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Str. Elena Drăgoi, nr.2, Arad, Romania
Tel: +40 (0257) 219 555
e-mail: agora.arad@gmail.com
Fax: +40 (0257) 219 555

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WHY SOCIAL MEDIA CONTEXT AWARENESS REPRESENTS A FUTURE CRUCIAL CONCEPT IN DIGITAL WELLBEING

Dana Rad[1], Sonia Ignat[2]

[1]Aurel Vlaicu University of Arad,
Faculty of Educational Sciences, Psychology and Social Sciences, Arad, Romania,
dana@xhouse.ro

[2]Aurel Vlaicu University of Arad,
Faculty of Educational Sciences, Psychology and SocialSciences, Arad, Romania,
soniabudean@yahoo.com

Abstract

In order to exchange knowledge and make links, billions of people around the world use social media. Social networking helps users to engage with friends and family on a personal basis, learn new knowledge, grow new passions, and be amused. One may use social media at a personal level to extend experience in a specific area and develop their professional network by interacting with other professionals. One's digital presence will make or break anyone in today's information age; it can be the determining factor as to whether or not one meets one's life-long aspirations. Unethical activity and social media posts may have far-reaching effects, both professionally and personally. Posting on the Internet means the "never forgetting," so it is important to use this medium responsibly. The social media context awareness competence refers to a new emerging skill regarding the trust load we give to a specific digital context we come in contact with when surfing the internet. Since it is an emerging competence, it cannot be understood as standalone. If the digital context would not be available, we would not develop such a competence. Being a competence, it must be defined by three core elements: knowledge, skills, and attitudes, just as we operationalized the competence of social media context awareness in terms of: Social media literacy, social media communication process understanding, social media content impact awareness, and social media confidence. The key finding of this analysis is that awareness of the context of social media is an evolving digital skill that can be empirically evaluated and then taught to individuals for a sustainable understanding of the socio-digital world who have not acquired this critical skill.

Keywords: social media context awareness, digital wellbeing

1. Introduction

Most of us trust our social connectivity and well-being on common social media sites. In linking us to our families, family, and acquaintances, these networks do a wonderful job. The level of access they have is simply so high that all of us unknowingly reach a level of hyper-connectivity that keeps us from connecting with someone else who is not even on our social network. People exchange similar encounters with us in our local surroundings. Users have more in common, and even more opportunities to communicate, with those in their near proximity.

Unfortunately, most of these persons are not already on the social network, so there are typically missing chances to connect with them. To become context-aware, social media platform must evolve.

The value of context-aware social media sites is quickly understood by all consumers, and this pattern is projected to expand rapidly in the future.

The information/digital era of today provides widespread social media use. Social media use is omnipresent and ranges through all age groups, social backgrounds and communities. The expanded use of such media, however, is followed by privacy challenges and ethical issues. This privacy challenges may have professional, personal and security consequences that are far-reaching. Ultimate protection is very complicated in the social media domain since these media are meant for knowledge sharing. Social network engagement allows individuals to ignore some personal privacy restrictions, resulting in certain insecurity. In this environment, lax individual privacy protections have resulted in unethical and unacceptable activities resulting in violations of privacy and security, notably for the most vulnerable community of users.

One's digital presence will make or break anyone in today's information age; it can be the determining factor as to whether or not one meets one's life-long aspirations. Unethical activity and social media posts may have far-reaching effects, both professionally and personally. Posting on the Internet means the "never forgetting," so it is important to use this medium responsibly.

The unethical use of social media has privacy consequences that can both literally and virtually lead to security breaches. As certain users are required to provide information that they would not reveal otherwise, the use of social media will also result in the lack of privacy. The use of social media can expose information that, if not adequately handled by consumers, can result in privacy infringement. Therefore, to warn users about the hazards and pitfalls of sensitive information disclosure in this space, and encouraging awareness in the protection of individual

privacy represents an important asset in future social media. This could lead to a decline in the dishonest and reckless use of the media and encourage a healthy societal climate. Regardless of race, culture, religious affiliation and social class, the use of social media should be regulated by moral and ethical values that can be applied equally and result in harmonious relationships.

Review of the literature and the results of this study indicate that it is very difficult in a networked environment to obtain appropriate standards of privacy and would take a lot of commitment on the part of individuals. The main social media user groups remain ignorant of the mechanisms needed to reduce the risk level of their personal data. Therefore, the social duty of these social networking sites is to inform people about the possibility of engaging in social media. Adapting universally ethical practices will mitigate the increase in the amount of social networking space privacy breaches. If adhered to by social media users and operators of these sites, this concept will increase visibility among unsuspecting users, minimize unethical connections and unintended events that could have a detrimental effect on privacy and expand protection in this domain.

In order to be continuously exposed to social content, such as microblogging alerts, ambient awareness refers to the awareness of social media users of their online network. While each individual bit of information can sound like random noise, it may accumulate a cohesive reflection of social others with their incessant receipt. Ambient knowledge of public social media has not been empirically analyzed considering its increasing prevalence and major consequences for social media research (Levordashka, A., & Utz, S., 2016).

2. Social media context awareness scale

The digital world and its mechanics are a vast one and our focus in this article, from the entire digital context, will be the social media part and how users interact with it. Social media is represented by the use of technologies (i.e., personal computers, smart phones, tablets) that facilitate the production or sharing of content (Benkler, Y., 2006) Common features that can be found through social media platforms are represented by: Content created and shared by users (i.e., comments, ideas, photos, and videos) and by social networking (Fuchs, C., 2014)

In this paper, we will concentrate on social media context awarenwss: the ability to access social media information, awareness of the production and distribution of social media

content, awareness of third-party social media apps, and the ability and desire to create and distribute social media content.

The ability to access information on social media can be important and practical for an individual if he or she is looking for a job or career (Kane, G.C. et al., 2011). For example, a social media platform such as LinkedIn can offer various processes (i.e., keyword searches or information feeds) to obtain information regarding career opportunities (Kane, G.C. et al., 2011). Another practical implication for the ability to access information on social media that can be important for an individual is if he or she is looking for travel opportunities. For example, social media platforms that focus on traveling and tourism can offer significant information (i.e., cost comparisons, user reviews, housing services, locations, shared photos, and videos) to users regarding traveling opportunities (Parra-López, E. et al., 2012).

