorder.

The reclassification of BDD in a new category of Obsesive Compulsive Related Disorders (OCRDs) in DSM-V is justified.Underscore similarity between BDD and OCD has been research in a study by Weingarden et al 2016. Both disease involve obsesion (repetitive intrusive thoughts, urges, or images that cause distress) and compulsion (rituals completed to reduce distress from obsessions(Weingarden et al., 2016). Special individuals with BDD are focused on a imagined or greatly exaggerated flaw in one's physical appearance, and specifically rituals to reducing distress related to this imaginet appearance flaw (American Psychiatric Association, 2013; Weingarden et al., 2016). BDD and OCD are associated with severe mental outcomes (Weingarden et al., 2016). Individuals with BDD judge their phisical aspect to be defective, they may extend the feeling to be broadly worthless and that determined to respond with shame (Weingarden et al., 2016). If this individuals are treated with intense distress and withdrawal,thats increased the risk to depression BDD symptoms predicted suicidal desire, and the mediator between BDD and suicidal desire is depression (Shaw et al., 2016). Individuals with comorbid BDD and OCD had an incesed risk for suicide attemps between 24% to 28% (Phillips 2007, Phillips et al, 2016,Weingarten 2016). Compare to other mental disorders BDD

has a higher comorbid rates, about 53% to 81% (Philips et al, 2006, Weingarden, 2016).

Recent study point out only few from the wider variety of the risk factors characteristic for BDD:negative emotions, anxiety, personality, body image dissatisfaction, shame, disturbed own body image, intrusive negative thoughts, obsessions, eating disorders, depression.

Anxiety and shame are strongly associated with poor life outcomes, and shame was specifically associated with suicide risk and functional impairment (Weingarden et al., 2016). Anxiety has been shown to be a risk factor for depression and depression mediat the relationship between BDD and suicidality (Shaw et al 2016). Personality traits can be risk factors for the development of BDD (Schieber et al 2013).

Increasingly, BDD patients seek out a cosmetic surgeon for a solution to „fix” their perceived, often delusional, defect/s in their physical appearance, and too often are profoundly dissatisfied with the outcomes of cosmetic surgery (Hodgkinson,2005). Plastic surgeons have recognized the difficulty of operating on patients with psychiatric disorders (Hodgkinson, 2005).Typically for patients with BDD is to try to request additional consultation, new procedures, well known, without any results. (Dey et al., 2015).

A range of screening instruments are available for professionals in mental health and cosmetic /esthetic seetings to help aid succesful diagnosis (Dey et al., 2015). They recommend also, that cosmetic surgeons should screen their patients for BDD as part of standard practice. The BDDQ screening instrument can be complete during the wait time to requaired their appointmentthe takes evaluated time,only 1 to 2 minutes.Grading takes seconds, and a positive screen result should flag the patient for further evaluation (Dey et al., 2015). Many recomandation for how to manage patients with BDD and might diagnose in both fields surgical and cosmetic/esthetic seetings (Crerand et al., 2006).

The gap in the research field is the motivation for a persons who have BDD to seek help in appropriate psychotherapie. Future studies are needed.

Conclusion

Body dismorphic disorder is a disease with a various symptomatic and subtle presentation of this affection. The clinical picture of BDD, grooming, camouflaging and mirror checking trying to correct, hide or distract from their perceived phisical defect, need from the teams a special awarenes, standardized screening tools for diagnostic to detect patients affected from BDD, befor any surgical/esthetic/Cosmetic/MI intervention and to recomand them to mental health care professional. Thus, in order to obtain valid and robust results,

studies should take into consideration to use a validated and culturally adapted instruments (Tudorel et al., 2018; Vintila et al., 2018).

This demand is a responsibility not only to protect vulnerable, weak patients with BDD, it is to protect all team members involved in the procedures settings too.

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AGGRESSIVE MANIFESTATIONS OF DETAINEES CONVICTED OF THEFT

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Abstract:The present research is the beginning of a longer process of describing the criminal reality of the penitentiaries in Romania. The purpose was to identify the manifestations of people in the penitentiary compared to a control lot. The manifestations identified in the group of detainees convicted of theft lead to the idea that in prison most people who get locked up and become deprived of their liberty express themselves sooner or later such behaviors.

Keywords: aggressive manifestations, detainees, theft.

Theoretical frame

Some authors attempt to express the complexity of the personality structure in its definition, emphasizing the order and the rule of composing distinct qualitative elements: biological, physiological, psychological and socio-cultural. Sheldon, defines personality: "as an ensemble of bio-physio-psychological characteristics that allows for an adaptation to the environment". R.B. Cattell considers "personality a dynamic factorial construction, expressed in the way of responses to situations". G. Allport, derives the meaning of the notion of personality in the intersection of basal, typological and individual structures. Despite the distinction between starting points and analysis procedures, most contemporary authors reveal, as a common radical definition of personality, the attribute of unity, completeness, structure.

In the structure and dynamics of personality are included not physical aspects of the body itself, but their value meaning, which crystallizes in the interpersonal relations and the social assessments; not the perception or the thinking in itself, but the consciousness of their value in realizing the self by comparing it with others.

From the whole analysis it follows that by the competition of the endogenous with the exogenous factor one comes to "a result of the complete and unitary development of the person's attributes", to a personal construction by which one "distinguishes himself as an individual" manifesting itself through a behavior " typical and unique "personality.

Despite the fact that personality is defined by the existence of a stable organization, consistency and high level of integration, it does not lose its dynamics attribute. It permanently offers us, along with a picture of states and a picture of transformations, processes that take place in different forms and rhythms. These are conditioned, on the one hand, by the interrelations and variations of the internal components, and on the other by the variability of human relations with the environment and with the group and society.

Personality of detainees

Otto Fenichel (1953), studying countless forms of delinquent behavior of varying nature and expressiveness, in individuals who did not have a disharmonic or non-proformed personality structure, noticed a series of features configured in an antisocial reactivity in which the following aspects are relevant: the presence of the three I (irritability, impulsivity, affective immaturity); the presence of the three A (difficulties of self-control, self-maintenance, self-regulation); intolerance to frustration, stress and cognitive-emotional dissonance; the voluntary, conscious acceptance of a deviant lifestyle; denial of social norms, social adaptation at a formal, superficial level. Specialist literature supports the idea that, from a psychopathological point of view, some neuropsychiatric sufferings are associated with deviant behavior, the onset of psychiatric illness being announced by committing a criminal offense. In this context, we are talking about central organic sufferings, about mental illnesses that induce deviant behavior (Rascanu, 1994).

The psychology of deviant behavior and delinquency analysis highlights the role of the personality in close correlation with the criminogenesis and psychodiagnostics of the torture behavior, aiming at explaining motivation, determined conditions and bio-psychopathological circumstances in concrete contexts of life, following the red thread leading to trigger deviant behavior.

According to Eysenck, all criminals are part of the extraverted group because they have great deficiencies on the line of self-control, are aggressive, and show strong attraction to the pleasures of the outside world.

The conditions for passing on to the act are condemned to criminals who commit serious acts by a core of personality whose components are egocentrism, lability, aggression, and affective indifference. The core of the delinquent personality is a dynamic structure, is the reunion and association of the above-mentioned components, none of which itself is abnormal (Breaz, 2018).

Pinatel (1979) places special emphasis on the fact that the core of the delinquent personality is not a given, but a result, underlining that the "criminal personality" he calls is not an anthropological type, any variant of the human species. "Criminal Pinatella" is a model that criminological analysis is used in research. It is thus a clinical tool, a working tool, an operational concept.

Defect personality and torture are the result of a whole set of factors: sociological, psychological, psychopathological, legal, demographic, anthropological interacting synergistically, but in the sense of negative adaptation. The individual who has become delinquent will be considered dangerous and will be rejected by the society.

Classification of detainees

Lombroso distinguishes the innate criminal, the epileptic killer, the killer in an irresistible passion, the weak-minded killer, and the occasional offender.

Ferri (1897) talks about the occasional killer and the habitual killer (with a weak spirit, the mental deviant).

The International Association of Criminals in 1897 proposes a new typology: the occasional killer; the criminal with limited capacity to adapt to social laws, but which can be rectified by punishments given by the courts; the killer whose adaptation to society is not expected, the hope of recovery being lost.

Denis Szabo proposes, in 1990, to classify offenders in: dangerous (criminal rooting, dissociation, exaggerated egocentrism); marginal (with easy to remedy psychological deficiencies); immatures (who have been identified with deviant behavioral patterns and criminal); with neurotic structure (does not support social, uneven roles in time, explosives).

Another distinction to be made is determined by the cultural level of detainees:

- with studies are more socialized, imaginatively compensates for the frustrations inherent in the prison, strive to maintain an acceptable level of civilization (elegant speech, clean clothes, politeness with the people around, close links with the family, press subscribers, open to dialogue);

- without education or those who "have nothing to lose because they have no book". They are marked by the existential failures recorded so far, for them life is no longer a permanent construction, but simply a life of life. They do not have a qualification, they do not have a family, they do not have a house, health or friends.

Another distinction concerns the dynamics of the mental health state during the execution of the punishment:

- detainees who maintain their soul balance due to the characteristics of the Ego;

- detainees entering the penitentiary with disharmony of personality, who are accentuated, although sometimes they obtain certain benefits from this refuge in mental illness;

- detainees who have depressive disorders in which their need for help has to be met in a qualified manner;

Classification of aggression

Delinquency and criminality are the top forms of the aggressiveness, and statistics compiled in different countries show a worrying rise in the rates of this scourge, only in the America, for example, a rape is committed every 6 minutes; every minute, another person becomes the victim of a robbery attack; every 22 seconds a car theft is committed; every 25 minutes a murder is committed (A. Karmen, 1990).

Aggression is born, a position backed by authors such as Sigmund Freud and Konrad Lorenz. In Freud's view, aggression is an instinct. People are born with the instinct to be aggressive and violent because that hereditary pressure can't be removed, it is necessary in the educational and cultural influence, find destructive ways to channel aggressive tendencies.

Regarding human aggression, if it were of an instinctual nature, we would expect to see many similarities between people related to the way of adopting aggressive behavior (Breaz 2011).

But reality has consistently demonstrated and demonstrated that there are large inter-individual differences in the manifestation of aggression. There are populations, communities that are almost ignorant of aggression, and others that are particularly aggressive.

The quasi-generalized rejection of the instinctual nature of aggression does not mean, however, ignoring some biological influences on it, such as:

- Neural influences; there are certain areas of the cortex that, due to electrical stimulation, facilitate the aggressive behavior by the individual;

- Hormonal influences; males are more aggressive than women due to hormonal differences;

- Biochemical influences (increase in alcohol in the blood, lowering blood sugar may increase aggression).

Aggressiveness is a response to frustration

Those who support this statement go from the belief that aggression is determined by external conditions. In this sense, the most popular and well-known is the frustration-aggressive theory formulated by John Dollard and other colleagues at Yale University. Just on the front page of their paper entitled "Frustration and Aggression", the two postulates appear:

- aggression is always a consequence of frustration;
- frustration always leads to some form of aggression.

Blocking the way to achieve a certain purpose creates frustrations, which, in turn, constitute the source of aggressiveness. Quite often, however, aggression is not directed at the source of frustration, but is redirected, displaced to a safer target, in the sense that it is unlikely that she will take revenge. An example (G.D. Myers, 1990) is the anecdote about a man who, being humiliated by a boss, sorely sucks his wife, who yells strongly at the child, he hits the dog biting the postman.

Aggressiveness is a learned social behavior

This position is related in particular to the name of Albert Bandura, who formulates the theory of social learning of aggression. According to this theory, aggressive behavior is learned in several ways, namely:

- through direct learning (by rewarding or punishing behaviors);
- by observing and imitating patterns of conduct by others, especially adults.

Most commonly, Bandura considers, aggressive behavior patterns can be found in:

- a. Family (the parents of violent children and those who are abused and maltreated often come from families in which physical punishment was used as a means of disciplining the conduct);
- b. The social environment (in communities where aggressive behavior patterns are accepted and admired, aggression is easily transmitted to new generations, for example, sub-cultures violence of some adolescent groups offer their members many models of aggressive behavior);
- c. Mass media (especially television that offers nearly every day physical or verbal aggressive behavioral patterns).

Methodology

The present study was performed on a sample of 60 subjects, forming 2 distinct groups. Out of the total, 30 detainees formed group A, the group of inmates for thievery of 30 men. The other 30 detainees form group B, the control group also made up of 30 males.

This study was asked to include both prisoners convicted of the theft offense and those in the control group aged between 18 and 50 years.

Participation was done on a voluntary basis, and the subjects were informed that participation in the study required completion of written tests (Self-Esteem Questionnaire, Eysenck Personality Inventory - Form A, and Woodworth Mathews Questionnaire).

Results and discussions

The results obtained can be explained from the perspective of several factors affecting the investigated detainees, namely that under the effect of

stress, these people are predisposed to neurotic disorders due to the environment in which these persons are.

People who get elevated odds to this dimension are characterized by a high emotional lability and have real difficulties in restoring psychic balance after emotional shocks.

For people who have a low level of neuroticism there is a possible explanation for these results, that is, it may be because they have not had the experience of the average penitentiary and its conditions so far.

Therefore, there is no significant difference in the level of lie between the subjects condemned for theft and those in the control group as to the level of the lie, because in both cases they were approximately similar, indicating that the subjects did not tend to provide answers to the examiner, to put in a favorable light.

There are differences in the impulsive-aggressive tendencies among detainees and the control group, which consist of lower values of impulsive-aggressive tendencies in the control group.

This means that between the two samples of the compared subjects there are significant differences in the impulsive-aggressive tendency.

Therefore, the subjects condemned for theft show impulsive-aggressive tendencies to a greater extent than subjects without a criminal record. Thus, we can affirm that defying and violating social norms, rules and obligations is less common in the control group than in detainees. Also, insensitive, arrogant and contemptuous conduct on the rights and feelings of those around them that is specific to people with aggressive tendencies are more common in detainees.

They are in the penitentiary environment, do not regret the offense committed because of ignoring the negative expectations and the consequences of their impulsive and aggressive conduct that led them to deprivation of liberty, they do not learn from the mistakes made previously and continue in this way in the penitentiary, "you understand." Many detainees, in order to create their sense of protection, show worse than they are in reality, more willing to resort to extreme solutions.

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ASPECTS OF EMOTIONAL ABUSE IN THE GYMNASIUM PERIOD

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Abstract: Emotional abuse, though harder to define and more difficult to detect, accompanies all forms of child abuse and has devastating consequences on its harmonious development. Our study on 60 children from the gymnasium stage meant to highlight the emotional abuse of children of this age and its possible consequences. Through a guided interview, the types of emotional abuse, its causes, the frequency of abuse, its association with other types of abuse were followed.

The obtained results reflect a rather worrying situation, proving that the parents' misconceptions and mentalities persist in their educational style, which may affect the psychic balance of the child in a difficult period of life, namely that of puberty. The counseling work of the psychologist or social assistant of the parties involved in forms of emotional abuse (parents and children) can contribute not only to improve the child's situation, its integration into the age group and the increasing of school's performances but also to improve its relations with parents and brotherhood and thus to increase its chances of a harmonious development.

Key words: abuse, children, performance

Theoretical frame

In today's evolving contemporary society, we can still encounter behaviors or situations that require society's full intervention through accredited institutions and staff. These are cases where parents abuse or neglect children, or are unable to give them the sense of protection, safety, and affection they need.

Concerns about this area's research, child abuse are relatively recent (about 50 years) and are related to the name of C.H. Kempe (Kempe, Silverman, Stell, Siver, 1962), which draws society's attention to the need to realize that the general purpose of a generation are children who will perpetuate humanity.

Emotional abuse is the most difficult to define, of all forms of maltreatment and may occur in very different situations of life. In short, it can be defined as a chronic attitude or action of parents or other caregivers who harm or hinder the development of a child's self-image.

Emotional abuse has nothing to do with isolated rejection events, which can be found in the vast majority of families. In situations where they are distant and irritated, parents can overlook children's needs and focus only on their personal needs. The child can react with anger, disappointment or confusion. Emotional abuse involves a pattern of steady and stable behavior towards the child, a behavior that becomes a dominant feature of his life. Evil produced may go unnoticed because the scars are inward, but the consequences are more serious than any other form of abuse (Neamtu, 2016).

The classification of different forms of emotional abuse can be based on the type of situation the child is subjected to. In practice, some situations are not distinct, being difficult to differentiate from others similar but not with connotation of emotional abuse.

A first type of abuse is related to *children who are negatively perceived by their parents*, sometimes even from the moment of their birth. They are exposed, from the first days of life, to different degrees of rejection. Children feel that something is wrong with them, that their parents consider them to be stupid, wicked or crazy. They are overlooked, ridiculed, rejected, seen as the main source of problems for parents.

This form of abuse can go hand in hand with physical abuse: sometimes emotional abuse is the most powerful, sometimes physical abuse may be the dominant one.

"*Cinderella Syndrome*" is another form of manifestation of emotional abuse, quite commonly encountered. The child is exposed in this case not only to the emotional abuse of parents but also to the brothers abuse. The other brothers, who, due to the parents' attitude, already feel insecure and suffer from chronic anxiety, choose as a means of alleviating their situation, the possibility of being allied with their parents, representing "the power". They will define their sister or brother as a stupid, impossible child who is guilty of everything that happens in the family.

Terrorising the child through threats of punishment, leaving or chasing is another form of manifestation of emotional abuse. Threats create a state of anxiety that the child can handle with great difficulty. A number of researchers

agree that the threats to separation are probably more detrimental than true separation.

Emotional abuse is different from the physical one because the abused person often does not realize this, and often the abuser is unaware of the gravity of his actions. Rohner (1980) uses the names of "parental rejection" and emotional abuse with the same meaning. "Parents who reject or subject children to emotional abuse are often those who do not like, do not accept or are against children (...). Rejection is manifested in the world in two main ways - on the one hand by indifference, and on the other by neglect. "(Rohner, Rohner 1980, p.193)

Another group of children who are exposed to emotional abuse are those whose parents are violent with each other. For many of these children, experiencing violence is to live in the same apartment or home with their parents and also to bear the consequences of the hate and hostility climate between their parents and the rest of the family. These children live in a state of anxiety and use their energy to take care of themselves and, sometimes, paradoxically, even by their parents. They are forced to take responsibility in situations for which they are not yet mature enough to deal with them. There is only very little joy or energy left to invest in play, in relationships with other children or in teaching. Children who are witnessing repeated episodes of violence among parents often fail to overcome a traumatic episode when the second is already showing up (Buzducea, 2010).

The situation of these children can also be characterized as one of more or less neglect by parents. Their possibilities for family identification are limited both in identifying with the abusive parent and in identifying with the abused parent. Later on, children's identity problems related to awareness of their own value, or clarification of sexual identity, can be seen in these children. Many of the children coming from such families and placed in child protection centers can be found later in the police reports or in the records of psychiatric hospitals.

A particular category is represented by *children whose parents consume drugs or other substances*. In such situations, children easily notice that adults in their entourage are concerned about their own world, their own problems, and can no longer take care of them either. A child usually lives in anxiety and is exposed to situations he can not understand. He notices that his parents can no longer take care of themselves and that they have lost control. *Children with divorced parents* are exposed to emotional abuse The child sees himself caught in the middle of a chronic conflict where the parents accuse each other and he is forced to take part of one of them. The child becomes anxious and has confused feelings because he loses a parent without having the right to be distressed, ask or receive help. The anger and despair of the child may not be expressed

openly, direct also becoming depressed and / difficult. The divorce process through which he is forced to pass affects his ties with his or her relatives in a negative way for many years (Adams, Dominelli, Payne, 2009).

The percentage of children who have been emotionally abused and who later arrive at adult psychiatric clinics may be quite high, but there is still little clear data on this issue. Probably, setting clear criteria for recognizing emotional abuse will increase the number of middle-class families that will appear as inappropriate child care.

More and more common is another form of neglect, namely emotional, which is not necessarily associated with physical neglect. Parents are incapable of engaging in an emotional relationship with their own child and are trying to compensate this by satisfying exigently material needs. The unanimous view is that lack of emotional availability is the basis of all other aspects of emotional abuse, although emotional neglect is hard to notice immediately.

Neglect is one of the worst forms of ill-treatment, since the parent does not abuse the child, but simply does not care or care about it. Noteworthy, in very few cases, parents are aware that they neglect their child. Their generally excuse is that they work harder (and therefore are more lacking at home) just in order to be better off to their child and to be able to offer them more.

Hypothesis

The hypothesis from which we start is that emotional abuse is more common than official reports and statistics show.

Studied lot

We took the study, a group of 60 pupils from the middle age group, aged between 10 and 14 years (see Table 1)

Table 1
Distribution by age group of children under study

Age group	Number
10 – 11 years	8
11 – 12 years	12
12 – 13 years	15
13 – 14 years	25
Total	60

Methodology

We used a structured interview that we had with each child (Cojocaru, 2005). The questions of the interview tended to address the following aspects:

the forms of emotional abuse, its frequency, the degree of association with physical abuse, the motivation of people using emotional abuse on children, the association with forms of abuse by other people.

Results and discussions

Generally, emotional abuse, though difficult to highlight and measure, leaves strong fingerprints on the child's personality, school performance and overall behavior.

The most common forms of emotional abuse encountered in the study were swearing, threatening with physical punishment, and threatening to leave or chasing home (Table 2).

Tabel 2
Forms of emotional abuse encountered in the studied group

Forms of emotional abuse	Frequency of abuse			
	frequently	middle	rare	never
swearing	40	17	3	-
threatening with physical punishment	32	11	16	1
threatening to leave or chasing home	6	8	12	34
He is witnessing domestic violence	28	18	6	8
Parents in divorce	3	-	-	57

The total in the table exceeds the number of children studied because one child may be the subject of multiple forms of emotional abuse.

It can easily be noticed that 42 of the children undergo inadequate treatment. As a matter of fact, among the general population, swearing is often common, it is part of the usual vocabulary and is sometimes which is not lacking in any sentence. However, for the children who are preadolescent, whose sensitivity is increased and whose personality is fragile, are now looking for models to follow and a system of values to internalize, the consequences can be disastrous. They can go from lowering self-esteem, creating erroneous images of oneself and their own possibilities, adopting a failure and resignation attitude, self-retreat and isolation.

School results will also be severely affected (due to concentration difficulties), and adaptability and integration will become ineffective. All this can bring about a change of attitude from colleagues and teachers, which will further aggravate the situation of the child.

A total of 32 children (more than half) are threatened with frequent beating, the rest more or less often and only one child has never been threatened. These findings tell us a lot about the methods of education that have already been established in many Romanian families. Even some broad-based expressions such as "beating is broken out of Heaven," "where mother strikes the child will grow," would be a justification for such treatment. Every people and country has its own expressions in this area, and in our country expressions "I beat you until you call your head," "I made you, I kill you," "I break your ears," etc. are often used by parents, although they do not really intend to do so.

With a less frequent appearance, but with a particularly strong impact on the child, is the chase away from home. It has been mentioned by a number of 14 children and has a strong emotional resonance on the child, who already imagines without the warmth of the home, lacking security and family support, without material and financial support. The survival instincts suggest that the child accept any conditions or compromises with the parents, in order to prevent the situation from materializing. He can not realize that in most cases this type of threat is more rhetorical.

Another situation generating emotional abuse is that of children assisting, more or less frequently, at home violence scenes (28 cases). Physical or verbal violence between spouses has strong repercussions in the affective sphere of the child, experiencing feelings of anxiety, fear, sadness and unhappiness, with the consequences of self-closing, isolation, marked adaptation difficulties.

Finally, one last situation that creates emotional abuse on children is where parents are divorced. In the group we studied, we only had 3 cases. It is a particularly stressful situation for the child, who sees his family breaking apart, assisting in possible discussions and quarrels among parents, finds it has become a "bargaining object" between parents to determine who they live with. In a word, his whole universe, which offered him warmth, security, comfort, support, was ruining. The child often becomes involuntarily the main reason why the two spouses accuse and quarrel. He sees his entire life up until then, troubled, and it is particularly difficult for him to take part of one parent against the other. Parents, on the other hand, too busy with their personal problems do not realize the impact and consequences of this state of affairs on the harmonious development of the child.

Often, emotional abuse is accompanied by effective physical abuse. Threats of beating and corporal punishment turn into a cruel reality. In Table 3 and Figure 1 it was shown the frequency of association of threats to the act itself.

Table 3
Frequency of association of emotional abuse with physical abuse

association frequency	number
frequently	18
middle	2
rare	30
never	10
Total	60

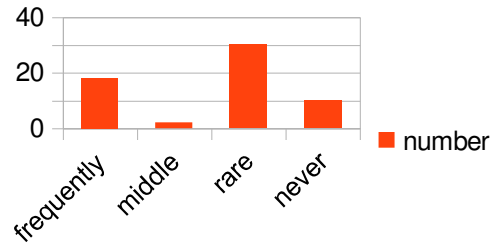


Figure1. Frequency of association of emotional abuse with physical abuse

For 18 children, the threat of beating turns into reality quite often. Psychotrauma is double because we have, besides physical pain, also the moral pain, expressed by the shame of colleagues, due to the traces on their body. This is accompanied by feelings of inferiority and futility (he could not thank his parents, he is not good at anything), as well as feelings of humiliation and suppressed revolt. In this situation, the child can see different ways of reacting: accepting everything with obedience (resulting in a weak, humble person, fearful of the authority of others), gathering dissatisfaction and rebellion itself until adolescence, when all will be able to avenge and be able to "revenge". Of course, these two ways of reacting are the extremes, with a wide range of possibilities that the child can call, but unfortunately each choice will be influenced by the events that took place in childhood.

The causes that lead parents to apply, consciously or unconsciously, such methods of educating the child are multiple. In Table 4 we tried to synthesize them.

The total number exceeds the limit of 60, because in many cases the reasons are associated, intertwined and we can not speak of a single reason, taken alone.

Most situations refer to so-called "minor" motives (disobedience, fickleness) that would not require the use of such drastic measures, expressed through language or behavior. We are struggling here, with communication difficulties that exist in the family, or some communication barriers that can not be overcome. It is more helpful to explain the situation

to the child, to show its positive and negative aspects of it, with the consequences that follow, than to start threatening the child without showing him where he was wrong.

Table 4
The motivation of using forms of emotional abuse

e motivation invoked by parents	Number
obedience	35
ughtiness	40
sences from home	20
sences from school	22
eft from parents	3
gressive conduct at school that requires the presence of parents	18
ttle with colleagues or other neighboring children	6

Not all parents understand, or do not have enough time, that a discussion with the child, "from person to person," has better and lasting effects than a threat or punishment, even deserved. Being treated as an adult, the child will be grateful to parents because they do not humiliate him by beating him, he will be proud to be able to talk to them as an adult, increase his / her self-esteem and self-trust. In addition, through the discussion, the child will be aware of his or her part in creating such a situation, which is the responsibility for the committed deeds and why the parents and, implicitly, the society can not accept such behaviors.

Often, children abused emotionally by their parents are treated the same way by their brothers, colleagues or teachers. Table 5 and figure 2 show these associations of emotional abuse.

Table 5
Associations of emotional abuse exercised by parents

Associations	Number
th emotional abuse from brothers	25
th emotional abuse from colleagues	30
th emotional abuse from teachers	15

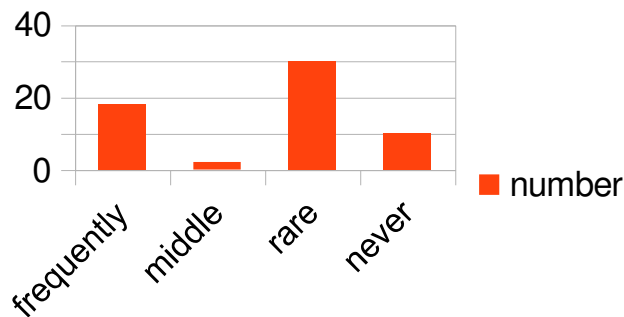


Figure 2. Associations of emotional abuse exercised by parents

We make the same remark as at the previous tables: the total number exceeds the limit, because the situations listed in the table are often associated. For example, a child may be subjected to emotional abuse by parents, but at the same time is subjected to emotional abuse by colleagues and teachers.

Usually, these forms of abuse interpenetrate and interrelate each other. A child abused emotionally by his parents can be treated by brothers with disregard, indifference, threatened, or injured. The family atmosphere affects the behavior and attitudes of the child at school. He is more withdrawn, more isolated, does not integrate into the classroom, does not establish friendship with other colleagues. These, in their turn, may misinterpret these attitudes as one of superiority and denial and treat them accordingly. This means that they will make countless jokes and mischievous jokes, will not include them in their discussions and activities, will laugh at him, blame him unjustly in front of teachers of all sorts of things, they will shortly consider him " a strange one. "

The school performance, which suffers from the chronology of such situations, will unfortunately also influence the attitude of the teachers. They will classify him as a weak, inattentive, undisciplined student and will have negative attitudes towards him. They will threaten him with the call of the parents, with the corigence, repetition and even expulsion. All this will be reflected on the behavior of the child at home. This is how the vicious circle ends, which, in order to be "broken", requires the intervention of a qualified person in the field, such as a psychologist or social assistant.

Discussions with parents, their counseling, as well as discussions with the child can lead to the establishment of communication channels between the protagonists of the emotional abuse situation and overcoming any existing barriers of communication. Once the communication is restored, it is possible to specify the responsibilities of each person in the context of the given situation and to prefigure ways to solve the situation, which is beneficial for both children and parents. As a consequence, changing and improving the attitudes and behavior of the child will also lead to a change of optics from colleagues and, implicitly, teachers.

In this way, the work of the social worker contributes not only to improving the child's situation, his integration into the age group and increasing the school performance, but also to improving his / her relations with his / her parents and brotherhood, and thus to increase his / her chances of harmonious development.

Conclusions

The way of responding of a child to the maltreatment situations is very different, including distortions of the perception of the environment, separation

reactions, problems of emotional dependence, dissociation, depression, psychosomatic reactions, delay in development, and feelings of anxiety and guilt.

In order to cope with the ill-treatment situation, the child uses all his existing resources to create certain survival strategies that help him overcome or minimize the effects and importance of ill-treatment. There are mainly two types of common use: Exaggerated adaptation strategy and overactive and destructive strategy.

Our study was conducted on 60 children from the gymnasium through discussions based on a guided interview that mainly focused on: the forms of emotional abuse the children were subjected to, the causes of abuse, the frequency of production, and the association with situations abuse by others.

With an increased frequency, it was encountered the following types of emotional abuse: 40 are subjected to daily injuries; 32 are threatened with the battle; 6 threatened with chasing away from home; 28 often witness domestic violence and 3 are trapped in a parent's divorce situation.

The association of emotional abuse with physical abuse is present: with a high frequency in 18 cases; an middle frequency in 2 cases and a reduced frequency in 30 cases. It should be noted, however, that in 10 cases this association is not present.

The motivation that parents invoke for the conscious or unconscious application of such treatments is: disobedience - 35 cases; mischief - 40 cases; absences from school or home - 20 cases, respectively 22 cases; aggressive conduct at school requiring the presence of parents - 18 cases.

Emotional abuse by parents on children is also associated with abuse from other people. So we have associations with emotional abuse from the brothers in 25 cases, with emotional abuse from colleagues in 30 cases and with emotional abuse by teachers in 15 cases. We draw attention to the fact that a child can be abused by parents, brothers, colleagues or teachers in the same time.

As a consequence of emotional abuse, there is a delay in development, a drop in school performance, difficulties in classroom integration, depression, isolation, insomnia, and various somatic accusations. Referred and treated in time, they are improved and can be quickly recovered by the child.

Counseling work is necessary in these situations and will be done not only with the child but also with their parents and their social network, which can provide support and understanding in trying to solve the existing problem situation.

In this way, the work of the social worker contributes not only to improving the child's situation, its integration into the age group and increasing the school performance, but also to improving its relations with the parents and the brotherhood and thus increasing its chances of harmonious development.

Acknowledgement: We hereby state that the subjects involved in our research were informed about the voluntary character of participation in this research, about the understanding of information and of that fact that withdrawal from research is possible at any time without negative consequences upon the participant. The research complied with all ethical research standards, the research participants/participants` guardians giving their consent to participate in the research.

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PROFESSIONAL VALUES OF YOUNG PEOPLE

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Abstract: Social values are acquired in the socialization process and become, over the course of life, elements that influence decisions that we make and behaviors in certain situations. Similarly, professional value makes us appreciate jobs or evaluate some of the tasks we have. With the Inventory of Professional Values Scale, D. Super, we investigated the set of professional values that young people (graduates or students) have. Data analysis concludes that variables such as gender, high school profile, the environment (rural or urban), or student or graduate status do not induce changes in the perception of values like intellectual stimulation, achievement, and independence.

Key words: professional values, D. Super inventory, students' professional values.

Introduction

The constantly moving society, the social changes that occur year by year, are factors that bring about changes in social and individual values. In this dynamic process, the most affected are young people. Many young people choose to go to college, in order to increase their employment opportunities after the graduation, but also to develop on a relatively stable and future career path.

Values are beliefs seen by individuals as standards that guide people and their way of behave in the groups and in the society in general. They are cognitive structures, but they also have behavioral and affective dimensions. Values are developed at the individual level but are modified and determined by the cultural frameworks in which the person is active (Rokeach 1973).

We can talk about relatively stable values when individuals can "feel" and identify how it influence their behavior. Having a set of values, individuals organize and rank them in relation to the importance they attribute (Brown, 2002).

According to Zamfir & Vlăsceanu (1993) the values, from a sociological perspective, are regarded as a system of preferences that can be found at

individual, community or even society level. They have a role to guide how individuals define their goals and how they will achieve them. Having a cultural determination, it is transmitted and formed along the socialization process.

The concept of value is an ambiguous concept that has generated and continues to generate heated academic discussions (Wuthnow, 2008). There is no single definition of value/ values because in the same semantic area there are terms such as attitudes, norms, interests, ideals (Iluț, 2004; Rotariu & Iluț, 1997). Pattison (2004) also emphasized that concepts like preferences, choices, desires, or even standard goals or visions are used instead of the concept of value in the economic and management areas. Psychology sometimes uses as a substitute for the concept of value notions as attitude or belief and in sociology value is replaced by terms as norm or judgment.

On the topic of this study, namely professional values, one can recall the studies conducted since the middle of the last century (Strong, 1943; Super, 1973; Holland, 1973). There are also more recent studies covering both professional values as whole and more specific professional contexts in which they can manifest (Cheung & Sterling, 1999, Kirkpatrick Johnson, 2005, Rassin, 2008, Pallini, Bove & Laghi, 2011, Valutis, Rubin & Bell, 2012, Gavrilă-Ardelean, 2016).

Around the 1970s, the number of studies on professional values increased, with the addition of instruments to measure them. One of the most important contributions is Donald Super's Inventory of Professional Values (WVI), which can easily be correlated with professional results. Donald Super (1973) considers that professional values are a subsystem of the individual's value system by referring to aspects of professional activity that are more or less desirable (Chelcea, S., 1994).

Methodology

In this study, we aimed to explore the set of professional values of young people both from the general perspective and from the perspective of comparisons of different categories of subjects. In order to measure the professional values of young people, we used Donald Super's Professional Inventory of Values (1970). Although the inventory was used in Romanian (Chelcea, 1994) we initially translated this inventory and compared the translations with the existing one. The inventory contains 45 items, and three items are grouped together. Therefore, the inventory of professional values identifies 15 professional values:

1. Altruism, items 2, 30, 31: gives the individual the opportunity to contribute to the welfare of others by focusing more on social services.
2. Aesthetic, items 7, 20, 41: allow the individual to contribute to the enhancement the beauty of the world and society and to create aesthetic objects. Artistic

interests are associated with aesthetic values. 3. Intellectual Stimulation, items 1, 23, 38: provides the individual with the opportunity to learn continually and to have autonomous reflections. 4. Achievement item 13, 17, 44: expresses the orientation of individuals towards tangible results, gives individuals a sense of satisfaction. 5. Independence, items 5, 21, 40: value associated with the professions that allow the individual to organize and plan their program and the work. 6. Prestige, items: 6, 28, 33: value that reflects professions that exert and enforce respect, highlighting the interest in professions involving business relationships. 7. Management, items: 14, 24, 37: refers to planning and organizing the work of others. 8. Economic return, items: 3, 22, 39: this value reflects well paid jobs. 9. Security, items: 9, 19, 42: reflects the professions in which the individual has the certainty of keeping the job. 10. Surroundings, items: 12, 25, 36: refers to satisfactory working conditions. 11. Supervisory relationships, items 11, 18, 43: value that reflects work directed by a fair supervisor, who establishes good relationships with employees. 12. Associates, items: 8, 27, 34: work activities that offer good relationships with colleagues. 13. Way of life items: 10, 26, 35: value associated with activities that allow also having the desired lifestyle. 14. Variety, items: 4, 29, 32: value that reflects the diversity of work. 15. Creativity, items: 15, 16, 45: values associated with work that allows making new things. The Inventory of Professional Values requires respondents to appreciate the importance of 45 on a scale of 1 to 5, where 1 is not important, 2 less important, 3 somewhat important, 4 important, and 5 very important.

Results

Although data has been gathered and analyzed for all of the 15 professional values outlined above, we chose, for the purposes of this study, to present three of them. These may be classified as extrinsic motivations in job evaluation but it also represent values that we consider that are different in relation to other age groups. In other words, they would be assessed differently by the young generation.

Within the "Intellectual Stimulation" the number 1 statement: "There are always new problems to solve", there are significant differences between the item "Very Important" and the rest. Individuals who consider the intellectual challenge at work to be very important are 9.8% and the rest of the opinions are divided: important: 26.5%; somewhat important: 29.5%; less important: 20.5%; not important: 13.6%. At the second item of value: Intellectual stimulation (Take part, at work, intellectual challenges), individuals consider this very important (very important - 32.6%, important - 34.8%). Only 5.3% of young people questioned evaluate intellectual challenges as not important. 38.6% of

respondents consider it important to be intellectually stimulated, and 9.8% find intellectual stimulation as the less important aspect in workplace.