The social media context awareness competence refers to a new emerging skill regarding the trust load we give to a specific digital context we come in contact with when surfing the internet. Since it is an emerging competence, it cannot be understood as standalone. If the digital context would not be available, we would not develop such a competence. Being a competence, it must be defined by three core elements: Knowledge, skills, and attitudes, just as we operationalized the competence of social media context awareness in terms of: Social media literacy, social media communication process understanding, social media content impact awareness, and social media confidence (Rad, D. et al, 2020).

Based on previous research (Rad, D. et al, 2020), we define social media context awareness as an emerging digital skill referring to the understanding of the social media environment in which a specific event takes place, acknowledging the impact that the perceived social media context has over the observer, rationalizing the social media informational undergoing process, and owning confidence for social media acting.

Consequently, authors have operationalized the competence of social media context awareness in terms of digital literacy, digital communication process understanding, digital content impact awareness, and digital confidence. This study begins to fill this research gap by designing and validating a short version of the social media context awareness scale that can be used for general assessment (Rad, D. et al, 2020).

The emergence of the four constructs of digital literacy, digital communication process understanding, digital content impact awareness, and digital confidence creates a need for

explicit measures of social media context awareness, with regards to the principle of consistency in digital behavior; some researchers consider acting to be consistent across social media (Preeshl, A., 2019) If behavioral consistency refers to people's tendency to behave in a manner that matches their past decisions or behaviors (Albarracín, D., Wyer, R.S., Jr., 2000) the digital behavioral consistency refers to the same tendencies, but in the digital environment.

With the purpose of designing and validating a new scale of social media context awareness (SMCA), authors have operationalized the emerging digital skill as a confluence between four key components: Social media literacy, social media communication process understanding, social media content impact awareness, and social media confidence, in a preliminary attempt to uncover concepts association as a valid and reliable four factors scale.

The following four research items were used:

For social media literacy assessment, the research used Item 1. On a one to five scale where 1 stands for strongly disagree, 2 for disagree, 3 for neither agree nor disagree, 4 for agree, 5 for strongly agree, please rate how much you agree with the following sentence: I'm able to access the information and content I want on social media.

For social media communication process understanding assessment, the research used Item 2. On a one to five scale where 1 stands for strongly disagree, 2 for disagree, 3 for neither agree nor disagree, 4 for agree, 5 for strongly agree, please rate how much you agree with the following sentence: I understand how people create and spread messages on social media.

For social media content impact awareness assessment, the research used Item 3. On a one to five scale where 1 stands for strongly disagree, 2 for disagree, 3 for neither agree nor disagree, 4 for agree, 5 for strongly agree, please rate how much you agree with the following sentence: I understand the role social media websites/apps play in shaping the information and content I see.

For social media confidence (m = 3.45, SD = 1) assessment, this research used Item 4. On a one to five scale where 1 stands for strongly disagree, 2 for disagree, 3 for neither agree nor disagree, 4 for agree, 5 for strongly agree, please rate how much you agree with the following sentence: I'm confident creating and sharing my own social media messages.

A reliability analysis was carried out (N = 206) on the social media context awareness scale comprising four items referring to social media literacy "I'm able to access the information and content I want on social media" (m = 3.79, SD = 1), social media communication process

understanding “I understand how people create and spread messages on social media” (m = 3.77, SD = 0.9), social media content impact awareness ”I understand the role social media websites/apps play in shaping the information and content I see” (m = 3.88, SD = 1), and social media confidence “I’m confident creating and sharing my own social media messages” (m = 3.45, SD = 1). Cronbach’s alpha coefficient proves that the questionnaire achieves reasonable precision, $\alpha = 0.87$. Our rotated component matrix showed that the first component is measured by Item 4, therefore, we interpret component 1 as “social media confidence”. After interpreting all components in a similar fashion, we arrived at the following descriptions: Component 1—social media confidence; Component 2—social media communication process understanding; Component 3—social media literacy; Component 4—social media content impact awareness. In conclusion, results obtained support the statistical robustness of our SMCA scale (Rad, D., et al, 2020).

3. Conclusions and implications

The key finding of this analysis is that awareness of the context of social media is an evolving digital skill that can be empirically evaluated and then taught to individuals for a sustainable understanding of the socio-digital world who have not acquired this critical skill.

It is clear that no one in this new environment can control the flow of information while effectively managing the flow of information. The freedom of user access to news is one of the characteristics that distinguishes social media from the media, in which social media users select whatever content and information they want in this scenario.

Similar to conventional media, a culture needs to absorb the news transmitted by a tv network, for instance, TV news. Meanwhile, users of internet accounts can opt to read the content they want on social media, and they can also choose which details to post. It's not easy though, as it relates to the personal experience of a social network user.

Of course, the exchange of information will operate very easily with easy access to social media (Daneels, R. et al, 2017). It is possible to quickly disseminate and share any data online. Preventive intervention on the basis of this knowledge is needed. Nevertheless, we must then find out whether or not the material just mentioned is right, whether or not the chain of events coincides with reality, or whether or not the meaning of the material has recently been gained. More importantly, media literacy will commence at a local level, similar to other major

initiatives, where parents, educators, and educated individuals came to understand that if media were to play a vital role as a child mentor, children would still need to find a way to filter knowledge such that wise choices would be made in accordance with relevant cultural norms. Formal education is a means of helping young people question their options and begin to criticize the values represented by the media, not merely repression or influence.

While globalization has helped international culture, for the sake of young people's minds, security against the dissemination of information on social media is still needed, as young people, especially students, are highly interested in new content on social media. There will be no concern, since all the disseminated material is relevant for young people. However, given that world news also discusses issues such as terrorism, hedonistic behaviors and, thus, a certain climate of diplomatic force projection that can easily disrupt young people's views, a certain effort must be made to ensure that all materials and awareness available to young people is protected. There is no mechanism to ensure that further effort is done without encouraging the young people themselves. The awareness of social media will be a significant answer to this, as it will allow young people to be aware of the impact of social networking and the new information created by globalization. In order to prevent the deterioration of our young people's views by bad content, we should intentionally regulate the flow of information and efficiently participate in the creation of regulations on the use of emerging technology. It is also very important to ensure that by developing their social media awareness skills, the young generation is fully capable of processing and organizing the information given to them. Furthermore, how will this desiderate be accomplished if the extent of social media context knowledge of the persons is not measured first?