Table 1
Intellectual stimulation mean comparison between
different categories of respondents

	N	Mean	Sd	t	df	Sig (p)	
Female	74	4,39	0,64	0,49	130	0,62	p>0,05
Male	58	4,16	0,89				
Natural sciences	70	4,70	0,73	1,84	130	0,07	p>0,05
Social and humanistic sciences	62	3,82	0,72				
Urban	85	4,52	0,64	1,29	130	0,19	p>0,05
Rural	47	3,87	0,92				
Student	71	3,89	0,81	1,82	130	0,07	p>0,05
Graduate	61	4,75	0,62				

As a result of the data analysis, we can see that there are no significant differences in perception of the "intellectual stimulation" value, depending on the category of questioned young people. Both women (N=74, M =4.39, SD =0.64) and male (N=58; M = 0.16; SD =0.89) considered important intellectual stimulation at work, $t(130) = 0.49$, $p = 0.62$. This result may be due to the continuing need to accumulate new knowledge, especially at the beginning of the career.

There are no significant differences depending on the graduate specialization of high school (Natural science, N = 70, M = 4.70, SD = 0.73, Social and Human Sciences, N = 62, M = 3.82, SD = 0.72). Graduate specialization does not induce differences in the perception of intellectual stimulation as value at work or in the future career.

Whether they come from the urban areas (N = 85, M = 4.52, SD = 0.64) or from the rural one (N = 47, M = 3.87, SD = 0.92) they gave similar importance to intellectual stimulation.

Regarding on the current professional status (student or graduate), we do not notice any significant statistical differences for the value intellectual stimulation, $t(130) = 1.82$; $p = 0.07$; $p > 0.05$. Both students (N = 71; M = 3.89; SD = 0.81) and graduates (N = 61; M = 4.75; SD = 0.62) perceive this value in

a similar way. Considering the relative homogeneity of the respondents group, whether they are still students or graduates, they are aware of the continuing need for professional development.

Table 2
Achievement mean comparison between different categories of respondents

	N	Mean	Sd	t	Df	Sig (p)	
Female	74	4,47	0,56	0,30	130	0,76	p>0,05
Male	58	4,33	0,97				
Natural sciences	70	4,87	0,73	2,08	130	0,04	p<0,05
Social and humanistic sciences	62	3,89	0,68				
Urban	85	4,54	0,74	0,74	130	0,46	p>0,05
Rural	47	4,17	0,76				
Student	71	4,35	0,69	0,26	130	0,80	p>0,05
Graduate	61	4,47	0,81				

According to the test for independent samples t test, $t(130) = 0.30$ $p = 0.76$, there are no significant differences in value “achievement” regarding gender (female - $M = 4.47$, $SD = 0.56$; male- $M = 4.33$, $SD = 0.97$). The mean value obtained is quite high for both two categories of respondents compared. Attitudes about professional success and successful career are not gender-based, both women and men want to progress professionally at least at the beginning of their carrier.

There are significant differences regarding the appreciation of professional success between the respondents who graduated different high school specializations ($t = 2.08$; $df = 130$). In this case, it can be considered that those who have graduated a real profile ($M = 4.87$, $SD = 0.73$) and valued higher professional success want their professional results to be visible and that work to lead to concrete results. This can influence the younger professional career of the younger one. On the other hand, those who graduated humanistic profile high school ($M = 3.89$; $SD = 0.68$) probably formed a different career view with wider perspectives on the world and on professional tasks. They consider that achievement such an important professional value.

There are no statistically significant differences between individuals who live in rural and in urban areas ($t = 0.74$; $p = 0.46$). This variable does not affect the way of thinking about achievement. At least in the case of achievement or professional success, respondents from urban areas ($M = 4.54$, $SD = 0.74$) and rural ones ($M = 4.17$; $SD = 0.76$) are quite similar.

We note that there are no significant statistical differences between the mean of students responses ($M = 4.35$, $SD = 0.69$) and the mean of graduates ($M = 4.47$, $SD = 0.81$). Both categories of individuals perceive professional success (achievement) in a similar manner.

The next set of statements (5, 21, 40) reflects the value: independence at work. After analyzing the answers, we can see that this value is important for individuals. The highest percentage (37.9%) was "very important" on the statement number 5: "You have the freedom to set your own pace of work". Many of the questioned individuals attach great importance to the other two statements: "Take your own decisions" and "Be your own boss."

Table 3.
Independence (value) mean comparison between
different categories of respondents

	N	Mean	Sd	t	Df	Sig (p)	
Female	74	4.20	0.88	0.58	130	0.56	$p > 0,05$
Male	58	4.50	0.93				
Natural sciences	70	4.26	0.93	0.32	130	0.75	$p > 0,05$
Social and humanistic sciences	62	4.42	0.89				
Urban	85	4.46	0.88	0.67	130	0.50	$p > 0,05$
Rural	47	4.11	0.95				
Student	71	4.37	0.92	0.14	130	0.89	$p > 0,05$
Graduate	61	4.29	0.89				

According to the previous table, it can be noticed that the mean calculated for the women answers was $M = 4.20$; and the mean of male responses was $M = 4.50$. Analysing the results of the independent t test, $t(130) = 0.58$ $p > 0.05$, it can be concluded that gender does not induce significant differences in the perception of independence at the workplace.

We have not discovered significant differences in perceiving independence as value regarding to the specialization in which the respondents

graduated the high school. According to the t test for independent variables ($t = 0.32$; $df = 130$), the significance threshold ($p = 0.75$) is also greater than 0.05 in this case. Thus, there are no significant differences between those who have graduated a natural science profile ($M = 4.26$, $SD = 0.93$) and those who have graduated high school within a social or humanistic profile ($M = 4.42$, $SD = 0.98$). Individuals with different specializations perceive this value (independence regarding organization of time and work) in similar manner.

It can also be seen that actual status (student or graduate) does not induce changes in the mode as the respondents perceive values. Whether they are students ($M = 4.37$, $SD = 0.92$) or graduates, already having some professional experience ($M = 4.29$, $SD = 0.89$), regarding the individual planning of their own program, there are no significant differences, $t(130) = 0.14$; $p = 0.89 > 0.05$.

Conclusions

This research aimed to highlight the professional values of young people today. To identify these values Donald Super's Inventory of Professional Values has been used as a research tool. It contains 45 items, every three of them combined as mean make up a value, thus resulting 15 professional values. The interviewed young people were asked to indicate on a scale of 1 to 5 the importance of each statement. 132 young people aged 19 to 35 years were questioned, of which 56.1% are female and 43.9% are males.

Based on means comparisons, it was found that in most cases there were no significant statistical differences between respondents' answers. The variables considered for making comparisons: gender, high school specialization, background and student or graduate status did not induce changes in the perception of the three professional values presented.

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EFFECTIVENESS OF PSYCHO-ONCOLOGICAL INTERVENTIONS IN INCREASING THE SELF-EFFICACY OF PATIENTS: A SYSTEMATIC REVIEW OF LITERATURE AND META-ANALYSIS

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Abstract The purpose of this meta-analysis is to evaluate the effectiveness of interventions aimed at improving the self-efficacy of cancer patients. Peer-reviewed articles included in the analysis were published between 2000 and 2018, and were selected from online databases. The keywords used for the search were self-efficacy, cancer, neoplasm, tumour, malignant, treatment, intervention, therapy. We selected the studies that meet the following conditions: (a) they had an experimental design; (b) the participants were patients diagnosed with cancer; (c) they aimed the testing of interventions focused on increasing patients' adaptation to disease; (d) they have been published in English and subjected to a peer-review process. Interventions to improve the self-efficacy of cancer patients have a statistically significant effect ($g = .43$, $Z = 3.304$, $p = .001$). The result shows the effectiveness of the interventions, but the heterogeneity of the data calls for caution in their consideration.

Keywords: patient, cancer, self-efficacy, meta-analysis

Introduction

Both the disease itself and the side-effects of the associated treatments lead to physical and psychological consequences that oncological patients must face. Self-efficacy, defined by Bandura as the extent to which a person has

confidence in his or her own ability to accomplish tasks and achieve certain goals (Bandura, 1977), may play an important role in managing these difficulties. He said that before gaining behaviours that promote health, people must think they have the ability to do so, therefore self-efficacy is a mediator for developing such behaviours. Studies have shown that perceived self-efficacy does not change over time without interventions, but patient self-management behaviours improve when self-efficacy is considered (Beck, Lund, 1981 apud Lev et al., 2001). Therefore, in an oncological context, self-efficacy can be conceptualised as the patient's confidence in individual abilities to cope with the great disease-related challenges.

It has been shown that in patients diagnosed with cancer, self-efficacy is associated with a lower level of anxiety, distress (Hirai et al., 2002) and depression (Porter, Keefe, Garst, McBride, Baucom, 2008), and a higher level of quality of life (Campbell, Keefe, McKee, 2004). Also, according to Keefe, Ahles, Porter (2003), a high self-efficacy correlates with a lower level of pain.

Studies conducted in recent years have shown that cancer diagnosis affects not only the patient but also his or her family, caregivers often having to face physical and psychological difficulties (Gavrila-Ardelean, 2009). In this context, the patient's self-efficacy is correlated with a later higher level of physical health of the caregivers (Kershaw et al., 2015).

As a result of these findings and the fact that in many Western countries, in the past years, it has become a priority to activate patients and turn them into partners in their own care (Sarrami-Foroushani, Travaglia, Debono, Braithwaite, 2014), interest in this concept and in the practical ways in which patients' self-efficacy can be increased has intensified. As a result, researchers have focused their attention on developing interventions to improve the self-efficacy of cancer patients. Empirical studies have analysed the impact of various interventions dedicated to oncological patients, including psycho-educational programs, behavioural management or relaxation programs, individual or couples counselling. These interventions have been useful in increasing the self-efficacy of the participants, but, to the knowledge of the authors, there is no overall analysis of the existing outcomes. The present paper is the beginning of a large size upcoming research on the topic in Romania, a former socialist country, where despite recent social and political changes, it has been suggested that cultural norms and traditions have not changed at the same pace (Swami et al., 2018 apud Gavreliuc, 2012), and attitude towards health problems is just now in a continuous change as is health policy (Gavrilă-Ardelean, Gavrilă-Ardelean, 2010).

The current study aims to cover this gap existing in the literature, and for this a systematic review of the literature and a meta-analysis of randomised controlled trials aimed at increasing the self-efficacy of cancer patients have

been conducted. The objectives of this research are: a) to summarise the results obtained in interventions dedicated to oncological patients aimed at improving self-efficacy, b) to estimate the effect of these interventions on the self-efficacy of the patients, and c) to explore the potential moderating effect of some characteristics of the interventions.

The research hypothesis that we wanted to verify is:

I: as a result of participating in interventions aimed at increasing the self-efficacy of oncological patients, the magnitude of the effect in the intervention groups is higher than the magnitude of the effect observed in the control groups.

Methodology

Search Strategies

In order to obtain relevant studies, searches were carried out in the PsycInfo and Medline databases. The articles that resulted from the use of the keywords: “self-efficacy” AND “cancer OR cancer OR neoplasms OR oncology OR tumour or malignancy” AND “treatment or intervention or therapy” and which were published between 2000 and 2018 were retained. As a result of these searches, 90 studies were retained, and 3 other articles of interest were subsequently identified.

Inclusion Criteria

To be eligible, studies had to meet the following criteria: they must be published between 2000 and 2018 in English in journals using a peer-review process. Studies should have an experimental design, include at least one intervention group and one control group, and the participants must undergo a random distribution procedure. The interventions should address oncological patients and aim to improve their adaptation to their disease.

Selection Process

In the first stage, the studies were analysed by reading the abstracts, and following this analysis 79 were eliminated. The remaining 14 articles were read in full, of which 10 articles were retained and included in the final analysis. The selection process is illustrated in *Figure 1*.

Data Extraction

From the eligible articles, we extracted the data necessary for the statistical analysis (means, standard deviations and number of participants) and the information on the characteristics of the study: type of cancer, average age of the participants, percentage of male participants, type of comparison, type of control group, description of intervention, results obtained, duration and type of intervention, number of sessions, delivery form, type of intervener.

Statistical Analysis

For all statistical analyses, the Comprehensive Meta-Analysis version 3.3 (Borenstein, Hedges, Higgins, & Rothstein, 2013) was used. The magnitude of the effect was reported using the Hedges g index (Hedges, 1981). It is defined as the difference between the mean of the experimental group and the mean of the control group divided by the pooled and weighted standard deviation, and is recommended to be used for samples smaller than 20. Due to the variations in the characteristics of the eligible studies (participants with different types of cancer, different stages of disease, interventions of different magnitudes, different deliveries, different types of interveners), the meta-analysis of random effects was used, assuming a random variation of the “true” magnitude of effect from one study to another.

The heterogeneity between studies was evaluated using the I^2 index that ranges from 0% to 100%, and represents the percentage of the observed dispersion that indicates actual differences between the effect magnitude indicator values, not just random variations. The values of 25%, 50%, and 75% correspond to “low”, “medium” and “high”, respectively (Higgins, Thompson, Deeks, Altman, 2003).

On the detected outliers, the Winsorising method was applied, and the analysis was performed again including outlier studies, but Winsorising their results. The Winsorisation method involves recoding the extreme values using the last non-extreme value in the category of membership (Lipsey, Wilson, 2001).

In order to understand the variations of the observed effect, secondary analyses were performed. Thus, the moderating effect of the number of sessions included in the intervention, the type of intervention (couples or individual), and the percentage of male participants included in the study was investigated. For this, meta-regressions of random effects as recommended by Borenstein et al. (2015) were used.

The existence of possible distortions of publication has also been examined. For this purpose, the *funnel plot*, the *fail-safe N*, and the *trim and fill* techniques were used. The funnel plot technique refers to the graphic representation of studies through a cloud of points in the form of an inverted funnel. If there is a high risk of distortion, this cloud of points does not have a symmetrical appearance (Sava 2013). The fail-safe N technique identifies the number of studies required to turn an observed effect into one with no particular practical relevance, even if the effect taken as a reference is not null (Rosenthal apud Sava 2013). The trim and fill method starts from the funnel plot, and tries to add or remove studies so as to obtain a symmetrical graph (Duval, Tweedie, 2000 apud Sava 2013).

Systematic Literature Review Results

Characteristics of the Participants

The total number of participants was 1065, with significant variations between studies, from 30 patients (Weber et al., 2004) to 263 (Northouse et al., 2007). Four of the researches included more than 100 people (Northouse et al., 2007; Chen, Liu, You, 2017; Giesler, 2017; Zhang, 2014). The mean age of those included was 57.3, ranging from an average of 50 (Lev et al., 2001) to 63.7 (Lambert et al., 2016). In the studies involving only female patients, the average age was 50, and in the studies involving only male patients the average age was 61.1.

The type of cancer with which the participants were diagnosed was varied. In four studies (Weber et al., 2007; Weber et al., 2007; Northouse et al., 2007; Lambert et al., 2016), patients were diagnosed with prostate cancer, in three of the studies (Giesler et al., 2017; Zhang et al., 2014; Lee et al., 2006) patients were diagnosed with colorectal cancer. Chen et al. (2017) included lung cancer patients, and Lev et al. (2001) included patients with breast cancer. Porter et al. (2017) included patients with different types of diagnoses (colorectal, pancreatic, oesophageal or other type of cancer).

Design Characteristics

Four of the studies included in the analysis (Zhang et al., 2014, Weber et al., 2004, Lev et al., 2001, Weber et al., 2007) base their intervention on Bandura's theory of self-efficacy, namely on its predictors: mastery, vicarious experience, verbal persuasion, and arousal state. Three other studies (Chen et al., 2017; Northouse et al., 2007; Lambert et al., 2016) are based on the dyad coping model, with an emphasis on treating the disease as a patient and partner team coordinating efforts to address the challenges of the disease. Northouse et al. (2007) supports his intervention on an adapted model of stress and coping after Lazarus and Folkman. The search for meaning, based on the theory of cognitive adaptation, the life scheme framework, and the transactional model of stress and coping, justifies the foundation of the intervention proposed by Lee et al. (2006). The analysis also included a study that does not have an explicit theoretical foundation for the proposed intervention (Giesler et al., 2017).

Four of the studies examined included interventions dedicated to patient-partner couples (Chen et al., 2017; Northouse et al., 2007; Lambert et al., 2016; Porter, 2017). The other six contained individual patient interventions.

The number of interventions sessions ranges from 0 (self-help intervention) (Giesler et al., 2017) to 8 (Weber et al., 2004; Weber et al., 2007).

With regard to the way in which interventions are carried out, we also find a variety of approaches. Thus, in four of the studies, interventions are

performed face-to-face (Chen et al., 2017, Lee et al., 2006; Weber et al., 2004; Weber et al., 2007), in one study the intervention is carried out by videoconference (Porter et al., 2017), and another study does not include actual intervention sessions, being based on self-help (Giesler et al., 2017). Four researches call for mixed approaches to support interventions: face-to-face, by telephone and self-help (Zhang et al., 2014), face-to-face and self-help (Lev et al., 2001), face-to-face and by telephone (Northouse et al., 2007), and by telephone and self-help (Lambert et al., 2016).

A synthesis of the collected data is found in *Table 1*.

Table 1. Description of studies included in the meta-analysis

Study ID	Cancer type	No. of participants Average age % Men	Intervention Delivery form Intervener	No. of sessions Session duration	Intervention description
Chen 2017, China	lung	No.: 132 M age: 60.1 %M: 66.7	Couples Face-to-face Nurses	No.: 3 Duration: NS	IG: Couple Based Coping Intervention: has a content similar to individual intervention, but only addresses the couple; partners are asked to participate in the intervention, spend at least 3 hours a day with the patient, and accompany him or her for a walk for at least half an hour daily, understand the psychological changes the patient goes through, and encourage him or her to adopt an active coping style; CG: Individual Coping Intervention: includes cognitive intervention (information on surgery, chemotherapy and postoperative radiotherapy, about possible complications, nutrition and most common eating problems after the intervention), behavioural intervention (taking the medication as

Giesler 2017, Germany	colorectal	No.: 212 M age: 54.1 %M: 41.2	Individual Self-help Self- management	No.: 0 Duration: NS	prescribed, correct habits related to sleep and exercise), and psychological intervention (how to adopt an active coping style, identifying and debating negative cognitions about cancer, managing treatment concerns) IG: For 2 weeks, patients are given access to a website that provides information from men and women who have dealt with colorectal cancer; the information can be accessed either based on subject or people interviews (in which case criteria such as age, gender are used to facilitate the search); CG: waiting list type; after 6 weeks of random distribution, the patient receives access to the same website
Zhang 2014, China	colorectal	No.: 152 M age: 53 %M: 35.5	Individual Face-to-face+ by telephone+ self-help Nurse+ self- management	No.: 5 Duration: 3h	IG: complex intervention; the first face-to-face session is educational, identifies the need for self-management of individual symptoms and the possible strategies (e.g., for nausea and vomiting: medication, nutrition, hydration); the possibility of complementary treatments such as acupuncture or tea drinking; 4 coaching sessions by telephone include discussions about symptom distress, adherence to chemotherapy, and

Lee 2006, Canada	colorectal	No.: 74 M age: 57 %M: 19	Individual Face-to-face PhD. student	No.: 4 Duration: 8h	self-management strategies; patients received audio recordings with relaxation exercises (deep breathing and muscle relaxation) as well as a brochure with educational information on the common problems encountered by patients; CG: 30 min of education on chemotherapy and its side effects IG: intervention based on the search for meaning; includes: exploration of the present, contemplation of the past, and commitment to the present for the future; CG: usual care; does not include in this case psychological support in the care framework; participants are allowed to resort to external psychological support
Weber 2004, USA	prostate	No.: 30 M age: 58 %M: 100	Individual Face-to-face Survivors	No.: 8 Duration: NS	IG: Support provided by long-term survivors (> 3 years) of prostate cancer; each dyad decides its own direction and focus; the topics addressed relate to the common physical and emotional problems that prostate cancer patients face after total prostatectomy; partners providing support write weekly notes on the duration, quality and focus of the meetings; CG: standard care
Lev 2001, USA	breast	No.: 56 M age: 50 %M: 0	Individual Face-to-face	No.: 5 Duration: NS	IG: The participants watch a 5-minute videotape containing 3

			+ self-help Nurses+ self-managed		interviews with survivors of breast cancer; they receive a brochure that incorporates elements of the social cognitive model; they attend 5 monthly meetings; CG: Participants receive information about treatment, possible side effects, and about medicines available for their control
Weber 2007, USA	prostate	No.: 72 M age: 60 %M: 100	Individual Face-to-face Survivors	No.: 8 Duration: NS	IG: Support provided by long-term survivors (> 3 years) of prostate cancer; each dyad decides its own direction and focus; the topics addressed relate to the common physical and emotional problems that prostate cancer patients face after total prostatectomy; partners providing support write weekly notes on the duration, quality and focus of the meetings; CG: standard care
Porter 2017, USA	colorectal, pancreatic, oesophagus, other	No.: 32 M age: 54.7 %M: 68.8	Couples Videoconference Social workers with Masters studies	No.: 6 Duration: 6h	IG: focuses on the participants (patients and partners) learning two communication skills: mutual sharing of thoughts and emotions related to the cancer experience, and decision-making on disease-related problems; CG: health information (fatigue, sleep disturbance, nutrition, physical activity, survival planning, palliative care)
Northouse 2007, USA	prostate	No.: 263 M age: 63 %M: 100	Couples Face-to-face	No.: 5 Duration: 5.5h	IG: the FOCUS program – family intervention. F =

			+ by telephone			family involvement – encourages the couple to work as a team, to communicate openly about the disease, and to provide mutual support. O = optimistic attitude – aims to maintain hope and focus on short-term goals that can be achieved. C = coping effectiveness – emphasises stress reduction techniques, active coping strategies, healthy lifestyle behaviours. U = uncertainty reduction – teaches couples how to obtain information, and how to live with uncertainty. S = symptom management – includes self-care strategies to manage the symptoms experienced by both partners. The program has a basic general part, and a content that addresses the needs of the couple in the three phases of prostate cancer. CG: usual care – some centres had support groups while others did not; medical treatment.
Lambert 2016, Australia	prostate	No.: 42 M age: 63.7 %M: 100	Nurses with Masters studies	Couples	No.: 3 Duration: 1h	IG: couples in this group were given 4 bundles containing information on individual or dyad ways of coping: managing symptoms, communicating effectively with the medical team, supporting the partner, managing emotions and worries. They were asked to go
				By telephone+ self-help		
				Research assistants + self-managed		

through the materials they received over the next two months, and to further study those that were of interest to them. Couples were also given a CD and a DVD containing relaxation exercises and role-playing games illustrating specific coping abilities. Couples have used these materials at their pace during the two months. There were 3 follow-up telephone calls. CG: Minimal ethical care – couples in this group have been given information about available resources.

Legend: IG – intervention group; CG – control group; NS – not specified

Results of the Meta-Analysis

The hypothesis of the meta-analytical study predicts that the level of self-efficacy of the oncological patients is higher in the intervention groups than in the control groups. As a result of the statistical analysis, it was found that the result of the meta-analysis is statistically significant ($g = 0.6$, $Z = 1.99$, $p < .05$), with a mean effect magnitude.

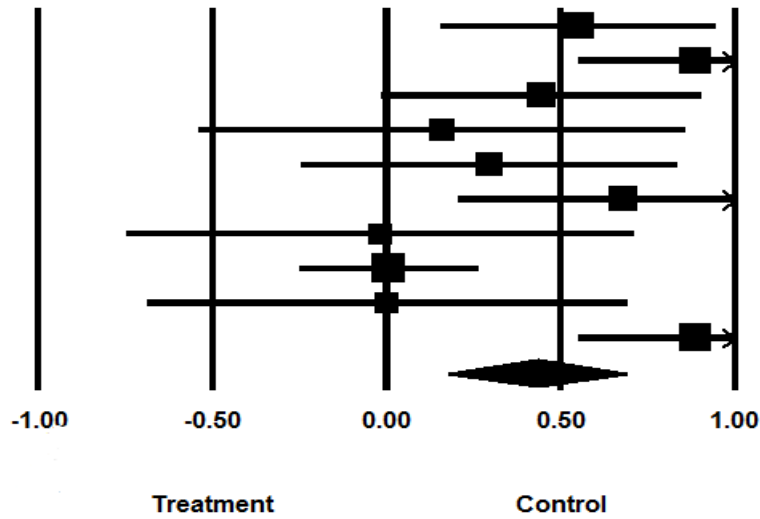
After examining data to detect extreme values, it was shown that a study (Giesler, 2017) contains results that qualify it as outlier (the magnitude of the effect exceeds the value of the sum of the 3rd quartile and the interquartile interval multiplied by 1.5). For this extreme result, the Winsorising method was applied, following which the meta-analysis was performed again. It was found that this time, too, the result is statistically significant ($g = .43$, $Z = 3.304$, $p = .001$), with a low to medium effect magnitude. In addition, a lower heterogeneity of the effects ($Q = 30.202$, $p = 0.0$) compared to the first analysis ($Q = 161.525$, $p = 0.0$) was observed in this case. Therefore, it can be said that the results support the research hypothesis.

Table 2 – Graphical description of studies included in the meta-analysis

Study	g	Lower limit	Upper limit	Hedges' g and 95% CI
Chen (2017)	0.550	-0.157	0.943	
Zhang (2014)	0.884	0.552	1.215	
Lee (2006)	0.445	-0.013	0.902	
Weber (2004)	0.159	-0.538	0.857	
Lev (2001)	0.294	-0.243	0.830	
Weber (2007)	0.678	0.207	1.148	
Porter (2017)	-0.02	-0.747	0.707	
Northouse(2007)	0.005	-0.250	0.260	
Lambert (2016)	0.000	-0.688	0.688	
Giesler_w (2017)	0.884	0.552	1.215	

Winsorised

Legend:
Giesler_w-



Winsorised data were considered for subsequent analyses. The heterogeneity of effects was assessed using the Q test and the I index. Because the result of the Q test is statistically significant ($Q = 30.202, p = 0.0$), we

conclude that there is a strong variation in the magnitude of the effect from one study to the other. Taking into account the high value of I^2 , ($I^2 = 70.2$), it results that this heterogeneous effect is explained not only by sampling errors, but is largely due to variations in the characteristics of the studies.

Table 3.
Meta-analysis results: The effect of interventions in increasing the self-efficacy of oncological patients

	<i>k</i>	<i>G</i>	<i>SE</i>	<i>Min</i>	<i>Max</i>	<i>Z</i>	<i>p</i>	<i>Q</i>	<i>I</i> ²
				<i>g</i>	<i>g</i>				
Effect of intervention; with outliner	10	.6	.3	.01	1.19	1.99	.04	Q (9) = 94.428	
								161.52,	
								p = .00	
Effect of interventions with Winsorised outliner (*)	10	.43	.13	.17	.68	3.3	.001	Q (9) = 30.20,	70.20
								p = .00	

Legend: *k* – number of indicators of effect magnitude included in the analysis (number of independent studies analysed); *g* – effect magnitude; *SE* – standard deviation associated with effect magnitude; *Min/Max g* – confidence interval minimum or maximum limits; *Z* – statistical test used to calculate the significance of the effect magnitude mean; *p* – significance threshold; *Q* – indicator of study heterogeneity; *I*² – percentage of the dispersion of studies due to factors other than sampling errors.

(*) Winsorised Giesler

Furthermore, secondary analyses were performed to explain the observed effect variations. Thus, we investigated the moderating effect of: a) the number of sessions included in the intervention; b) the type of intervention (couples or individual); and c) the percentage of male participants included in the study. Applied meta-regressions, however, showed that none of the variables considered have a moderating effect.

Because the distortion of publication may influence any systematic review (Borenstein et al., 2009), this aspect was also analysed. The *funnel plot* method indicates that there would be an asymmetric distribution around the mean effect magnitude, suggesting that there could be eligible studies not included in the analysis (*Figure 2*). However, the *fail-safe N* identified is 89, which means a low risk of distortion compared to the number of studies included (10). In addition, applying the *Trim and fill* method resulted in a number of 0 studies that should be removed or added.

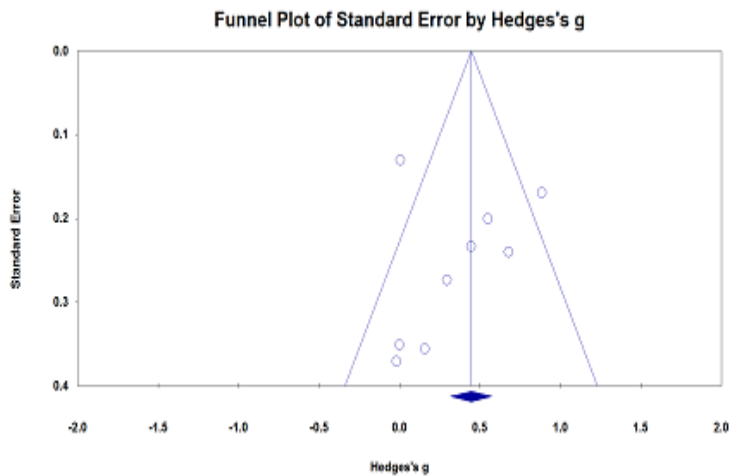


Figure 2. Graphical representation of publishing distortion analysis

Following these statistical analyses, we can state that the research hypothesis is supported. Intervention programs aimed at increasing the self-efficacy of oncological patients are effective, the effect obtained having a low to medium statistically significance, but these results should be viewed with caution given the heterogeneity of inter-studies as well as a possible distortion of publication.

Discussions

To the best of the authors' knowledge, this is the first meta-analysis to systematically evaluate the effectiveness of interventions to improve the self-efficacy of cancer patients. The research included 10 experimental studies aiming at a better adaptation of oncological patients to the disease, and examining the effectiveness of the interventions.

As a result of the analyses, it has been found that the results obtained support the research hypothesis, suggesting that interventions aimed at the self-efficacy of oncological patients are effective. Given the magnitude of the effect of psychological and behavioural interventions ranging between 0.30 and 0.50 (Lipsey, Wilson, 2001), the magnitude of the effect highlighted by the analyses is placed midway, which is encouraging. However, the high heterogeneity of the results urges caution. It can be explained by the small number of studies included in the analysis (due to the fact that the literature does not give an overview of the subject), but also by the different handling of variables. It should be noted, however, that the magnitude of the effect reported in this study is consistent with the magnitude of the effects obtained in other meta-analyses addressing the effectiveness of interventions for other aspects of disease adaptation of oncological patients (Badr, Krebs, 2012).

This research has a number of strengths: clear inclusion/exclusion criteria, recommended meta-analytical techniques that take into account heterogeneity and outliers, and meta-regressions to detect moderators were used. It also highlights the advantage of a meta-analytical study that combines the results of several studies that, even if individually do not meet the statistical power criterion, when analysed together they result in a more reliable effect size.

Regarding the quality of the analysed studies, two indicators referring to this aspect were highlighted. Thus, it was found that most of the studies (90%) based their interventions on a theoretical ground, and that most of them (70%) included procedures to verify the fidelity and integrity of the interventions (intervention protocols, audio recording of sessions, written recordings).

The interventions included in the analysis were varied: psycho-educational, to improve abilities, and counselling. Although there were couple interventions that also involved relational issues, most programs were designed to reduce the psychological difficulties faced by the patient. 40% of them were carried out in face-to-face sessions, 30% had other interventions (by telephone or self-help) in addition to face-to-face sessions, and 20% turned to other means (by telephone, self-help). A high variation was registered both in terms of the number of sessions included in the interventions and in terms of their duration. Another non-homogeneous aspect of the applied methodology is also observed in the control groups used. What is referred to as “standard care” actually shows a high variability from one care centre to another.

The practical implications of the results obtained also deserve attention, given the mediating character of self-efficacy for engaging in self-care behaviours and supporting health (Bandura, 1977). From this perspective, future psycho-oncological interventions may consider including the improvement of self-efficacy of cancer patients to increase adherence to treatment.

Limits of research

The first limit to be mentioned refers to the fact that only studies published in English in peer-reviewed journals were included in the analysis. Thus, dissertations, unpublished studies, and the proceedings associated with different conferences were not included. In this way, a high quality of the eligible researches was ensured, but at the same time a distortion of the magnitude of the effect could have been introduced due to not taking these materials into consideration. However, as we have already mentioned, the magnitude of the effect resulting from statistical analyses is comparable to the magnitude of the effect observed in similar researches.

Another limit of the present study is the small number of eligible studies found and included in the analysis. This may be due to the strict inclusion criteria used, but also to the existence of a relatively limited literature on interventions aimed at increasing the self-efficacy of oncological patients.

It should also be noted that the studies considered did not provide data whose analysis leads to a conclusion on the persistence over time of the effects of the interventions as well.

Future Research Directions

The results obtained from this meta-analysis lead to the following research directions.

Considering recent studies showing that caregivers, and in particular life partners, face severe psychological consequences following a cancer diagnosis in the family, and taking into account the dyad coping model, future research might aim to develop programs to improve the self-efficacy at dyad level. Moreover, in order to obtain valid and robust results, studies should take into consideration to use a validated and culturally adapted instruments (Tudorel et al., 2018; Vintila et al., 2018).

Given the high variability in the number and duration of sessions included in existing interventions, further studies could aim to carry out cost/benefit analyses to determine the optimal number of sessions and their duration for increasing the self-efficacy of patients.

Also, in view of the barriers that prevent oncological patients from participating in such interventions during treatment (geographical distance, social stigma, functional impairment), diversification of the delivery modalities (by telephone, videoconference, internet) can be considered in the future.

In addition, interventions aimed at increasing the self-efficacy of cancer patients could be developed taking into account different patient specificities such as the stage of the disease or impairment level.

Conclusions

The result of this meta-analysis indicates that interventions dedicated to oncological patients aimed at increasing their self-efficacy have achieved positive results with clinical implications of a real interest. It is therefore important that they are known, and included in clinical practice.

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ATTITUDES ABOUT SOME CONCEPTS REGARDING SOCIAL IMPLICATIONS AT ENGINEERING STUDENTS

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Abstract: Attitudes towards certain social categories influence the behavior of people to accept or reject these categories. Measurement of attitudes aims at detecting the wrong attitudes and trying to correct them through providing additional information. The attitudes of a group of 100 engineering students were evaluated against four social categories: the elderly, the beggars, the disabled and the divorced people. A Likert scale of 1 to 5 was used with the following elements: 1 - unacceptable and 5 - very acceptable. The obtained results reflect the attitude of engineering students towards these

categories: strong rejection towards the beggar category, moderate rejection to the category of disabled people, attitude of ambivalence towards the elderly and acceptance and tolerance towards divorced people.

Keywords: attitude, social categories, acceptance, tolerance

Introduction

The concept of attitude occupies an important place in social psychology. A first definition of the concept of attitude was proposed by G. W. Allport in 1935. In his opinion attitudes represent "the predispositions learned to react with consistency to an object or a class of objects in a favorable or unfavorable manner." From this unanimously accepted definition we remember that attitudes are learned, not instinctive, that attitude is a predisposition for manifestation of a certain behavior, that the answers are oriented positively or negatively and last but not least that the attitudes are lasting (Allport, 1981).

Among the scientists who have tried to define over time the attitudes include George Katona and Guy Serraf.

Katona's merit is that it showed that attitudinal data influences buying behavior. Based on the survey data, he came to the conclusion that a series of individual attitudes and also an index of attitudinal variables influence buying long-term goods (apud Popoviciu, 2013). For Guy Serraf, attitude is a regulatory system between the energy reserve of motivations and the demands of the outside world. Attitude functions as a syncretism of intellectual, symbolic and motric images. Attitude is not innate, it is acquired through the long process of learning and experience, and remains open to external influences (apud Dragan, Demetrescu, 1996, p. 86).

Analyzing the concept of attitude, Jean Stoetzel shows that in social psychology there are four well-defined meanings for this notion: 1) attitude is an inferior variable that is not directly observable or observable; 2) attitude is a state of specific training for action and involves a relationship between a person and an object or situation, distinguishing the character traits (of an individual subject) that does not involve any specification of the situations; 3) attitudes have a polar character, they are always for something or counter and are subjectively correlated with the values; 4) attitudes are formed by experience and are likely to be influenced by external factors, for example, social compliance is attitudes tailored to values and types of social norms (apud Craciun, 2005, p.162)

Attitudes dimensions

After most authors an attitude has three dimensions:

- *The affective dimension* that corresponds to the affective component, ie the favorable or unfavorable mode in which a consumer reacts to a particular object is the most important aspect of the attitude. Affective behavior is most often influenced by the association of the attitude object (a thing, a situation, an idea or a person) with previous experiences that may be pleasant or unpleasant. The affective component gives the attitude its meaning and direction (Rosca, 1976).

- *The cognitive dimension* of the cognitive component is the conscious side of attitude. It is the way of informing a person about the object of attitude, consisting of the knowledge, information, beliefs and images that the person holds about the subject (Boncu, 2002).

- *The intentional dimension* to which the intentional or selective component corresponds refers to the tendency to act in relation to a particular object. However, intentional behavior must not be confused with the behavior itself, although there is a link between attitude and behavior (Chelcea, 2006).

As Tridiatis looks attitudes, it refers to what people know and think about the object of attitude, what they feel, and how they want to behave towards the object. Behavior is not only determined by what people would like to do, but also what they think they should do, that is, social norms, of what they have done in the past, that is, of what they are accustomed to also make the anticipated consequences of their conduct (Keller 2012).

Besides these models proposed by psychologists, there are others proposed by marketers.