People are now able to express sufficient social media awareness with the technical and socio-cultural characteristics of modern media (Lin, T.-B., et al., 2013; Chen, D.-T., et al, 2011). Centered on Chen et al. (2011)'s two-continuous (consuming-prosuming and functional-critical) structure, we proposed four fine-grained indexes to reflect the definition of knowledge of the meaning of social media. Alternate methods of examining the building factor of social media context understanding may be sought for more study. The goal of a digital context awareness scale is therefore important to self-rate the level of digital literacy.

We expect the principle of understanding of the social media context to be a major mediator in partnerships involving the use of emerging technologies and its effect on individuals and societies' general well-being indexes.

Only for the last 10 to 15 years has the study of social network psychology existed, which correlates specifically with the emergence of social media. As a consequence, the study being carried out is only in its early stages. Researchers pointed to the shortcomings of their own approaches in virtually all the academic papers used in this guide so that subsequent research could better examine them.

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SOCIAL CONDITIONING FOR THE SELF-HARM BEHAVIOUR IN ADOLESCENCE

Remus Runcan, Bogdan Nadolu

Remus RUNCAN
Postdoc researcher
West University of Timişoara
remus.runcan@e-uvt.ro

Bogdan NADOLU
Associate Professor
West University of Timişoara
bogdan.nadolu@e-uvt.ro

Abstract

The most common causes of ***self-harm in adolescents*** *are related to family (abuse, arguments with parents, poor communication), school (bullying), and behaviour (cyberbullying, illicit substance use, rejection by a boy or girl friend). Adolescents self-mutilate because of difficulty talking about their feelings, of peer contagion, of peer pressure, of suicidal thoughts; out of anger / desperation to seek attention, to show their hopelessness, to show their worthlessness; to be accepted, to rebel, to reject their parents' values, to state their individuality, or to take risks. Adolescents who self-harm are, usually, adolescents with multiple problems such as co-morbid psychiatric disorders (anorexia nervosa, anxiety state, Bipolar Disorder, conduct disorder, depression, hyperactivity, Post Traumatic Disorder, psychosis), educational failure (learning problems, school refusal), and impaired psychosocial functioning; who come from families with high psychopathology rates; and who may have lived unhappy life events. Depressive disorder is less common among pre-adolescents, with no gender difference; mid-adolescence self-harm behaviour shows a female preponderance, which is also found in adult females.*

Keywords: harm, self-harm, adolescence

Introduction

Terminological Issues and Definitions. **Self-harm** affects mainly **adolescents**, but it also occurs in inmates with a history of suicide attempts (Barton, 2014) and in soldiers with Post Traumatic Stress Disorder (Neyshabouri, Dolatshahi & Mohammadkhani, 2020). The majority of self-mutilators are adolescents or young adults, aged in middle to late adolescence at the first episode of self-harm, angry and anxious (Sarbu, 2015), mostly female, often underemployed and are single; they have a lower vocational achievement in spite of equivalent education and more extensive therapy histories than other patients with personality disorders; and they tend to have more past suicidal ideation and attempts no matter their self-harm (Sarbu, 2017a; Sarbu, 2017b; Panescu & Sarbu, 2019; Sarbu, 2016b).

Deliberate self-harm (DSH) ("intentional self-injury or self-poisoning, irrespective of type of motivation or degree of suicidal intent" – Hawton *et al*., 2008) (Hawton *et al*., 2002; Polk & Liss, 2007; Garisch & Wildon, 2010; Nock, 2010; Greydanus & Apple, 2011; Muehlenkamp *et al*., 2012; Barton, 2014; Olfson *et al*., 2018; Sarbu, 2017a), **focal suicide** ("self-mutilation and self-destructive acts" – *The Medical Dictionary*) (Openshaw, 2008), **intentional self-harm** ("self-inflicted physical harm, such as cutting, that is not suicidal and is usually a response to stress or trauma" – *The Free Dictionary*) (Brooks *et al*., 2017), **nonsuicidal self-harm** ("[behaviour] involving socially unacceptable, self-inflicted harm to one's body without intent to die" – Peterson, Freedenthal & Coles, 2010; Sarbu, 2011), **nonsuicidal self-injury** ("[behaviour] involving socially unacceptable, self-inflicted harm to one's body without intent to die" – Peterson, Freedenthal & Coles, 2010) (Muehlenkamp *et al*., 2012; Jantzer *et al*., 2015; Blasco-Fontecilla *et al*., 2016; Chin, 2016; Raitt, 2018; Huang, Ribeiro & Franklin, 2020; Raffagnato *et al*., 2020), **parasuicide** ("attempted suicide, emphasizing that in most such attempts death is not the desired outcome" – *The Medical Dictionary*) (Brooksbank, 1985; Nock, 2010; Oliveira & Graça, 2013), **self-abuse** ("the deliberate infliction of damage or alteration to oneself without suicidal intent, in particular by those with eating disorders, mental illness, a history of trauma and abuse – e.g., emotional or sexual abuse – or mental traits such as low self-esteem or perfectionism; any act of intentional physical injury to oneself" – *The Free Dictionary*) (Openshaw, 2008), **self-destructive behaviour** ("any behaviour that is harmful or potentially harmful towards the person who engages in the behaviour" – *Wikipedia*) (Gavrilă-Ardelean, 2016; Nock, 2010; Sarbu, 2017b), **self-harm** ("intentional act of self-poisoning or self-injury

irrespective of the type of motivation or degree of suicidal intent" – cf. Royal College of Psychiatrists, 2010) (Dace *et al*., 1998; Harrington, 2001; Poppe, 2001; Wood, 2009; Maharajh & Seepersad, 2010; Nock, 2010; Fisher *et al*., 2012; Harvey & Brown, 2012; Hawton, Saunders & O'Connor, 2012; Oliveira & Graça, 2013; McAndrew & Warne, 2014; O'Connor, Dooley & Fitzgerald, 2014; Townsend, 2014; Baker *et al*., 2015; Del Bello *et al*., 2015; Hawton *et al*., 2015; Lawrence *et al*., 2015; Ferrey *et al*., 2016; Grech & Axiak, 2016; Tørmoen, 2016; Marchant *et al*., 2017; Shanahan, Brennan & House, 2019; Hetrick *et al*., 2020; Raffagnato *et al*., 2020), **self-harm / harming behaviour** ("the intentional physical harming of one's own body (injuring, cutting the skin, wound-excoriation, and so on) without suicidal intention, social amusement purpose, or alcohol and drug overdose" – Oktan, 2017) (Openshaw, 2008; Jantzer *et al*., 2015; Blasco-Fontecilla *et al*., 2016), **self-inflicted violence** ("self-inflicted physical harm, such as cutting, that is not suicidal and is usually a response to stress or trauma" – *The Free Dictionary*) (Alderman, 1997; Openshaw, 2008; Sarbu, 2011), **self-injurious behaviour** ("deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned" – cf. Whitlock, 2010) (Herpertz, 1995; Sarbu, 2011), **self-injury** ("a behaviour in which a person causes deliberate harm to his or her body without suicidal intent" – Polk & Liss, 2007, 568) (Tantam & Whittaker, 1992; Openshaw, 2008; Peterson *et al*., 2008; Nock, 2010; Lyons-Ruth *et al*., 2013; Hawton *et al*., 2015; Daelman, Bloch-Torrico & Gagnon, 2017; Sarbu, 2017a), **self-mutilation** "a direct, socially unacceptable, repetitive behaviour that causes minor to moderate physical injury; when self-mutilating, the individual is in a psychologically disturbed state but is not attempting suicide or responding to a need for self-stimulation or a stereotypic behaviour characteristic of mental retardation or autism" (Suyemoto, 1998, 532) (Poppe, 2001; Ross & Heath, 2002; Openshaw, 2008; Nock, 2010), **self-mutilative behaviour** "deliberate damage to one's own body tissue without suicidal intent" (Nock & Prinstein, 2004), **self-wounding** ("harming oneself where there are no underlying psychological problems related to the self-injury, but where the injurer wanted to take advantage of being injured" – *Wikipedia*) (Brooksbank, 1985; Tantam & Whittaker, 1992; Openshaw, 2008), **suicidal self-harm** ("[behaviour] involving intent to end one's life and including ideation and actions" – Peterson, Freedenthal & Coles, 2010), and ***wrist-cutting syndrome*** ("repeated cutting of the wrists" – Rosenthal *et al*., 1972) are just some of the labels applied to this disorder.

Self-destructive behaviour has for synonyms, according to Openshaw (2008, 111): ***antisuicide***, ***carving***, ***delicate cutting***, ***indirect self-destructive behaviour***, ***nonfatal suicide***, ***parasuicidal behaviour***, ***self-attack***, and ***wrist slashing***, terms unfortunately not defined.

No matter the term used, **self-injury** has its place in the hierarchy of self-injurious thoughts and behaviours, where there are self-injurers with and without intent to die (Nock, 2010; Del Bello *et al*., 2015) (Figure 1).

Self-harm in Adolescents

Self-harm behaviours are compulsive, episodic, purposeful, repetitive, ritualistic, and sometimes accompanied by anxiety and/or depression (Whitlock, 2010; Panescu & Sarbu, 2019). It is imperative to identify and control these behaviours because self-harm has short- and long-term consequences such as distress, mental ill health, physical ill health, poor educational, vocational & economic participation outcomes, poor treatment outcomes, repeated self-harm and suicide attempts, suicide & premature mortality, substance misuse, and traffic accidents (Gavrila-Ardelean, 2018a; Hetrick, 2017). Though self-harm is not suicide, it eventually becomes suicide (Figure 2).

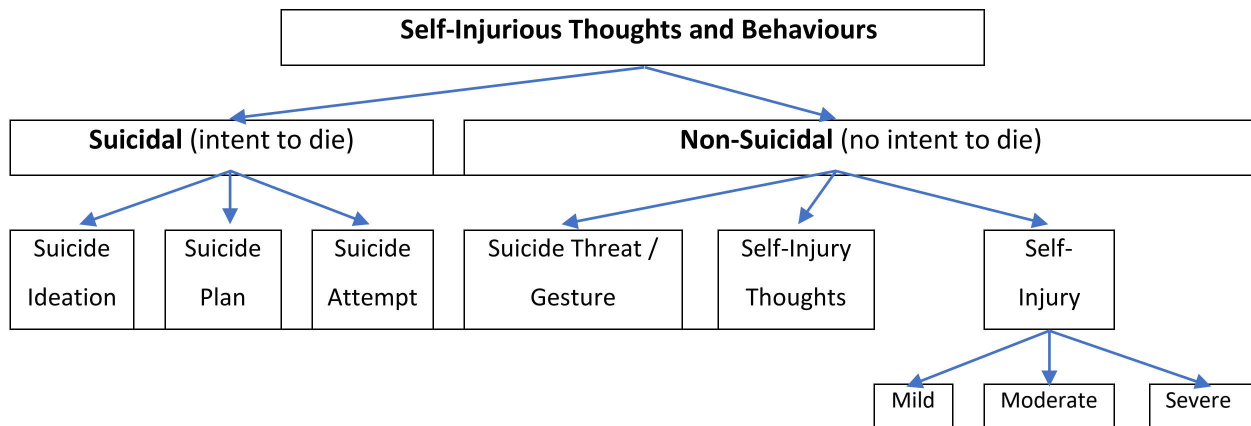

Figure 1. Self-Injurious Thoughts and Behaviours (after Nock, 2010, 341)