Of these, the most important are: the Rosemberg model and the Fishbein model. The Rosemberg model indicates that the intensity and direction of the attitude effect induced by the object under consideration represents the attitude of the subject relative to the object. In simple terms, attitude behaves a sense of feeling and a direction of it, with two main components:

The perceived utility. This is the objective ability of the object to acquire a certain value; in other words the utility of the object.

Importance of value. This is the satisfaction felt by the subject, induced by the acquisition of value by the subject. Or, more simply, it is important to achieve the goal pursued by the consumer (subject) by buying and using the product (the attitude object) (Blythe, 1999).

The relationship between attitudes and behavior

Even though attitudes are determined by factors that are persistent and sustainable, they are subject to change.

According to Zaltman and Burger, it appears that the state of the attitude system is determined by five factors: 1) information and emotional states resulting from recent experiences of meeting needs; 2) information gathered in the past that is not directly related to efforts to meet needs; 3) belonging to a

social group and the links with its members (especially the adoption by the person concerned of the beliefs, norms and values of the "significant" members of the group); 4) attitudes towards associated objects, in some form, with the object of the analyzed attitude and 5) the personality and individuality of the person concerned (Ilut, 2004).

Generally, attitudes are hard to change. However, attitudes can change. The most important causes of change in attitude are the negative changes in the five factors listed above. Also, the social and cultural life of the group, the economic, social, political, religious, artistic, etc., of the members who compose it, do not receive a sufficient explanation, if we abstain from the phenomenon of social attitudes. For, as Thomas notes, attitudes are more or less general in all the members of the social group. They have a particular importance in organizing the lives of individuals and manifest themselves in almost all the social and cultural activities of these individuals.

Definitions of attitudes

Paul Popescu-Neveanu: attitude is "a relatively constant way of reporting the individual or the group to certain aspects of social life and to one's own person" (Popescu-Neveanu, 2013).

Baron and Byrne (2004): attitude refers to "Our assessments of any aspect of the world social, the extent to which we have favorable or unfavorable reactions to problems, ideas, people, social groups or other elements of social life".

S. Chelcea: the attitude is "the position of a person or groups of acceptance, or despair, of a greater or lesser intensity, of objects, phenomena, persons, groups or institutions" (Chelcea, 2008).

S. Asch: "Attitudes are long-lasting tendencies, determined and shaped by past experience" (apud Pratkanis, 2007).

Katz and McDonald: Attitude is a predisposition to act positively or negatively towards people, objects and events. Many definitions of attitude highlight its bipolarity, which implies that the attitude is on a continuum from favorable, positive, to unfavorable, negative, passing through zone 0, neutral. Most attitudes are unipolar at the individual level (the position of the person is either accepting or rejecting an object of attitude), but there are situations where people appreciate an object under different aspects and depreciate it under others, a state called ambivalence. Scott defines the equivalence as the coexistence of positive and negative evaluations towards an object of attitude (ie, a person with a positive attitude towards animal protection agrees with the euthanasia of stray dogs - negative attitude (apud Weiner, Tennen, Suls, 2013).

Structure and formation of attitudes

In terms of defining the attitude concept, two schools of thought were set up.

A) *The Trifactorial Approach* (Rosenberg and Hovland, 1960)

argues that an attitude includes: 1. a cognitive component, insofar as the evaluation of the object is based on certain knowledge, perceptions, beliefs, opinions, representations and memories. an affective, negative or mixed affective component, in which our emotions, our feelings and our states of mind lie in relation to a certain object. 3. a behavioral intention / disposition, or, in other words, the tendency to act in a particular way towards the object (verbally expressed as intention or directly observed) (apud Neculau 2004).

B) *The unifactorial approach* (Olson and Zanna, 1993) understands by attitude one emotional component. I like, dislike, love, hate, admire, detest the words that people describe their attitudes. Attitude is a global assessment of the subject on a "favorable / unfavorable" continuous dimension. Attitudes are mostly socially learned but also have a genetic foundation. There are three sources of attitudes: social learning; social comparison; genetic factors (Neculau, 1996).

Change of attitudes

Man is subjected, throughout his life, to an informational bombardment to change his attitudes. Messages sent by the media, by individuals or groups, have uncharacteristic persuasiveness, striving to change our attitudes. These psychological and educational assistance offer rectifies initial training deficiencies, offer intellectual, moral, emotional "weapons" to the individual to the new demands (Munteanu, 2009).

Change is a consequence of receiving information, accepting and processing messages. It therefore matters who communicates, what message conveys, how it sets, the goals pursued, the psychosocial context in which the receptors are trained (their level of intrusion, the intensity of expectations expressed by them, their system of interpersonal relationships.).

The source (person, institution, grouping) is the most important link that can affect the modulin that communication is received. People are willing to change their attitudes only by touching the communicant's arguments are guarantees of a "benefit", of an acquisition (in a planetary, behavioral) that will lead to "advantages" (= increase of personal value, a higher social status , professional satisfaction, higher mental comfort). If a person does not give credit to the source of information, he organizes a strategy of "resistance"(Bonchis et al., 2009).

The source may also be the group (of "belonging" or "reference") that exerts "pressure" on the individual to change it. We often have a tendency to "go with the others", to aim for the opinions of those we admire or from which we are part. If the group moves the message of an individual, then it makes it more "convincing" for each individual, gives it "weight" (Golu, 2005).

The possibility of getting the change also depends on the receiver's preferences. His degree of deinstruction, his training environment, his cultural capital, the attitudes and mentalities of his social background. We usually accept an idea, an attitude if it is close to what we believe or inspires sympathy, confidence, and the one that tries to convince us. The similarity is one of the most important bases of sympathy and it has been - people are willing to they are influenced rather by those who like them than by the very special ones. It is also important the physical aspect of the communicator: those who are agreeable are followed rather than any unattractive appearance; those who speak quickly are more convincing than those who speak rarely, taraganted; publicly recognized competence, aura, status of expert impresses. We are often willing to identify with some people who attract, persuade, disturb, excite. And any antipathy towards the communicator or disbelief in his competence leads to rejection of the message. Equally important is the attitude of the one who communicates: the more intent to change the other (the others) is more visible, easier to decipher, the better the chances of achieving the desired result are small. His comment, therefore, must be "uninterested", impartially, to denote integrity and honesty (Zlate, 2006).

The concrete situation in which the "attack" to change attitudes can play an important role in achieving success. Here, the media, the political commentators do not tell us that the change of our economy is a difficult, painful problem that can cause undesirable side effects. Preventing, "alert", "preparing" the public for a difficult situation makes it easier to bear, losing its "shock" effect. We know that East European countries are confronted with unemployment, the phenomenon is present in us, it seems "natural" to focus in the years to come. A "favorable" atmosphere can affect the potential receptors, "psychosocial contact" can alter the effects of the message. The receptor's specificity can determine (re) organize its defensive tactics (Wosińska, 2005)

The specific characteristics of the character derives from the interaction between attitudes or the interaction of segments within the same attitude.

The interface between the internal structure, profound character and the manifested conduct is the attitude subsystem. Attitude is the fundamental component of character. It is a mental, synthetic construction that brings together intellectual, affective, and volitional elements. Attitude is the internal position taken by a person to the social situation in which he is put. It is constituted by the selective, relatively durable organization of different cognitive, motivational-emotional psychic components and determines how a person will respond and act in one situation or another (Boza, 2012).

The most common interactions between attitudes are:

- coordination, cooperation or contradictions
- incompatibility, even mutual exclusion

- compensatory relationships, the deficient attitudes being ameliorated (compensated) by the most prominent ones.

The uneven development of the two segments of one and the same attitude gives a specific physiognomy to a person's characteristic profile. Their attitudes and segments must not be interpreted in themselves, but according to their moral value. When attitudes are in accordance with the laws of progress, with social norms, they become values. It develops what Linton called the attitudes-value-specific attitudes system, which once fixed acts almost automatically, even at the subconscious level (Malim, 2003).

Characterial attitudes, without being confused with values, have value content and an evaluation function, and by this it regulates the individual behaviors of each individual. The external expression of attitude is the opinion and the action.

Opinion is the verbal-propositional form of externalization of attitude, consisting of value judgments and acceptance (agreement) or rejection (disagreement) about the various situations, events and value systems. Opinion is an observational way - passive reporting to the world that does not introduce any change in the situation (Zisulescu, 1978).

The degree of psychological engagement in the action is much higher than in the opinion, and as such, action becomes more relevant to revealing the essence of a person's character than the opinion

There is no perfect and unconditional concordance between its attitude and its external manifestation, in the form of opinion or action. Due to the regulatory function of consciousness, a special switching mechanism is being developed in the characterizing structure, which makes it possible to temporarily and periodically dissociate between the internal plan of beliefs and attitudes in the external plan of opinions and actions. This occurs in the deduction, subsumed either by conformism or by negativism (Radu et al., 1999).

Within reasonable limits, deduction has an adaptive value, making it a convenient compromise between the individual and society. When the dominant feature is required, it turns into a brake in the way of an optimal interaction between the individual and the others. When individual attitudes converge to a significant extent, we will have external public opinion, which can be interpreted as the dimension of the social character that E. Fromm spoke (Cernat, 2005).

The action represents the entry sb. in a direct relation (sensory and motoric) with the situation and performing some (integration) transformation steps in the situation, modifying it or removing it. When it is subordinated to conformism, it can be socially beneficial but unfavorable to the individual, and

when subordinated to negativity, it may be beneficial to the individual, but socially repudiated.

Hypothesis and lots studied

Measuring attitudes is necessary in order to be able to compare the direction and intensity of attitude towards the same aspect of more people. It is usually done through opinion polls, usually formulated as questionnaires, generally based on a scale of attitudes; the scale requires the person to state the degree to which he or she disagrees with a particular statement, placing himself in the position that he / she considers to be the best fit. [18] For example, a 5-Step Attitude Scale may have the following positions on which the subject may place himself: strong disagreement, moderate disagreement, ambivalence, moderate agreement, and strong agreement.

The research has a positive character and started from the following hypothesis:

The hypothesis: engineering students' attitudes towards certain concepts with social implications reflect their degree of tolerance towards certain social categories of the population.

Lot studied: a number of 100 students from Aurel Vlaicu University of Arad were surveyed.

Methods used

A 5-step Likert scale was built to evaluate four concepts describing population categories that are impacting everyday social life. The 5 steps have the following meaning:

1 - unacceptable, 2 - slightly accepted, 3 - indifferent, 4 - moderate acceptance, 5 - very accepted. In the same context, it was considered that Likert scales also reflected the degree of tolerance towards the target population categories namely: 1 - intolerance up to 5 - increased tolerance.

The scale was used for the following four concepts: old people, beggars, disabled people and divorced people.

Results and discussions

After collecting data from the engineering students group, the average for each of the four categories of concepts was calculated. The results obtained are presented in Table 1.

Table 1.
The average of the evaluations of the four concepts

concepts	average
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elderly	3.24
beggars	1.07
people with disabilities	2.39
divorced people	4.63

It can be seen from the table and the figure that the most accepted category, against which there is high tolerance, is that of divorced people. It is the category of elders for whom acceptance and tolerance are medium and the other two categories, the one of people with disabilities and the beggars, are in the low tolerance area

The most rejected category and to which there is no tolerance is the category of beggars. For students who have a sustained learning activity, and many of them also have a job to be able to support themselves, the fact that these people do not work and demand the pardon of the passers-by is inadmissible. This attitude is supported by the explanations given by most of the students. They come to blame the passers-by, claiming that if no one would give them alms, they would be forced to work. This is all the more so since many of those who are begging are in full force and can work smoothly in various jobs to maintain the city. Another argument of the students is that the city looks bad with so many beggars present in all public places: on the streets, trams, restaurants or terraces, so that people cannot stand still anywhere without being approached by even one of them.

Students have other values: for them work is at the forefront, whether it's about learning or an actual job. Even more, for engineering students, work is equal to performance and productive output, or they can only be achieved if an individual has a well-organized and well-settled work. The fact that most of the beggars do not want to work cannot be accepted by the students. It is hard to understand for them that the beggars prefer to sit at the corner of the street to ask for charity, rather than work to have money from which they live. In addition, many beggars do not want to work because earnings by begging can be much higher than the salary they would get in an enterprise.

In order to better illustrate the attitude of engineering students against beggars, we are presenting their assessments in Table 2 and Figure 2.

Table 2.

Students' ratings for begging categories

	1	2	3	4	5
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Number of students	42	31	26	1	0
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Almost half of the students (41) give the rating unacceptable and implicitly show zero tolerance to this category of the population. If we take both values below the average we have three quarters of the students (73) who have this attitude towards the beggars. Only a quarter of students (26) have an ambivalent attitude towards these people and therefore this phenomenon. They keep on their principles of sustained work, but at the same time they are merciful to those who stay in the cold weather and beg. We have a single student who has a moderate accepting attitude towards beggars and no student in the high acceptance category. The one who has a moderate acceptance has been raised in an environment with strong religious principles (his father is a priest) and in which the precept of "helping the neighbor" has been inoculated to young children. This education has made him more empathetic towards socially disadvantaged people such as beggars and street people.

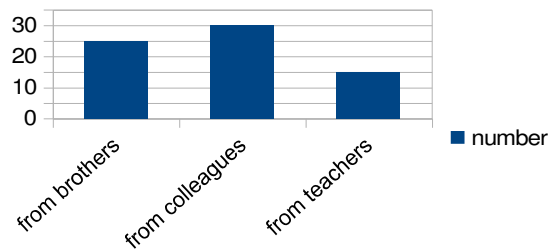


Figure 2. Student appraisals for the beggar category

The following category as a negative assessment is that of people with disabilities, for whom an average of 2.39 ratings is obtained. Although we have entered the European Union for more than 10 years and should be rallied at European attitudes towards people with disabilities, some prejudices still exist and the old mentality, which leads to a rejection attitude towards those who have any form of disability. The European directives provide for the treatment of people with disabilities on an equal footing with any normal person and their inclusion in society as active participants (as far as possible) to all social activities carried out.

However, in our country, many people still have their strong retentions about the disabled people, whom they consider to be somewhere on the edge of the society and prefer not to have them in their entourage. Individual student ratings for this category can be seen in Table 3 and Figure 3.

Table 3.
Students assessments for the disabled category

	1	2	3	4	5
Number of students	23	27	20	18	12

The distribution of responses is more differentiated, illustrating at times contradictory attitudes among the students of the studied group. Half of the students rank their assessment and hence the degree of tolerance in the negative gradient: 23 students find it very unacceptable and 27 students unacceptable. In addition to the discussions with the students about the completion of the scale, it has been revealed that they do not want to team up with people with disabilities that could slow the pace of the team or even cause the failure of joint actions. We meet with the same attitude towards work, so pronounced at engineering students, and for which any factor that can negatively influence the return on labor must be rejected or eliminated.

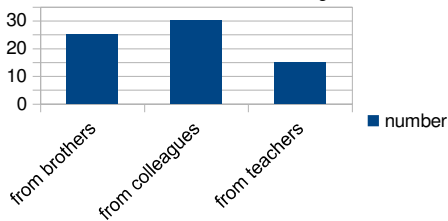


Figure 3. Students assessments for the disabled category

Twenty (20) students have an ambivalent attitude. They would agree to team up with people with disabilities, but at the same time they would not want to have a failure in what they do. We think they have partly understood that including people with disabilities in the work team, means giving them tasks that they can solve without being hindered by their disability. This understanding of the situation is very important for their future profession: they can, as engineers, hire people with disabilities, but in positions where they can cope without being hindered by the disability they have. It seems that the rallying of European principles is still ongoing and will still require another generation or two students to reach the full acceptance of people with disabilities with equal rights as any other person.

Thirty students (30) place their answers on the positive side of the scale, 18 students with moderate acceptance and 12 students with full acceptance. These attitudes of the students show that a large number of them already accept people with disabilities like fully righted people, accept them as teammates,

accept them as people who can make their contribution to the development of society, as far as they can. They understood that as they now accept as colleagues, they must also accept them as work colleagues in the future, without discriminating them because of their disability. Many people with disabilities actually want to work and participate in social life. They make considerable efforts to align themselves with the performances of others and these efforts must be appreciated by an unconditional acceptance of their attitude.

Of course, there are different forms of disability (physical and mental), but each of these people can carry out a certain type of work in which their disability does not affect the performance of the benefit. Their importance is their desire to work and to contribute, as far as possible, to the good progress of society. The attitude of students who accept disabled people and do not discriminate based on misconceptions and mentality is appreciated.

The category of elderly people is at the next level of the rating scale, at a level of ambivalence with an average of 3.24. The vast majority of students have positive attitudes toward elderly people, especially as each of them still has grandparents at home, to whom they are still connected affectively. However, they cannot fail to notice that sometimes the elderly are difficult and can prevent them from doing their normal work.

From discussions with students, we have found out that they are upset because when they have to come to classes and they are in a hurry, all trams are crowded by elderly people who go to the market, moving slowly, tangling them in their hurry to get to the faculty. They think that the elders have enough time and they can go to the market in other hours of the day not necessarily in the morning when it is a very busy time.

In addition, the elderly feel damaged if they are told something or if their attention is drawn and become very irritable, considering this as a lack of respect towards them from the younger generation. Endless contradictory discussions are often the background sound of a morning tram trip.

The elders can be highly accepted people because they represent their grandparents who feel strongly attached, but on the other hand they can be given a rejection attitude when their way to the market intersects with college students' path. Hence the ambivalence of students towards the elderly.

Discussions with students following the completion of the Likert Scale have revealed other reasons for student dissatisfaction: the elders are linked to conduct rules that young people consider to be outdated and expired. Elderly people often make critical remarks about the behavior of young people who follow modern rules that allow people to kiss publicly, women smoking on the street, etc. These observations are not well received by students who feel attained in their freedom of action and their independence. From here, the reactions can be different and the rejection attitude reaches new dimensions.

But overall, students' attitudes towards the elderly tend to be more moderate, so implicitly, moderate tolerance.

The most accepted social category, which has met few rejections, is the category of divorced people. If, 50 years ago, divorce meant almost a blame for society, divorces have become a phenomenon of the day, which is almost the same as that of marriages. Approving the law by which divorce can be done through good understanding, at a notary office, without requiring a lawsuit, has caused an alarming increase in divorce. A great influence in accepting this category is also the media that constantly mediates the numerous divorces of the stars. These aspects, as well as changing attitudes towards the family concept, have led to increased tolerance to divorced people.

Divorce is no longer considered a catastrophe and a social misstep, but it is often seen as a new beginning and an increased possibility of affirmation in society. National statistics in the recent years have seen steady increases in the divorce rate in the current society. This trend is on the general line of all countries reporting a decrease in the number of marriages, the founding of a family at older ages (after the age of 30), the decrease in the number of children.

Students appreciate that each of them must ensure professional success before setting up a family. They consider that marriages at younger age and before getting professional success are doomed to failure from the beginning. Extending the duration of studies, because each one wants to specialize through a master's degree to have a better job, settles the age at which marriages fail. For the students of our lot, professional success is an essential condition of a stable marriage and the avoidance of divorce. It is believed that divorce is more tolerated precisely because it has become a common phenomenon present in everyday life: everyone has at least one friend or relative who is divorced, and that does not mean that the person has to be blamed or excluded from the entourage or from society.