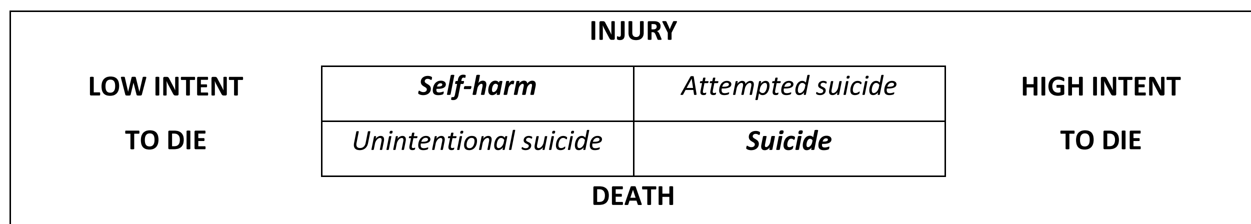

Figure 2. Relationship between self-harm and suicide
(after Centre for Suicide Prevention, 2016)

The **purpose of self-harm** may be one of several of the following: change emotional pain into physical pain, create a reason to physically care for themselves, escape traumatic memories, express something that is hard to put into words, express suicidal feelings and thoughts but do not take their own life, have a sense of being in control, have something in life that they can rely on, punish themselves for their feelings and experiences, reduce overwhelming emotional feelings or thoughts, stop feeling numb, disconnected or dissociated, or turn invisible thoughts or feelings into something visible.

Pattison & Kahan (1983, in Dace *et al*., 1998, 7) provide a **classification of self-harmful behaviours** depending on the degree of lethality (Table 1).

Table 1. Self-harmful behaviours depending on the degree of lethality (after Pattison & Kahan, 1983, in Dace *et al*., 1998, 7)

	Direct	**Indirect**
High lethality	• *Suicide attempt* (single episode)	• *Termination of vital treatment such as dialysis* (single episode)
Medium lethality	• *Suicide attempts* (multiple episodes) • *Atypical deliberate self-harm syndrome* (single episode)	• *High-risk performance* (e.g. stunts) (multiple episodes) • *Acute drunkenness* (single episode)
Low lethality	• *Deliberate self-harm syndrome* (multiple episodes)	• *Chronic alcoholism* (multiple episodes) • *Severe obesity* (multiple episodes) • *Heavy cigarette smoking* (multiple episodes)

Ten years later, Favazza & Rosenthal (1993, 134), grouped *self-harm* into three types – *major self-harm*, *stereotypic self-harm*, and *moderate / superficial self-harm*: ***major self-harm*** is an "infrequent act in which a significant amount of body tissue is destroyed" associated with acute and chronic encephalitis, acute intoxications, congenital sensory neuropathy, mental retardation, psychotic states, schizoid personality disorder, the residual phase of schizophrenia, transsexualism; ***stereotypic self-harm*** is an "act that has a fairly fixed pattern of expression, seems to be devoid of symbolism, and is often rhythmic" associated with acute psychotic states,

autistic disorder, Lesch-Nyhan syndrome, obsessive compulsive disorder, schizophrenia, Tourette syndrome; ***moderate / superficial self-harm*** is an "act of low lethality that results in relatively little tissue damage and that occurs sporadically or repetitively" associated with posttraumatic stress disorder after combat and rape.

Are **forms of self-harm**: *biting, bone breaking, branding, bruising, castration, derma abrasion / abuse / contusion or self-inflicted epidermal damage (skin banging, skin burning, skin carving with designs, words, or other symbols, skin cutting, skin piercing, skin picking, self- / skin punching), excessive body piercing, excoriations, eye enucleation, eyeball pressing, finger biting, food refusal / restriction, hanging, head banging, exercising excessively, getting into fights where one gets hurt, hitting, inserting objects into body, interference with wound healing, jumping from a high point, jumping in front of a car / train / metro train, limb amputation, marking, needle sticking, pinching, promiscuity, pulling hair, pulling skin, scratching, self-cutting, self-hitting, self-poisoning (with alcohol; overdosing with drugs / medicines such as antidepressants, non-opiate analgesics, paracetamol, sedatives, tranquillisers; non-ingestible substances such as household bleach, recreational drugs), shooting, stabbing, swallowing objects, tattooing, wrist slashing, self-destructive behaviours (drinking, over-eating, smoking, under-eating).*

Suyemoto (1998, 537) identified **six functions of self-harm** grouped into four major types (affect regulation, drive, environmental, and interpersonal) and six specific functional models (affect regulation, antisuicide, boundaries, dissociation, environmental, and sexual): "***Environmental Model*** [rooted in behavioural and systemic theory]: *environmental:* self-mutilation creates environmental responses that are reinforcing to the individual while simultaneously serving the needs of the environment by sublimating and expressing inexpressible and threatening conflicts and taking responsibility for them; ***Drive Models*** [rooted in psychoanalytic theory]: *antisuicide*: self-mutilation is a suicide replacement, a compromise between life and death drives. *sexual*: self-mutilation stems from conflicts over sexuality, menarche, and menstruation; ***Affect Regulation Models*** [rooted in ego and self-psychology]: *affect regulation*: self-mutilation stems from the need to express or control anger, anxiety, or pain that cannot be expressed verbally or through other means; *dissociation*: self-mutilation is a way to end or cope with the effects of dissociation that results from the intensity of affect; ***Interpersonal Model*** [rooted in self-psychology and object relations]: *boundaries*: Self-

mutilation is an attempt to create a distinction between self and others. It is a way to create boundaries or identity and protect against feelings of being engulfed or fear of loss of identity."

Are associated with **self-harm** the following ***personality disorders*** ("*In psychiatry*, deeply ingrained patterns of behaviour of a specified kind that deviates markedly from the norms of generally accepted behaviour, typically apparent by the time of adolescence, and causing long-term difficulties in personal relationships or in functioning in society" – *Lexico*): ***adjustment disorder*** ("*In psychology*, a disorder considered to be a maladaptive reaction to a recent, specific stressful event or situation, accompanied by various mental and physical symptoms that often include anxiety or depression" – *Lexico*) (Ross & Heath, 2002), ***borderline personality disorder*** ("*In psychiatry*, a personality disorder characterized by severe mood swings, impulsive behaviour, and difficulty forming stable personal relationships" – *Lexico*) (Löf *et al*., 2018), ***chemical / substance abuse*** ("excessive, inappropriate, or illegal use of a substance, such as a drug, alcohol, or another chemical such as an inhalant, especially when resulting in addiction" – *Medical Dictionary*), ***dissociative identity disorder*** ("*In psychiatry*, a rare psychological disorder in which two or more personalities with distinct memories and behaviour patterns apparently exist in one individual" – *Lexico*), ***eating disorder*** ("any of a range of psychological disorders characterized by abnormal or disturbed eating habits (such as anorexia nervosa [binge-eating disorder, bulimia nervosa, obesity])" – *Lexico*), ***generalized anxiety disorder*** ("*In psychiatry*, a disorder characterized by excessive or unrealistic anxiety about two or more aspects of life (work, social relationships, financial matters, etc.), often accompanied by symptoms such as palpitations, shortness of breath, or dizziness" – *Lexico*), ***major depression*** or ***major depressive disorder*** ("*In psychiatry*, a mental disorder characterized by a persistently depressed mood and long-term loss of pleasure or interest in life, often with other symptoms such as disturbed sleep, feelings of guilt or inadequacy, and suicidal thoughts" – *Lexico*) (Harrington, 2001; Ross & Heath, 2002), ***minor depression*** ("a mood disorder lasting at least 2 weeks in which fewer symptoms of depression are present than in major depression (two to five symptoms as opposed to more than five)" – *Medical Dictionary*) and other substance abuse, ***obsessive-compulsive disorder*** ("*In psychiatry*, a disorder in which a person feels compelled to perform certain stereotyped actions repeatedly to alleviate persistent fears or intrusive thoughts, typically resulting in severe disruption of daily life" – *Lexico*), ***schizophrenia*** ("*In psychiatry*, a long-term mental disorder of a type involving a breakdown in the relation between thought, emotion, and

behaviour, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation" – *Lexico*), etc.

There are correlations between **self-harm** and ***antisocial behaviour*** ("behaviour that is inimical to the rights of others, or to the rules of society, but not necessarily severe enough to incur a legal penalty" – *The Medical Dictionary*), ***depressive symptomatology*** ("fatigue or loss of energy almost every day, feelings of worthlessness or guilt almost every day, impaired concentration and indecisiveness, insomnia or hypersomnia (excessive sleeping) almost every day, markedly diminished interest or pleasure in almost all activities nearly every day (anhedonia), recurring thoughts of death or suicide, restlessness or feeling slowed down, significant weight loss or gain (a change of more than 5% of body weight in a month" – *The Medical Dictionary*), ***dissociation*** ("*In psychiatry*, separation of normally related mental processes, resulting in one group functioning independently from the rest, leading in extreme cases to disorders such as multiple personality" – *Lexico*), ***physical complaint*** (appetite change, back pain, chronic joint pain, fatigue, gastrointestinal problems, limb pain, sleep disturbance), ***physical illness*** (asthma, poliomyelitis, rheumatic disease, etc.), ***sexual behaviour at high risk for HIV*** (illicit drug use, multiple sex partners, penile-anal sex, unprotected intercourse, use of alcohol), and ***sexual dysfunction*** ("inability to fully enjoy sexual intercourse" – *Medical Dictionary*).

Several variables seem to **predict self-harming behaviour**: ***alexithymia-like symptomatology***, ***depression***, ***dissociation***, ***emotional and physical neglect***, ***peer victimization symptomatology***, ***sexual abuse***, and ***trauma*** (Gavrila-Ardelean, 2014; Polk & Liss, 2007, 568; Garisch & Wilson, 2010; Oliveira & Graça, 2013; O'Connor, Dooley & Fitzgerald, 2014; Löf *et al*., 2018; Raffagnato *et al*., 2020) also suggest ***musical preferences*** (Rock/Grunge, New metal/Punk, Metal/Hard rock, Rock/Pop, and Hip/Trip-hop) as predictors of self-harming behaviour. The relationship between causes and outcomes in deliberate self-harm is not a linear one: it is rather a combination of constitutional factors predisposing to self-harm arising from ***genetic endowment*** (family history of suicidal behaviour, parental psychopathology) or ***earlier experience*** (broken family, disaffection, emotional / physical / sexual abuse in childhood, experience of loss, family discord, family dislocation, learning difficulties, marginalization, maternal withdrawal in infancy, neglect in childhood, not attending education, "not fitting in",

parental deprivation resulting in emotional distancing and inconsistent parental warmth, social isolation, social-related difficulties) and ***precipitating stressful events*** (bullying, competition, contagion, new media, normalization, portrayal of deliberate self-harm on television, triggering,)" (Fond-Harmant & Gavrila-Ardelean, 2016; Harrington, 2001, 47; Wood, 2009, 436; Fisher *et al*., 2012; Hawton, Saunders & O'Connor, 2012; Lyons-Ruth *et al*., 2013; Jantzer *et al*., 2015; Shanahan, Brennan & House, 2019; Panescu& Sarbu, 2019; Bordas-Mohorea & Sarbu, 2020). However, ***words*** may also be predictors of self-harm in adolescents. Harvey & Brown (2012) analysed a corpus of 1.6 million words from health-related messages posted on a UK-hosted adolescent health Web site, and identified a range of keywords relating to both health themes (Table 2) and self-harm. Closely connected to these health-related words are 10 self-harm-related words whose frequency ranges between 314 to 7 (Harvey & Brown, 2012, 323): *cut* (314), *self-harm* (175), *cutting* (122), *self-harming* (61), *cuts* (55), *slit* (18), *harm* (16), *harming* (12), *self-harmer* (10), and *slitting* (7). It is interesting to note that, if we group these words under their allolexes (an *allolex* points to the concept associated with a group of words), their frequency changes: CUT (314 ***cut*** + 122 ***cut**ting* + 55 ***cut**s*) ranks first with 491 occurrences, HARM (175 *self-**harm*** + 61 *self-**harm**ing* + 16 ***harm*** + 12 ***harm**ing* + 10 *self-**harm**er*) ranks second with 274 occurrences, and SLIT (18 ***slit*** + 7 ***slit**ting*) ranks third with 25 occurrences. In close connection with ***cut*** and ***harm*** are the following collocates (and their frequencies): *help* (81), *stop* (60), *friend* (46), *started* (45), *feel* (28), *depressed* (19), *years* (16), and *blood* (12). Such an analysis – which clearly shows that the most frequent self-harm behaviours are ***self-harming***, in general, and ***cutting*** and ***slitting***, in particular – supports the idea of discrete monitoring of children and adolescents' activities, in general, and Internet activities, in particular, for a ***timely identification of self-harm ideation and/or action*** (Jantzer *et al*., 2015; Marchant *et al*., 2017).