Conclusions

The research had a staggering character and consisted of measuring attitudes and tolerance of engineering students towards certain social categories, such as beggars, elderly people, disabled people, divorced people.

The results obtained after completing the Likert scale by the students reveal an attitude of unacceptability and the very low tolerance to the beggar category, low acceptance attitude and low tolerance towards the disabled, attitude of ambivalence towards the elderly and attitude of acceptance and tolerance towards divorced people.

Discussions with students have also outlined the rationale for accepting or not accepting these categories. Main categories are rejected

because they may prevent them from performing their professional activities or those that interfere with them. In some situations, prejudices and misconceptions persist. They are more tolerated and therefore accepted by groups whose position is a common daily fact (divorced people).

Of course, the research should be deepened on different types of disability, or on other categories of people, and possibly compared with the attitudes of students from human specialty faculties.

Acknowledgment: we hereby state that the subjects involved in our research have been informed of the voluntary nature of the participation in this research, the understanding of information and the fact that withdrawal from research is possible at any time without negative consequences on the participant. The research complies with all ethical research standards, the research participants / participants' guardians give their consent to participate in the research.

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**IDENTIFYING THE DIFFERENCES IN THE
PATHOLOGICAL TRENDS, DEPENDING ON THE
BIOLOGICAL NATURE
OF THE PERSONS DEPRIVED OF THEIR LIBERTY**

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Abstract: *Objective.* The purpose of this research is to study the existence of differences in the pathological trends, depending on the biological nature of the persons deprived of their liberty. *Participants and design.* The subjects of this work are 60. The selection criterion of the research group is the biological genre of the subjects. Because it is a comparative study between women and men, they are divided into two groups (each group having 30 subjects). The subjects on which the questionnaire was applied are persons deprived of their liberty, detainees at the Arad Penitentiary of Maximum Security, both the penitentiary of men and the women. The delinquents have been jailed for crimes such as theft, rape, murder. For this sample, the S.P.13 questionnaire was used, the specific method being the survey method. The questionnaire was applied once for each subject. The sample was applied collectively, the maximum number of participants was 10. Each subject had a questionnaire. He first explained the purpose and objectives of this paper, then went on to the questionnaire. After the misunderstandings were removed, they were asked to complete the questionnaire. I think the sample used did not have a time limit. *Results.* Based on the results obtained for this hypothesis, one can observe significant differences in pathological trends depending on the biological type. *Conclusion.* Compared to men, women get higher odds on the dimensions of psychostain, depression,

schizoid, paranoid tendencies, hysteroidal tendencies, and the dimension of immaturity and emotional lability. Men get higher odds compared to women on the scale of psychopathy and frustration.

Keywords: pathological trends, biological genome, penitentiary, person imprisoned.

Introduction:

The present paper aims to demonstrate that there are differences in the pathological trends, depending on the biological nature of the persons deprived of their liberty.

The motivation for choosing this theme is the continuation of the previous research titled, Identifying the differences in the level of aggression according to the biological genre of the subjects in the penitentiary environment. Because the specialized literature in our country is poorer in this respect, and the extensive studies in this field are missing or are at an early stage, they are applied locally but also involve a small number of detainees, so I considered that research was necessary to identify differences in pathological trends, depending on the biological type in persons deprived of their liberty;

Research methodology

The sample

The subjects of this work are 60. The selection criterion of the research group is the biological genre of the subjects. Because it is a comparative study between women and men, they are divided into two groups (each group having 30 subjects). The subjects on which the questionnaire was applied are persons deprived of their liberty, detainees at the Arad Penitentiary of Maximum Security, both the penitentiary of men and the women. The delinquents have been jailed for crimes such as theft, rape, murder.

Working procedure

The subject's test mode was normal, no incidents. I worked in the two penitentiaries, in one of the clubs specially arranged for such events and under the close supervision of the penitentiary psychologist and at least two guards. The protector was applied once for each subject. The sample was applied collectively, the maximum number of participants was 10. Each subject had a questionnaire and a questionnaire for them. He first explained the purpose and objectives of the study, then went on to the training of the sample. After the misunderstandings were removed, they were asked to complete the questionnaire. I think the sample used did not have a time limit.

Methods and tools used

For collecting the data, the S.P. 13.

This sample includes 130 items, 10 items for each dimension, with direct references to the 13 pathological trends. The 13 dimensions of the questionnaire are: validation scale, psycho-social antecedents, psychosis, depression, immaturity and emotional lability, schizoidism, paranoia, hysteria, psychopathy, mental level, frustration, emotional balance and motivation.

Responses are binary (YES or NO). The maximum quota for each trend 10 points, if 5 points are exceeded, a thorough evaluation of that trend is required.

Results and discussions

Assumption: It is assumed that there are significant differences in the pathological trends, depending on the biological nature of the persons deprived of their liberty;

The results obtained by the subjects are presented in the following table. For this sample the S.P.13 questionnaire was used, the specific method being the survey method.

Table 1.
Differences of the mean of the women and men according to the pathological trends.

Group Statistics

	GEN	N	Mean	Std. Deviation	Std. Error Mean
V	Women	30	2.03	1.608	.294
	Men	30	1.40	1.070	.195
Ant	Women	30	2.97	2.059	.376
	Men	30	2.87	1.925	.351
Psihastenia	Women	30	4.57	2.112	.386
	Men	30	4.20	2.469	.451
D	Women	30	4.93	2.559	.467
	Men	30	4.07	2.959	.540
IL	Women	30	4.30	2.423	.442
	Men	30	3.70	2.466	.450

Sch	Women	30	4.90	1.954	.357
	Men	30	3.90	2.631	.480
Paranoia	Women	30	5.10	2.524	.461
	Men	30	4.13	3.203	.585
HY	Women	30	4.57	2.192	.400
	Men	30	2.60	1.905	.348
Pt	Women	30	3.23	2.269	.414
	Men	30	3.60	2.860	.522
NM	Women	30	3.50	1.889	.345
	Men	30	2.20	2.124	.388
M	Women	30	2.50	1.943	.355
	Men	30	2.37	2.220	.405
EE	Women	30	6.13	2.569	.469
	Men	30	5.80	2.565	.468
RE	Women	30	2.80	1.827	.334
	Men	30	3.47	1.756	.321

As can be seen from Table 1, it can be noticed that the differences between the two groups, both women and men, are conclusive, so there are significant differences in the pathological trends from a statistical point of view. In the case of differences depending on the biological type, it is worth discussing the following dimensions of the S.P. 13

Depression, on this dimension, one can notice that women have a higher average than men, so women are more affected than men. This may be due to the fact that women can move more easily through emotional states with a fairly broad spectrum, with oscillations between states of well-being and sadness, melancholy, lack of vitality, feeling of guilt, while men are more resistant to the environment penitentiary.

In the case of paranoid tendencies, there is an increased share in women, a rate indicating superiority in behavior and appreciation of personal availability as well as psycho-emotional rigidity. It can be said that the point of departure in this case is that women have some false premises about logical reasoning, have their own values and beliefs that no one changes.

Schizophrenia, a dimension indicating that women in prison have a type of schizoid thinking, are oriented towards the abstract, to themselves. A high rate indicates the presence of an autistic structure with discordant behavioral elements, the lack of the need for affective relationship, and the strangeness of behavior. The situation may be due to the fact that during detention, women focus more on themselves, restrict their field of interests, are strictly oriented towards basic needs.

Table 2. Significance of the differences in the mean of men and women in pathological trends

	Levene's Test for Equality of Variances		T-test for Equality of Means						
	F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
v	3.564	.064	1.796	58	.078	.633	.353	-.072	1.339
			1.796	50.474	.078	.633	.353	-.075	1.341
Ant.	.612	.437	.194	58	.847	.100	.515	-.930	1.130
			.194	57.739	.847	.100	.515	-.930	1.130
Psih	.388	.536	.618	58	.539	.367	.593	-.821	1.554
			.618	56.641	.539	.367	.593	-.821	1.555
D	1.398	.242	1.214	58	.230	.867	.714	-.563	2.296
			1.214	56.818	.230	.867	.714	-.564	2.297
IL	.002	.965	.951	58	.346	.600	.631	-.663	1.863
			.951	57.983	.346	.600	.631	-.663	1.863
Sch	4.184	.045	1.671	58	.100	1.00	.598	-.198	2.198
			1.671	53.529	.100	1.00	.598	-.200	2.200

Par	2.560	.115	1.298	58	.199	.967	.744	-.524	2.457
			1.298	54.992	.200	.967	.744	-.525	2.459
HY	.462	.499	3.709	58	.000	1.967	.530	.905	3.028
			3.709	56.890	.000	1.967	.530	.905	3.028
Pt	1.351	.250	-.550	58	.584	-.367	.667	-	.968
			-.550	55.153	.584	-.367	.667	1.701	.969
NM	.284	.596	2.505	58	.015	1.300	.519	.261	2.339
			2.505	57.223	.015	1.300	.519	.261	2.339
M	.009	.923	.248	58	.805	.133	.539	-.945	1.212
			.248	56.998	.805	.133	.539	-.945	1.212
EE	.001	.981	.503	58	.617	.333	.663	-.994	1.660
			.503	58.000	.617	.333	.663	-.994	1.660
RE	.289	.593	-	58	.155	-.667	.463	-	.260
			1.441					1.593	
			-	57.910	.155	-.667	.463	-	.260
			1.441					1.593	

For Table 2, the "T" test was used. The "T" test is used to assess the statistical significance of differences in the mean of the biological genome and the pathological trends.

As can be seen from Table 2, it can be noticed that the differences between the two groups, ie men and women, at the level of the pathological tendencies, approach the threshold of statistical significance to the dimensions.

In the depressive dimension (S. 13) we can speak of a statistically significant result. Its value is $t = .242$, a situation that shows a difference between men and women in the present case. Thus, on this dimension it can be seen that women have a higher average than men, so women are more affected than men. This may be due to the fact that women can move more easily

through emotional states with a fairly broad spectrum, with oscillations between states of well-being and sadness, melancholy, lack of vitality, feeling of guilt, while men are more resistant to the environment penitentiary.

Another significant result is immaturity and emotional lability; is another dimension where women get a higher average. Its value is $t = .965$. Women in the penitentiary environment have a higher average than men. This dimension refers to the late emotional-emotional development. Women in the penitentiary environment are lately aware of the seriousness of the deeds and will stay away from their children. The lack of children affects them emotionally, they become much more sensitive compared to men when it comes to family and children. It follows that women need too much family or people with whom they have a close connection, especially feeling the lack of children becoming more concerned with family, children than men.

Hysteroidal trends, this dimension highlights the desire to value, the demonstrativeness, the suggestiveness. Its value is $t = .499$. Women have a much higher average than men, this may be due to the fact that women generally conserve these demonstration behaviors even if they end up in a deprivation of freedom. In this environment, what is happening is nothing more than an exacerbation of demonstration behavior, of course, with the objective of displaying a strong personality that intimidates the opponent and who, all the time, this personality puts his or her own needs, desires, goals. An increased share reflects a tendency towards theatricality, manners, exaggerated "self" dependence, desire to be noticed, regardless of the processes. These behavioral "trumps" generally make use of women in this environment, and as such we have far greater results on this dimension than men who do not use such behavioral luggage in this deprivation of freedom. This is probably due to the fact that men do not use such behavior. It may also be due to the fact that it is behavior that does not characterize the prisoner man in the penitentiary environment.

Conclusion: Following the results obtained for this hypothesis, one can observe the significant differences in the pathological tendencies according to the biological type, so the hypothesis is plausible.

Compared to men, women get higher odds on the dimensions of psychostain, depression, schizoid, paranoid tendencies, hysteroidal tendencies, and the dimension of immaturity and emotional lability. Men get higher odds compared to women on the scale of psychopathy and frustration.

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PARENTS OF TYPICAL CHILDREN FOR AND AGAINST THE INTEGRATION OF CHILDREN WITH DISABILITIES

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Abstract: The integration of the children with disabilities in the mainstream classes is a provocative problem. On the one hand, teachers aren't yet professionally trained to cope with the different approaches to each disability. On the other hand, the parents of typical children in the classes of integrated children do not want integration because it is a waste of time and resources that they lose their children. Thus, teachers, in addition to continuous self-improvement, must also mediate conflicts between parents, insisting on establishing a balance between them, for the good of all children. The results of our research show that the parents of typical children are mostly against the integration of children with disabilities, while people who do not have direct interests (lacking fellow children with children with disabilities) are more permissive.

Key words: typical children, children with disabilities, integration, parents attitude

Introduction

The children are sincere and do not know how to pretend. This is the reason why, colleagues of a disabled child are very cruel many times. They laugh at the prosthesis that their colleague carries, laughs whenever he tries to express himself in words and can't do it correctly, they can't appreciate the effort he or she puts forward to communicate with them. For the child with disability, emotional pain is much larger and harder to bear than any physical pain and drastically reduces self-esteem. For the disabled child classmates mean a lot.

He desperately desires to be accepted, to be treated equally and especially to have friends. Unfortunately, most of his or her classmates reject or treat him or her with indifference. Even if he or she is intelligent, the child with hearing disability fails to get closer to his colleagues because they have communicative problems. When he or she speaks with difficulty, his or her colleagues think he or she receives too much attention and understands more than he she says. It is a mystery to them that, although they can't talk clearly, their logic tells them that since they can talk, they also must be clever and they don't need too much help.

In most sociogramas made in classes where disabled children are integrated, they are not rejected or preferred by their peers, rather ignored. In the last few years children are allowed to sit in the desks according to their preferences. As integrated students are not among the favourite by their colleagues, they often sit alone in the first desk, although their need to have a desk mate is essential to get notes from the dictated lessons, for them their colleague may be a great help. The teacher has a great role in the effective socialization among all children and especially of the disabled with the rest of the students.

The parents of the typical schoolmate of the children with disabilities integrated into mainstream education can be grouped into three categories (Salloum, 2011, pag.55):

A. Parents who are against accepting children with disabilities in those classes, more or less vehement. Some of them threaten to transfer their own child if the disabled student does not leave the class. Most motivate their position by affirmations such as:

- The teacher spends too much time with the student;
- He or she is a negative example for my child because he or she can't meet the requirements of an ordinary class;
- He or she always waits for help from our children, maybe more, but he is lazy and takes advantage of others;
- It's weird, otherwise, his or her place is at the special school;
- It's dangerous for my child, who knows what can happen.

B. Neutral parents, who don't refer to the presence of children with disabilities in their own class. These parents are indifferent to such a situation.

C. Parents who agree with the presence of a child with disability in the class of their own child. Some of them express their views:

- I'm glad because my child can see how lucky he or she is being healthy;
- My child will become more sensitive and better with those who are upset;
- He is a handicapped child and it is not his fault;

- He or she is also enjoying the presence of children of his or her age;
- His or her parents are good people and they are dealing with their child;
- He or she Doesn't harm anyone, he or she is a good child.

The teacher, who has the obligation to work with all parents, is a mediator. He mediates the relationship of all the parents of the class he or she teaches.

Benefits of integration (Salloum, 2011, p. 57):

- *For the integrated child:* he or she feels treated equally, has the right to quality education, socializes, gains more autonomy; he or she is much better prepared for integration into society as a future adult.

- *For his colleagues:* they become more empathic, they are more attentive with other people in difficulty around them, they will have fewer prejudices.

- *For parents:* the parents of the integrated child will have the satisfaction that it is accepted by school, teachers and colleagues, will have access to quality education and are likely to lead a normal life while the parents of the other children will find that their own children are more tolerant and understanding.

- *For teachers:* they will have the satisfaction of overcoming personal and professional barriers, satisfying well-fulfilled tasks, discovering new, provocative areas, but the most important benefit will be that they have helped educate and educate a child who, without their support, would have been able to achieve those results.

- *For school:* it will achieve the objectives proposed in the school development plan and will approach the generous friendly school mission, open to all community children, character formers, not just knowledge transfer.

For the community: there will be fewer social assisted, more professional and personal.

Schools need to give the necessary attention to all students, to be prepared to deal with acceptance issues, all of us (educational specialists, parents) must be a team, we must identify and implement strategies in order to have successful educational practices and all children to be treated equally (Vrasmaş, 2001, pag. 240).

Research methodology

General research objective: Increasing the quality of education of pupils with disabilities integrated in mainstream schools.

Specific objectives:

-Changing the attitude of the parents of typical children to the integration of children with disabilities.

-Identifying the barriers that lead to the negative attitude toward the integration of children with disabilities.

Parents are very important as partners in education. Co-operation with them can ensure the success of children and, implicitly, facilitate the work of teachers.

Unfortunately, often the parents of typical children are not only against integrating children with disabilities into classes in which their children are learning, but put pressure on teachers and school management to exclude these children from those classes. To prevent such situations, it is very important to realize that the attitude of these parents is in itself a problem for the educational system. In addition to the disadvantages that they see as a priority, it is good to be able to see that their children can also be won by being colleagues with children with disabilities. Tolerance, good understanding, empathy, patience, openness to the new, and relationship with all colleagues are values that are necessary for all children. Our study wanted to investigate the extent to which we can talk or not about accepting the children with disabilities in the classes of typical students by their parents.

Our study is based on the consideration that all children have the right to education and their rejection is not ethical. In view of the above, we have postulated the following hypothesis: *There are significant differences regarding the acceptance of children with disabilities by the parents of typical children from the classes with integrated disabled children, towards the parents of typical children from classes with no integrated disabled children.*

The study included the following *participants*: 97 parents from 6 classes of a normal school in which there are children with different disabilities integrated, and 97 parents from 5 classes without integrated children with disabilities.

Tools and procedure

We wanted to measure parents' willingness to accept children with disabilities to be integrated with their children. Thus, we asked the participants to answer the question: Do you agree with integrating children with disabilities into normal education? The answers could be: *yes, I do not know, no*. We also asked them to provide three arguments to support their choice.

Research results

Given the frequency of the responses, we applied the test χ^2 to compare the results:

Table no 1: parents with children who have disabled children integrated in their classrooms*
 parents without disabled children integrated in their childrens' classrooms /Crosstabulation

		Parents without			Total	
		Yes	I don't know	no	yes	
Parents with	yes	Count	3	0	0	3
		Expected Count	1,9	1,1	,1	3,0
		% within parents with	100,0%	,0%	,0%	100,0%
		% within parents without	4,9%	,0%	,0%	3,1%
		% of Total	3,1%	,0%	,0%	3,1%
		Adjusted Residual Count	1,4	-1,3	-,3	
	I don't know	Count	18	0	0	18
		Expected Count	11,3	6,3	,4	18,0
		% within parents with	100,0%	,0%	,0%	100,0%
		% within parents without	29,5%	,0%	,0%	18,6%
		% of Total	18,6%	,0%	,0%	18,6%
		Adjusted Residual Count	3,6	-3,5	-,7	
no	Count	40	34	2	76	
	Expected Count	47,8	26,6	1,6	76,0	
	% within parents with	52,6%	44,7%	2,6%	100,0%	
	% within parents without	65,6%	100,0%	100,0%	78,4%	
	% of Total	41,2%	35,1%	2,1%	78,4%	
	Adjusted Residual Count	-4,0	3,8	,8		
	Total	Count	61	34	2	97
		Expected Count	61,0	34,0	2,0	97,0
		% within parents with	62,9%	35,1%	2,1%	100,0%
		% within parents without	100,0%	100,0%	100,0%	100,0%
		% of Total	62,9%	35,1%	2,1%	100,0%

As we can see in the table above, we can say that there are significant differences between the answers of the parents with children who learn in classrooms with disabled children integrated from the parents who have children without disabled children integrated in their classrooms.