Table 2. Keywords related to health themes in adolescent e-mails (after Harvey & Brown, 2012, 322)

Theme	Keywords
Body weight/image	*anorexia, anorexic, BMI, bulimia, calories, diets, eat, eating, exercise, fat, KG, KGS, kilograms, obese, overweight, size, skinny, thin, underweight, weight*
Drugs/alcohol	*addict, alcohol, cannabis, cigarettes, cocaine, crack, dope, drinking, drugs,*

	drunk, ecstasy, heroin, LSD, marijuana, mushrooms, pills, poppers, stoned
Medication	*antibiotics, antidepressants, medication, medicine, pill, pills, prescribed, Prozac, tablets*
Mental health	*addict, addiction, ADHD, angry, antidepressants, anxiety, crying, cut, cuts, cutting, depressed, depression, die, harm, mad, mental, moods, overdose, paranoid, personality, Prozac, sad, scars, self-harm, stress, stressed, suicide, unhappy, wrists*
Minor conditions	*acne, blackhead, cystitis, dandruff, mumps, pimples, scabies, spots, worms, zits*
Serious conditions	*AIDS, anthrax, cancer, diabetes, epilepsy, HIV*
Sexual health	*abortion, AIDS, balls, bisexual, chlamydia, clitoris, condom, contraception, erection, fanny, foreplay, foreskin, gay, genitalia, glans, herpes, HIV, intercourse, labia, lesbian, masturbate, miscarriage, oral, orgasm, ovaries, ovulation, period, pill, PMS, pregnancy, pregnant, scrotum, sex, sperm, STD, STI, tampon, testicles, thrush, unprotected, vagina, Viagra, virgin, vulva*

There are three **main types of intervention in self-harm** (National Collaborating Centre for Mental Health, 2012, 202, 261): ***psychological interventions***: cognitive behavioural therapy, dialectical behaviour therapy, group-based psychotherapy, interpersonal problem-solving skills training, mentalization-based therapy (see also Townsend, 2014; Löf *et al*., 2018; Gavrilă-Ardelean & Gavrilă-Ardelean, 2017), problem-solving therapy, psychodynamic therapy; ***psychosocial service-level interventions*** (see also McAndrew & Warne, 2014): case management, chat room, compliance enhancement, continuity of therapist, counselling for own problems, worries, or stress, counselling on how to manage child's problems, counselling to help family relationships, emergency card interventions, general hospital admission or discharge to general practitioner, general practitioner letters, group counselling, help to meet people for company / support, home or outpatient interventions, individual counselling, information about problems, treatments, and services, intensive interventions, long- or short-term therapy, online personal counselling / support (Sarbu, 2014), postcard interventions, providing parenting skills courses, school counselling, special class / school, support group, telephone counselling

(telephone supportive contact) (Sarbu, 2015), and temporary institutional care of a disabled, elderly, or sick person (to provide relief for their usual caregivers) (Sarbu, 2016b); ***pharmacological interventions***. Unfortunately, "Interpersonal barriers and a lack of knowledge about where to go for help may impede help-seeking." (Gavrila-Ardelean, 2018b; Rowe *et al*., 2014; Sarbu, 2014). Such **barriers** are (Lawrence *et al*., 2015, 86): being concerned about what people might think, being not sure if child/adolescent needed help, being not sure where to get help, being uncapable of affording it, being uncapable of getting an appointment, being uncapable of stigma self-managing, having a problem getting to a service that could help, lacking accessibility, not having mental health literacy, not turning up for appointment, preferring to handle by self or with family/friends, refusing help, thinking he/she does not have a problem, and thinking the problem would get better by itself.

Three main **categories of services** can be provided for self-harming adolescents: ***non-statutory counselling services*** such as counsellor therapists, family therapists, and occupational therapists, ***primary health care services*** such as general practitioners, nurses, paediatricians, school nurses, and social workers, and ***specialist mental health services*** such as nurses, psychiatrists, and psychologists.

Case Study

Between 1 and 30 of August, 2020, a 10-item questionnaire was applied to 276 subjects (adolescents and young people) from Romania about people with non-suicidal self-harming behaviour from their entourage. Using an indirect approach was considered a better way to reduce the social desirability factor associated with these issues. The questionnaire was anonymous distributed and the results do not include any reference to a particular participant to the study.

The group of respondents asked about people that self-harmed (N = 188) was divided into 2 sub-groups, those who did it once versus those who did it 2 or more times, and the following was found at the level of the investigated sample:

	Percentage		Gender = Female		Age 12-18 (most frequent)		Urban		Believer, but not a church-goer	
	n	%	n	%	n	%	n	%	n	%
once	30	16	21	11.2	18	9.6	22	11.7	16	8.6
2+	158	84	118	62.8	133	70.7	116	61.7	82	43.9

Based on these distributions, it is obvious that the most vulnerable group is represented by girls aged 12-18 years old, from urban areas, who believe in God but do not attend church on a regular basis, and, very important, when they start self-harming, they tend to relapse. The variable age is statistically significant associated with this type of behaviour (chi square = 10.129, sig; 0.017).

A very important aspect for the harmonious emotional development of adolescents is the social context, the relationship with one's family and friends. In this sense, a composite index was calculated from three distinct questions, the relationship with their father, with their mother, and with their siblings (if any), with values grouped on three intervals:

- **very distant relationships**, those who stated that there are extremely distant, very distant or distant relationships with all family members;
- **relatively tense relationships**, those located in the middle area (quite close);
- **very positive relationships**, those that indicated close or very close relationships.