For *Yes*, parents with children who have colleagues with disabilities, the observed frequency is below the expected frequency. In the case of parents whose children do not have integrated disabled students, the results are different, the observed frequency is the expected frequency.

For *I don't know*, parents with children who have colleagues with disabilities, the observed frequency is below the expected frequency. In the case of parents whose children do not have integrated disabled students, the results are different, the observed frequency is the expected frequency.

For *No*, parents with children who have colleagues with disabilities, the observed frequency is below the expected frequency. In the case of parents whose children do not have integrated disabled students, the results are different, the observed frequency is the expected frequency.

To see where there are significant differences, we track tailored standardized residue for each cell. Values within the range (-2, 2) will be considered as indicators of some differences between observed and expected values.

Table no 2: The value of Adjusted Standardised Residual

Type of answer Parents	The value of Adjusted Standardised Residual		
	Yes	I don't know	no
Parents with	3,6	-3,5	-,7
Parents without	-4,0	3,8	,8

As we can see in the table above, the differences in results of the two categories of parents, are very large. The biggest differences can be seen between no responses, followed by I don't know answers.

Table no 3: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15,818(a)	4	,003
Likelihood Ratio	22,806	4	,000
Linear-by-Linear Association	13,008	1	,000
N of Valid Cases	97		

a 5 cells (55,6%) have expected count less than 5. The minimum expected count is,06.

Analyzing the situation of the respondents' answers to the study, we hold a χ^2 with a degree of freedom $df = 2$, with a significance threshold of .003, lower than the critical threshold .05, so we can say that there are significant differences between the answers of the two categories of parents.

Conclusions

Our research has been driven by the many critical situations faced by teachers working with integrated children. Unfortunately, many parents of typical children with colleagues with disabilities are against integration, moreover, they put pressure on teachers to insist on transferring children with disabilities to special schools. To see if there is a general trend against integration, we used a control group made up of parents who have children in classes where there are no children with disabilities. Their answers are different, these parents are more permissive or indifferent. We think this is because they do not have a direct interest, they do not know closely about the integration of a child with disabilities, the advantages or disadvantages that may arise. The integration of children with disabilities is a reality. These children have the right to education just like everyone else, their presence in normal schools is natural and it brings benefits to other children, not just problems. The society we live in is heterogeneous, so it is natural to be the same in schools. The kids are different and diversity is also a beautiful part of the human nature. Teachers should be supported in their integration process and parents should be aware that the world of people with disabilities is generous and wide, the boundary between the two worlds is extremely fragile. Tolerance, goodwill, acceptance, are values that we must promote in schools, together with the parents of all students, typical or with disabilities.

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PARENTAL ALIENATION FROM THE PERSPECTIVE OF PERSONALITY STRUCTURE AND DISORDERS OF DIVORCED COUPLES

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Abstract: Divorce is an increasingly present social phenomenon in everyday life, a significant number of children being exposed to its effects. As a natural consequence of divorce, in families with one or more children, there is the issue of child custody, aspect in which most of the times there are some disputes. Following the separation of the marital couple, the relationship between the child and his/ her parents has two different aspects: either the child maintains a natural relationship with both of his/ her parents, or, due to his/ her involvement in the prolonged post-divorce conflict between parents, he/ she suffers an impairment of the relationship with one of the parents. The extreme form of harming the relationship between the child and one of the parents is parental alienation. Parental alienation occurs when one of the parents deliberately interferes with the relationship of the child with the other parent. This parental intervention involves behaviors of denigrating the alienated parent, reducing the

contact between the child and the alienated parent, leading to rejection of the alienated parent by the child. This study aims to pursue, on the one hand, the determination of personality traits and the existence/ nonexistence of predisposition to personality disorders of the adults involved in a divorce case with minors, in relation to which the court suspects the establishment of the phenomenon of parental alienation, while on the other hand it pursues to identify significant differences in personality structuring and its possible disruptions between parents coming from divorced couples, from the perspective of the *targeted parent and that of the alienating parent*.

Keywords: divorce, parental alienation, child, personality, personality disorder

Introduction

Divorce is a social reality increasingly present in contemporary society. Under these conditions, its effects also affect children, generating a number of more or less serious consequences. A study carried out by Wikipedia in 2014 shows that the countries where the highest divorce rate is registered are in Europe (www.descopera.ro).

Divorce has become a significant social phenomenon also in Romania in recent years, and the incidence of the phenomenon increases from one year to the next. Despite recent social and political changes, it has been suggested that cultural norms and traditions have not changed at the same pace (Swami et al., 2018 apud Gavreliuc, 2012) Thus, according to data of the National Statistics Institute, in 1990 the divorce rate in Romania was 20.2%, increasing every year. In 2015, the number of divorces pronounced by final or administrative court decision was 31,527, that is 4,339 divorces more than in 2014 (a divorce rate of 20-29%) (www.insse.ro).

The divorce rate increased from 1.22 divorces per 1,000 inhabitants in 2014 to 1.42 divorces per 1,000 inhabitants in 2015. The rate of children affected by parental divorce (thousands of children in the 0 - 17 age group) reached in 2011 a historic maximum of 5.6%, with a slight decrease to 4.9% in 2012 (www.insse.ro).

As a natural consequence of divorce, in families with one or more children, there is the issue of child custody, aspect in which most of the times there are some disputes. In these situations, one of the biggest challenges concerning psychologists, lawyers and judges is the situation where the child rejects one of the parents after divorce. (Lavadera, Ferracuti, Togliatti, 2012).

Also, situations of child abuse may appear, and in cases of violence the child protection intervention does not usually focus on prevention. (Bucur, Bucur și Goian, 2012).

Following the separation of the marital couple, the relationship between the child and his/ her parents has two different aspects: either the child maintains a natural relationship with both of his/ her parents, or, due to his/ her involvement in the prolonged post-divorce conflict between them, the relationship with one of the parents is affected. Schwartz points out that harming the relationship between a child and one parent can take two forms: parental alienation and parental alienation syndrome (Darnall, 1998, Schwartz, 2015).

The term **Parental Alienation** was introduced for the first time by the American child psychiatrist Richard Gardner in 1985, in the form of the Parental Alienation Syndrome (Gardner, 1985). At that time, he theorized Parental Alienation Syndrome (PAS), which he defined as “a disorder that occurs in the context of disputes relating to the establishment of the conditions of parental authority. Its fundamental manifestation is the denigration campaign against the other parent, a campaign that is unjustified. It results from the combination of a programming (brainwashing) parent's indoctrinations and the child's own contributions to the vilification of the target parent.” (Gardner, 1998).

More than twenty years after Gardner's first conceptualization, more relevant studies and concerns have emerged in literature: Baker, 2010; Fidler & Bala, 2010a; Friedlander & Walters, 2010; Johnston, 2003; Kelly & Johnston, 2001; Lowenstein, 2010; Warshak, 2010 (Lavadera, Ferracuti, Togliatti, 2012, Schwartz, 2015).

The history of the concept of parental alienation (PA) begins in 1976 when Wallerstein and Kelly (1976) described the “pathological alignment of a parent and a child, resulting in the child's rejection of the alienated parent” (Lowenstein, 2013, apud Wallerstein & Kelly, 1976. Parental alienation is also described as “the strong alliance of the child with a parent and the rejection of the relationship with the other parent without legitimate justification” (Giancarlo, Rottman, 2015, apud Bernet 2010), “a form of emotional abuse in which the child or children are used as a means of revenge by a parent against the other parent who was often a good parent” (Lowenstein, 2015), “a distinct form of parental conflict that refers to the persistent and unjustified denigration of a parent in relation to the other parent in an attempt to alienate the child” (Ben-Ami&Baker, 2012), “unjustified disapproval and even hatred of children for a parent whom they loved and respected before the separation or divorce” (Viljoen&van Rensburg, 2014 apud Bruch, 2001; Wallerstein & Kelly, 1976), but also as “the intentional attempts of a parent to alienate a child in relation to

the other parent through negative indoctrination” (Viljoen&van Rensburg, 2014 apud Baker & Darnall, 2006; Brandes, 2000; De Jong & Davies, 2013; Godbout & Parent, 2012; Wakeford, 2001).

As can be seen from the definitions given in literature, parental alienation refers to a disruption of the normal functioning of the child's relationship with one of the parents, after divorce. The perturbation is due to the fact that there is a strong alliance between the child and one of his/ her parents, an alliance established in order to remove the other parent from the child's life.

It is noticed that this phenomenon of parental alienation has a number of characteristics: it occurs on the background of a marked conflict between the two parents of the child (post-divorce), presupposes the establishment of an alliance between the child and one of the parents, presupposes the existence of a denigration campaign of one parent by the other, presupposes separating the child from the denigrated parent and a short-circuiting of the child's relationship with the latter.

A very important aspect that should be taken into account when referring to parental alienation (PA) is that the child's rejection reactions to the parent are not justified, in their relational history there are no pertinent reasons (situations of abuse, ill-treatment or other negative parental behaviors in relation to the child) to justify the child's tendency to move away from the respective parent (Gavrilă-Ardelean, Horvath, 2008). For this reason, parental alienation (PA) can be considered a form of psychological abuse on the child, because by a more or less intentional attitude, one of the parents (through unjustified indoctrination behavior) causes an important disturbance of the child's relationship with the other parent.

Thus, the child is deprived of the right to have a direct and natural relationship with the respective parent, which may have some influence on the child's further development (Fond-Harmant, Gavrilă-Ardelean, 2016). If we are to synthesize, we note that parental alienation (PA) presupposes the existence of the following elements: conflict between divorced parents, a denigration campaign (more or less voluntary) of one parent against the other, alliance of the child with the denigrating (alienating) parent, rejection by the child of the denigrated parent (targeted parent or alienated parent), disruption of the relationship between the child and the rejected parent.

The concept of Parental Alienation Syndrome (PAS) was introduced by the American psychiatrist Richard Garner in 1985. Thus, he defines the concept as “a disorder that occurs in the context of disputes relating to the establishment of conditions for the exercise of parental authority. Its fundamental manifestation is the denigration campaign against the other parent, a campaign that is unjustified. It results from the combination of a programming (brainwashing) parent's indoctrinations and the child's own contributions to the

vilification of the target parent.” (Gardner, 1998). Gardner proposes eight criteria by which parental alienation syndrome can be diagnosed: the campaign of denigration of the alienated parent, the child's unconvincing arguments, the lack of ambivalence of the child towards the alienated parent, the “independent thinker” phenomenon, the unconditional support of the alienating parent (denigrator), absence of guilt, borrowed scenarios, expansion of animosity over the friends or family of the targeted (alienated) parent (Lavadera, Ferracuti, Togliatti, 2012, apud Gardner, 2004; Biolley, 2014 apud Gardner, 2004).

Denigration campaign of the alienated parent

This manifestation of the child refers to the fact that a parent who was loved and appreciated becomes, overnight, feared and hated, the child beginning to reject his/ her presence.

The child's behavior occurs in the absence of objective and pertinent reasons (such as abusive or harmful behavior of the parent towards the child), the child rejecting and criticizing the parent unjustifiably. The child tends to offend the parent, assign negative characteristics to him/ her, refuses to interact with him/ her, leaving the impression that between him/ her and the respective parent there have been no qualitative or positive interactions or experiences. The child refuses to spend time with the parent, has the tendency to denigrate him/ her and refuses to call him/ her father/ mother, using instead either his/ her name or another term of address.

Unconvincing arguments of the child

This manifestation of the child refers to the fact that the rejection of the parent by the child is based on absurd and unfounded reasons, without acknowledging the absurdity of those arguments. For example, a child may refuse to interact with the parent on the grounds that he/ she does not like the color of his/ her hair, that he/ she obliges him to eat fruits and vegetables before dessert, that he/ she does not allow him access to the computer etc.

Absence of ambivalence of the child

This manifestation of the child refers to the fact that his/ her views are clearly structured in relation to the parents, without any level of ambivalence. Thus, while one of them is idealized (the child only sees his/ her qualities and gives him/ her reflex and automatic support), the other parent being exclusively negatively connoted (the child does not recognize the existence of any of his/ her qualities). The child does not recognize the existence of any defects in the preferred parent, or the existence of qualities regarding the rejected parent.

The phenomenon of the “independent thinker”

This manifestation of the child is characterized by the fact that the child's opinions about the rejected parent are opinions that the child claims to be entirely his/ hers and that he/ she did not take them from his or her favorite parent or from someone else. There is no time when the child recognizes that

his/ her opinions regarding the rejected parent or the conflict between them have been influenced by the preferred parent.

Unconditional support of the alienating parent

This manifestation of the child refers to the reflexive and unconditional support of the preferred parent, to the detriment of the rejected one, the child having the tendency to find justification for the possible inappropriate behavior of the preferred parent towards the rejected parent. In the conflict, the child will tend to ally with his/ her preferred parent without considering the possibility of being neutral or taking into account the opinion or viewpoint of the rejected parent.

Absence of guilt

This manifestation of the child refers to the absence of any sense of guilt in relation to the rejected parent, the child considering that the parent deserves the treatment applied to him/ her by the favorite parent or even by the child himself/ herself. The child has no gratitude for gifts, favors or financial support from the rejected parent, the child minimizing or even denying the existence of these behaviors.

Borrowed scenarios

This manifestation of the child refers to the fact that the child's discourse contains words, phrases or even scenarios taken in the lump, in a non-discriminatory way from the preferred parent. Thus, the child uses words whose meaning he/ she does not understand, or presents life events or scenarios in which he/ she did not participate directly, or in relation to which he/ she was too young to recall.

Extended animosity to the family/ friends of the alienated parent

This manifestation of the child refers to the fact that he/ she begins to refuse contact and interaction with the extended family, relatives, friends of the rejected parent, for no objective reason. The child refuses both direct interactions (meetings) with them, but also indirect interaction (telephone conversations, on-line communication). He/ she also refuses to receive attention or gifts from these people, having the tendency to apply the behavior they apply to their rejected parent (offending, refusal to communicate or interact, tendency to distort the truth about the quality of the previous interactions with them). When presenting this manifestation, the child does not have positive or qualitative relationships with the extended family/ relatives or friends of the rejected parent.

Gardner states that there are three stages of parental alienation syndrome: mild, moderate and severe. In the case of the mild level, Gardner shows that the alienation is relatively superficial, the child presenting only a few of the eight symptoms of PAS; the transition from one parent to the other is easy enough, and if difficulties arise, they are resolved when the child stays

only in the presence of the denigrated parent. In the moderate stage, alienation is more intense, almost all eight symptoms are present, the denigration campaign has started, and aggression towards the denigrated parent is more obvious. In the case of the severe stage, the eight symptoms are totally present, the child having an obviously aggressive attitude against the denigrated parent, with an obvious alliance between him/ her and the alienating parent (Biolley, 2014 apud Gardner, 2004).

In the phenomenon of parental alienation, there are two parental typologies: the alienating parent or the alienator and the alienated parent or the targeted parent. The alienating parent (alienator or denigrator) is the parent who acts voluntarily to alienate the child from the other parent (Biolley, 2014). Thus, he/ she deliberately intervenes in the relationship of his/ her child with the other parent, without thinking of the consequences that such an intrusion has on the child. For this reason, there are a number of authors who consider parental alienation to be a form of emotional abuse on the child (Lowenstein, 2015).

The alienated parent (targeted parent) is the parent in relation to whom the child rejects interaction as a result of the voluntary intervention of the other parent (Biolley, 2014). Thus, obviously, the relationship of the child with the alienated parent is affected and sometimes irremediably compromised, depending on the intensity of parental alienation in that case. Resilience, as positive adaptation can help both parents and the child in overcoming the difficult experience of divorce. (Otovescu, Otovescu, Motoi & Otovescu, 2015)

Objectives of the paper

- A. Determination of the personality traits and the existence/ nonexistence of the predisposition to personality disorders of the adults involved in a situation of divorce with minors, in relation to which the court suspects the establishment of the parental alienation phenomenon,*
- B. Identification of significant differences in personality structure and possible disruptions between parents from divorced couples, from the perspective of the alienated parent and that of the alienating parent.*

Working method

In the realization of this study we started from two hypotheses:

A: There are statistically significant differences in the personality structure of alienating and alienated type parents.

B: There are statistically significant correlations regarding alienating and alienated type parents and certain personality disorders.

The study involved 20 subjects from divorced/ separated couples with children, in relation to which the court suspects the establishment of the phenomenon of parental alienation (10 alienating type parents and 10

alienated type parents). The study included 10 men and 10 women aged between 26 and 59 (average age 42) coming from both urban (13 subjects) and rural areas (7 subjects), with higher education (13 subjects) and secondary education (7 subjects).

For the 20 participants, the following methods of psychological investigation were used:

- Anamnestic interview
- Questionnaire for Identification of the Establishment of the Parent Alienation Phenomenon (currently being validated and calibrated for the Romanian population)
- DECAS Personality Inventory
- MCMI – III (Multi-axial Millon Clinical Inventory) Comparisons were made using T tests on scores obtained by targeted parents and alienating parents to determine if there were significant differences in their personality structure.

Correlations were made using the Pearson (r) correlation coefficient to determine whether there are significant correlations between alienating and alienated parent typologies and a certain personality disorder.

Results and discussions

The obtained results indicate that there are no significant differences in the personality structure from the perspective of the BIG FIVE model in terms of alienating and alienated parents ($T \geq 0.05$)

Also, the results indicate that both alienating and alienated parents have obtained significant correlations with the Posttraumatic Stress Disorder (Axis I) and the Masochistic Type Personality Structure (Axis II) ($p \leq 0.05$).

Although on the level of direct observation, following the results obtained by the subjects participating in the psychological testing, it was observed that in the case of subjects belonging to the category of alienating parents, there was a tendency for them to get high scores on Histrionic, Narcissistic and Compulsive Scales (MCMI-III), the statistical results obtained did not confirm these observations;

This can be explained by the statistical error type 2 (the effect actually exists, but due to the low number of participants it could not be demonstrated);

As we can see, the results show that there are no significant differences in the personality structure with respect to alienating and alienated parents.

The obtained results indicate that the typology of both the alienating and the alienated parent strongly correlate with the posttraumatic stress disorder (axis I) and the personality structure of the masochistic type (axis II).

The current study has been conducted to investigate the extent to which there are significant differences in terms of personality structure, as regards

alienating and alienated parents, but also to investigate whether, from the perspective of the role they have in the parental alienation phenomenon (alienating or alienated parent), they are predisposed to certain personality disorders.

The present study shows that there are no significant differences in the personality structure between alienating and alienated parents, but that for both categories of parents there are statistically significant correlations with the masochist personality structure and the posttraumatic stress disorder. These results indicate that there are more similarities between the two types of parents than differences, indicating the need to replicate the study on a larger number of subjects in order to determine exactly the underlying factors of assuming the two parent types: alienating and alienated parents.

Attitudes about health and life experiences vary from an individual to another and could be caused by a lack of health information, a low socio-economic level (Vintila et al., 2009), and a lower level of personal development. Although, life experiences are own, subjective experiences they depend not only on the individual, but also on environmental factors (Tudorel, Macsinga, & Virga, 2013). Thus, social support is an important factor which can be view as a protective factor that could reduce the effect of stressful, overwhelming life events (Tudorel & Vintila, 2018).

The present study has the clear limitation of a small number of subjects, but it is intended to be only a first step in investigating the parental typologies involved in the parental alienation phenomenon. Its novelty at present is that, besides the existing differences between the two types of parents (alienating and alienated), there are many similarities between them as well, which deserve to be investigated by further empirical studies.

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Statistical Situation of Mental Disorders of Elderly in Romania

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Abstract

The Romanian Ministry of Public Health considers that the mental health of romanian population constitutes a public health problem (<http://www.gencat.cat/salut/imhpa/>). World Health Organization Statistics show that the average evolution of mental disorders will increase in the next period of time in Romani and in other countries of the European Union. The article is an analysis of the statistical situation of mental disorders in elderly in Romania, as an item of "Amélioration des réseaux professionnelles pour les personnes âgées", Arpa-ageing European project.

Key-words: mental health problems, elderly population, Romania, statistical situation, ARPA ageing-project.

The Romanian Ministry of Public Health considered that mental health of romanian population constitutes a public health problem (<http://www.gencat.cat/salut/imhpa/>). In the actual social and economic context, the public policies of health constitute the priority issue of: prevention, legislative measures, education, infrastructure, human and financial resources, in the field of mental health (<http://www.gencat.cat/salut/imhpa/>).

"Studies on demographic prognosis estimate that in the next 20 years, the **percentage** of **elderly** persons will double" and 3% of the old people will suffer from this **mental disorder** that represents "up to 60% of all dementia" (**RJNP, 1990).

Elderly Mental Health situation published in the book: *International Perspectives on Mental Health* shows the following conclusions:

- It is needed to change the direction of mental health service delivery of elderly, from hospital to community care, and support;
- The human resource for mental health care is insufficient by number, and inadequately trained;
- Stigma in mental health is an obstacle in ensuring the access to health and care services for people with mental disorders (Gavrilă-Ardelean, 2016);
- Preventive education is needed in the field of mental health;
- It is needed to improve the Psychiatry training, through research programs and projects (Gavrilă-Ardelean, 2008; Fond-Harmant et al., 2016);
- To deliver mental health services at community level, it is important to make a clear delimitation between treatment and health care;
- The quality of life for old people with mental diseases will be improved through the development of psychiatric networks at community level (Tătaru, 2011, p.379 in Hamid Ghodse ed.).

World Health Organization goals in mental health, for Romania, (2010–2011) were:

- "Capacity building of primary care staff in mental health care;
- Support development of guidance for recognition and treatment of autism and spectrum disorders;
- Capacity building of specialist mental health staff working in community settings" (WHO/<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/country-work>).

In the last years, Romania took part of a few European Projects in the Mental Health field, with other countries (Luxembourg, France, Belgium, Switzerland, Greece). These projects aim to develop good practices and skills of mental care professionals, and better networks in mental health (Fond-Harmant & Gavrilă-Ardelean, 2016; Fond-Harmant & al., 2016).

ARPA-ageing is the acronym of the European project "Amélioration des réseaux professionnelles pour les personnes âgées" ("Improving the Network of Mental Health Professionals for the Elderly"), and its objective is to improve the professional mental health

network for specialists and beneficiaries in the geriatrics field. This analysis is part of the Arpa –ageing project and was partially presented at the Social Work Days event of the "Aurel Vlaicu" University of Arad workshop on 07 April 2018 and partially on ISREIE 2019.

World Health Organization Statistics show, for Romania, and for other countries, members of the European Union, the average evolution of mental disorders in the period of time 2009-2014 (Table 1).

A study published in 2010, about the quality of life in Romania, shows the situation of subjective indicators of life quality assessment, from mental health perspective in our country, and in other European countries (Table 2, Figure 1), (Pop, 2010).

In **Romania**, in 1965, there were 460,000 **psychiatric patients**. From these, 82% (381.000 patients) had organic brain syndromes of **elderly**, neuroses, alcoholism, **personality** and behavioral **disorders**; and 18% (79,000 patients) suffered from severe depressive syndrome, psychoses, dementia, and the other and mental diseases. "The epidemiologic studies made were insufficient, lacking in many respects the standards of a reliable **statistical** outlook" (Donna, 1993).

Table 1. Mental disorders (average) in Europe 2009-2014

	Mental and behavioural disorders		Dementia and Alzheimer's disease		Mental and behavioural disorders due to use of alcohol		Mental and behavioural disorders due to psychoactive substance use		Schizophrenia, schizotypal and delusional disorders		Mood [affective] disorders		Other mental and behavioural disorders	
	2009	2014	2009	2014	2009	2014	2009	2014	2009	2014	2009	2014	2009	2014
Belgium (*) ^(*)	10.4	10.1	43.1	41.8	7.8	7.5	8.5	8.6	12.6	11.9	12.8	13.2	8.7	8.4
Bulgaria	29.3	24.4	37.7	24.7	27.7	23.5	13.9	16.5	38.7	31.4	22.6	19.8	20.9	18.3
Czech Republic	51.3	40.0	172.8	126.0	35.5	31.2	29.0	30.1	113.9	70.2	39.5	37.8	38.5	33.4
Denmark	20.5	17.9	27.9	19.5	3.7	3	11.5	10.8	34.7	28.7	26.8	25.3	17.9	15.1
Germany	24.3	24.4	33.1	30.1	13.5	12.8	14.4	15.5	34.4	32.8	35.1	34.9	23.9	23.5
Estonia	16.2	17.5	.	.	.	.	.	.	.	.	.	.	.	.
Ireland ^(*)	10.7	9.9	91.9	69.0	4.5	4.7	10.6	9.9	35.3	21.2	14.2	10.3	12.3	9.1
Greece	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Spain ^(*)	26	25.7	119.5	93	12.4	12.3	11.2	11.7	33.1	30.5	18.7	18	24.8	29.1
France ^(*)	5.7	5.7	24.6	22.8	3.1	3.2	4.1	4.4	3.9	4.4	5.8	5.8	6.7	7.0
Croatia	32.5	35.9	67.4	68.3	21.4	24.3	21.5	35.1	54.5	52.8	26.3	29.2	26.4	30.7
Italy	14.0	13.9	29.6	29.1	10.4	11.0	8.7	9.8	16.3	15.9	15.6	15.3	11.7	11.7
Cyprus ^(*)	25.4	12.9	8.1	9.9	13.7	5.2	3.0	8.1	39.7	17.1	12.5	16.1	8.5	10.3
Latvia	21.4	22.7	61.0	71.5	4.7	7.3	17.8	10.3	40.5	32.9	29.6	25.7	23.3	22.1
Lithuania	23.7	20.8	49.4	52.6	8.2	7.9	7.9	5.8	35.8	36.0	27.0	23.1	18.9	16.6
Luxembourg	25.8	26.6	41.5	45.0	22.7	24.0	33.3	34.6	42.7	46.2	18.6	21.2	26.0	22.8
Hungary	26.3	29.0	78.3	88.4	30.7	32.1	42.0	35.9	38.0	39.1	21.4	23.9	15.6	17.5
Malta ^(*)	27.0	44.5	38.9	95.8	22.6	9.4	28.8	24.5	34.7	52.5	26.7	45.8	23.8	55.0
Netherlands ^(*) ^(*)	19.3	17.6	35.6	29.7	6.2	5.1	7.4	7.5	28.6	27.8	30.9	28.1	18.1	16.0
Austria	19.5	22.9	33.7	64.2	17.3	16.7	21.9	23.9	31.2	35.2	18.0	20.6	17.6	20.3
Poland	35.7	29.3	58.4	42.7	21.0	19.8	25.6	20.7	61.4	43.2	42.3	39.1	33.7	28.7
Portugal	16.7	16.7	32.8	36.7	12.2	13.2	11.5	13.8	21.2	20.9	18.5	17.5	12.5	13.1
Romania	17.5	18.2	36.2	41.8	11.8	9.7	11.5	8.9	30.3	28.1	14.6	12.6	15.1	18.4
Slovenia	36.5	36.0	67.9	47.7	29.1	30.2	28.7	30.9	52.4	54.9	45.3	44.2	25.5	24.5
Slovakia	28.8	27.1	40.5	36.0	28.0	26.5	26.7	28.7	36.4	34.6	29.5	26.7	25.2	23.6
Finland	43.6	35.9	222.3	165.0	8.2	6.9	15.2	12.2	57.8	57.8	26.0	22.3	21.9	21.3
Sweden	18.8	14.0	32.3	24.2	4.1	3.9	8.2	5.4	50.5	33.9	19.7	17.6	20.7	14.9
United Kingdom	46.8	38.9	115.9	95.5	7.7	6.4	18.4	14.5	111.0	98.2	46.0	42.8	44.7	32.3
Iceland	12.6	11.8	44.4	46.5	7.4	6.6	6.9	6.7	16.9	16.2	13.4	13.0	12.1	9.2
Norway ^(*)	3.4	19.3	13.8	28.8	1.8	14.2	1.3	22.4	2.7	25.1	3.4	21.6	5.1	15.3
Switzerland	35.3	28.6	98.4	66.2	22.9	19.5	22.1	23.0	60.4	38.7	38.4	33.4	29.8	24.9
FYR of Macedonia ^(*)	69.4	.	72.7	.	54.7	.	175.8	.	115.1	.	36.6	.	29.7	.
Serbia	.	35.8	.	61.4	.	29.0	.	19.9	.	49.7	.	35.2	.	27.0
Turkey ^(*)	16.6	15.0	16.0	13.2	13.4	15.6	7.8	8.3	27.3	27.0	14.7	13.0	9.5	8.1

(*) 2013.

(*) Excluding psychiatric hospitals or mental health care institutions.

(*) Psychiatric hospitals are not included except if they are forming a hospital complex.

(*) 'Alzheimer's disease': 2010 instead of 2009.

(*) 2012.

(*) Break in series.

(*) 2007 data instead of 2009.

(*) 2011 instead of 2014.

After WHO: File:In-patient average length of stay for mental and behavioural disorders and Alzheimer's disease, 2009 and 2014(days).png

(<http://ec.europa.eu/eurostat/statistics-explained/images/c/cb/>)

Table 2. Mental health index in European Union (averages), 1993-2006

Country	Mental health index (average)
Austria	59,9
Belgium	66,1
Bulgaria	56,5
Cyprus	57,7
Czech Republic	61,7
Denmarck	67
Estonia	58
Finland	65
France	62,3
Germany	67,1
United Kingdom	60,5
Greece	60
Hungary	63,4
Ireland	67,1
Italy	58,5
Latvia	55,2
Lithuania	57,7
Luxembourg	63,4
Malta	53
Netherlands	67,2
Poland	59,2
Romania ²⁶⁷	53,8
Slovakia	60,2
Slovenia	60,5
Spain	65,8
Sweden	66,6

Portugal	59,9
UE 15	63,3
NMS 12	58,4
UE 27	62,3

Source: EQLS 2007, 1993-2006 (Pop, 2010, XXI, 3-4: 303)

“Romania ranks second in Europe in terms of the incidence of mental illness, to 1403.75 cases per 100,000 inhabitants, after Estonia, which reported 2057.27 cases per 100,000 population in 2011 to the European Health for All Databases, according to a press release press on depression. Every year approximately 300,000 new cases reported, which puts us all in second place in Europe.

Psychiatric pathology in our country spans a wide range, from mild anxiety depressive disorders sphere (9 of 10 people WHO statistics), panic attacks, alcohol and substance addiction, the psychoses, endogenous disease, or emotional coloratura schizophrenia (WHO).

In Romania, the number of patients discharged with mental and behavioral disorders was 278,000 in 2012 compared to 222,000 in 2005 (an increase of about 25% in the number of patients). In 2011 there were 17,067 reported psychiatric beds and neuropsychiatry in our country and the incidence of mental disorders was 1330.58 inhabitants in ‰ (second in Europe), whereas the incidence of alcoholic psychosis was at 20.18 ‰ inhabitants (WHO).

Number of psychiatrists per 100,000 population varies widely: from 30 ‰ to 26 ‰ in Switzerland and Finland to 3 ‰ to 1 ‰ in Albania to Turkey. Psychiatrists rate in the 41 countries is 9 ‰ population (WHO).

Nursing staff in mental health care rate in Finland is between 163 to 4 ‰ population in Bosnia and Herzegovina and 3 ‰ in Greece (WHO)” (Gavrila-Ardelean, 2015, p. 154-155).

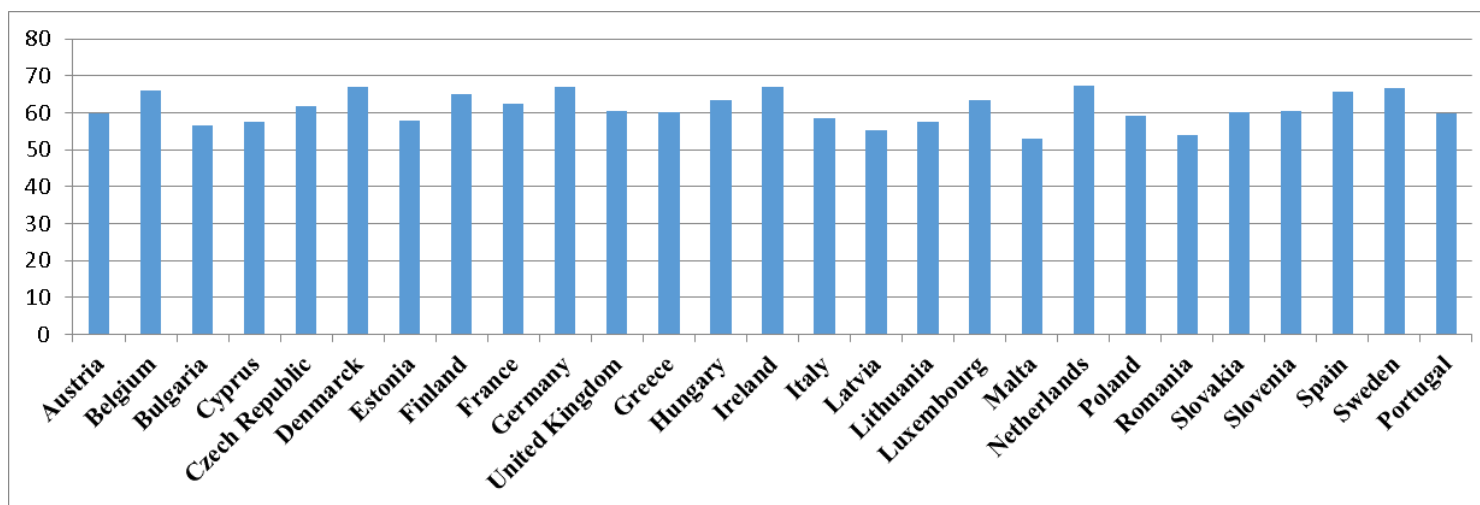


Figure 1. Mental health index in the European Union (averages)

Table 3. The number of patients with mental diseases who left public hospitals in period 1993-2006 (% patients)

Year	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Mental and behavioural disorders	215	236	233	234	246	246	238	273	287	271	265	222	259	253
Nervous System diseases	185	201	194	203	207	214	215	248	264	252	253	217	249	238
Cerebrovascular diseases	62	58	64	63	68	71	74	91	96	100	116	113	144	125
Tumors	183	194	201	215	225	237	245	316	343	321	327	276	323	325

Sours:
Tempo,

INS, 2009, (Pop, 2010, XXI, 3-4: 305).

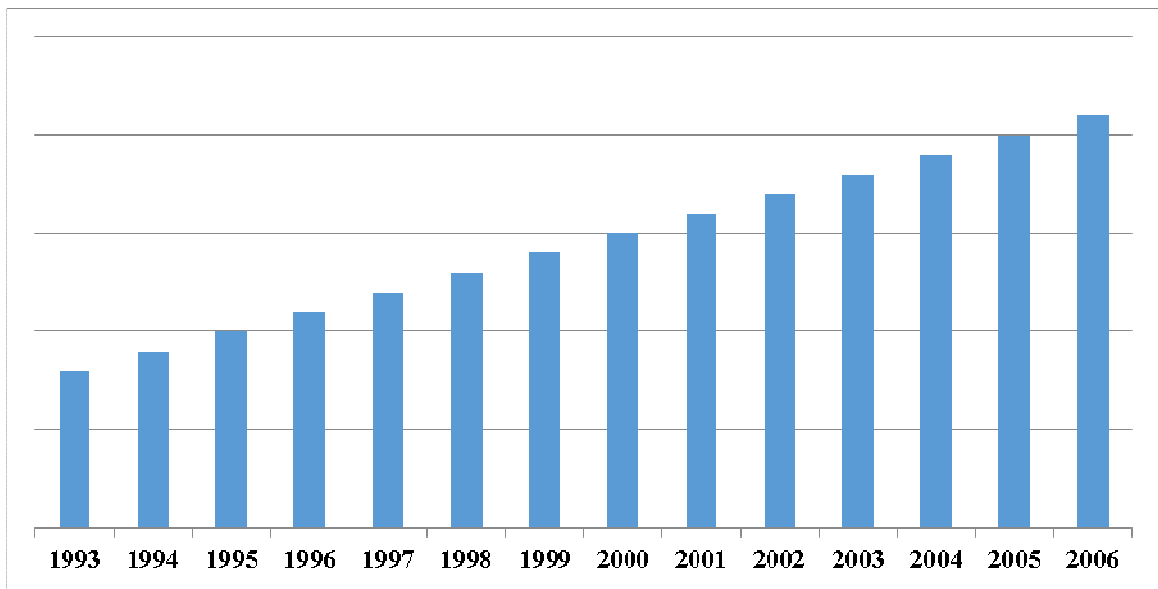


Figure 2. Evolution of mental disorders (% patients), in Romania in period 1993-2006

The objectives of the long-term programme of World Health Organization (WHO), in the area of elderly mental health, as shown elsewhere, were:

- to reduce the **prevalence of mental disorders** in communities;
- to strengthen a good behaviour and the needs of **elderly**, while improving their self-esteem;
- to develop and implement services in pilot areas, for example, including only two countries located in Central and Eastern Europe (**Romania** and Yugoslavia), (Kaprio, 1991).

The actual mental health goals of the European Union are to empower the persons with mental diseases, and help them become able to self-manage their own lives.

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