At the level of the analysed subsample (those who know people who have self-harmed at least once), the distribution of the 3 groups is as follows:

	Frequency	Percentage
very distant relationships	107	56.9
relatively tense relationships	59	31.4
very positive relationships	21	11.2
no answer	1	.5
Total	188	100.0

Thus, in the case of more than half of the young people who self-harmed (56.9%), the relationships in their own families are very distant and, certainly, do not benefit from adequate emotional support from parents and possible siblings. Although the association between attempts at self-harm and family climate is not statistically validated (chi square = 1.078, sig; 0.583), it is quite obvious that a tense family climate can have serious repercussions on the emotional balance of adolescents. We mention that, even in connection with the number of friends, there was no statistically significant association with self-harmed behaviour (chi square = 1.754, sig; 0.416).

Self harmed experience (others) * Family relationship Crosstabulation

Self-harmed experience		Family relationship: very distant relationships	relatively tense relationships	very positive relationships	Total
only once	n	18	7	5	30
	% of Total	9.6%	3.7%	2.7%	16,0%
2 or more	n	89	52	16	157
	% of Total	47.6%	27.8%	8.6%	84,0%
Total	n	107	59	21	187
	% of Total	57,2%	31.6%	11.2%	100.0%

Finally, regarding the reasons for self-harming, sentimental problems seem to be dominant in both categories of subjects, followed by the problems with the family members. To note that the share of this factor is much more pronounced in those who relapse, being almost as intense as with sentimental problems, compared to those who did it once, where family causes are half the value of sentimental problems. And this is absolutely natural, a degraded and tense climate within a family is often a constant over a longer period of time.

Self harmed experience (others) * Reasons Crosstabulation

Self-harmed experience		Q8. Regarding the reason why the person came to have a self-injurious behaviour, which statement do you think is closer to the real reason?						Total
		No answer	Sentimental problems	Problems with family members	Prolonged stress	Dissatisfaction with one's own physical appearance	Unpleasant memories of the past	
only once	n	2	16	7	2	1	1	29
	% of Total	1.1%	8.6%	3.8%	1.1%	0.5%	0.5%	15.7%
2 or more	n	16	48	46	6	18	22	156
	% of Total	8.6%	25.9%	24.9%	3.2%	9.7%	11.9%	84.3%
Total	n	18	64	53	8	19	23	185
	% of Total	9.7%	34.6%	28.6%	4.3%	10.3%	12.4%	100.0%

Conclusions

The following conclusions could be drawn from the literature review above:

- **Self-harm** affects mainly **adolescents**;
- There are 18 synonyms for **self-harm** and 8 synonyms for **self-destructive behaviour** alone, which points to the diversity of perceptions of this phenomenon;
- It is important to distinguish between **suicidal** and **non-suicidal self-harming thoughts and behaviours**;
- Self-harm has a **purpose** of its own;
- There are several **self-harm behaviours** depending on the *degree of lethality*;
- There are three **categories of self-harm**: *major*, *stereotypic*, and *moderate / superficial*;
- There are over 50 **forms of self-harm**;
- Self-harm has six **functions**;
- Self-harm is associated with a wide range of **personality disorders**;
- Self-harm correlates with a wide range of **behaviours**;
- Self-harming behaviour has a wide range of **predictors**;
- Self-harm ideation and/or action can be timely identified with the help of **self-harm-related words frequency**;
- There are three **main types of intervention in self-harm**: psychological, psychosocial, and pharmacological;
- There are three main **categories of services for self-harming adolescents**: *non-statutory counselling services*, *primary health care services*, and *specialist mental health services.*
- according to the result form the applied study, the most vulnerable group for the self-harmed behaviours is represented by girls between 12 and 18 years old, from urban areas who believe in God but do not attend church;
- if the adolescents start making self-harmed once, they tend to relapse
- a tense family climate can have serious repercussions on the emotional balance of adolescents

- regarding the reasons for such gestures, the sentimental problems seem to be dominant for both categories of subjects followed by the problems with the family members

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THE PERSONALITY PROFILE OF THE PHYSIOTHERAPIST - DOMINANT FEATURES AND COUNSELLING NEEDS

Rodica Laura Giurgiu, Mirela Damian

Rodica Laura GIURGIU – Ovidius University from Constanta
lauragiurgiu31@yahoo.com

Mirela DAMIAN - Ovidius University from Constanta
mireladamian13@gmail.com

Abstract

In recent years, in Romania, the name and competencies of the physiotherapist profession have sparked differences and controversy between the providers of training for the field of "medical physical rehabilitation". What is the paradigm that governs this area of activity? Science of Sports versus Medical Sciences, sports and motor-rehabilitation faculties or medical faculties? The Order of Physiotherapists in Romania refers to "professional and educational disagreements" affecting the level of public perception and not only the status of the profession, the quality of specialists and their interventions in what is called the "superior interest" or the benefit of the patients. In this study we will focus on the cross-competencies necessary for specialists in motricity specialization (physical rehabilitation exercises) which, when working with the patient, must exhibit an adequate attitude system and an optimal value set, which will serve to establish a successful therapeutic relationship. To reach the objectives and verify the research hypotheses, we applied on a number of 120 students, the Myers-Briggs Typology Indicator (MBTI) and the Professional Counselling Sheet, both instruments being designed to develop the personality profile of the subjects and assess the compatibility level with the physiotherapist profession. The results obtained from the evaluations were statistically processed and comparisons were made between the subgroups included in the research, according to age and sex criteria.

Key words: physiotherapist, personality, profile, therapeutic relationship

1. Theoretical delimitations

At international level, educational and medical systems in different countries define the physical therapist in a similar way, as the "motion specialists who deals with the treatment of somatic and painful functional disorders of the patient." Movement therapies, specific exercise techniques, and complexes therapeutic massage manoeuvres with the goal of acquiring the highest possible degree of autonomy by the patient are as many tools as possible for the specialist, addressing not only children, but also adults and the elderly. (Swiss Physiotherapy Association[1])..

The British medical system identifies as the primary purpose of this profession, "treating patients who face physical or locomotive difficulties caused by either acute or chronic illnesses or disabilities inherited or acquired as a result of injuries. Patients can be people of all ages and injured athletes, etc., and specific interventions consist of both massage and recovery exercises, as well as the promotion of education for a healthy lifestyle, maintaining a well-being, avoiding injuries and risky behaviours"[2].

In Canada, the National Consultative Group on Physiotherapy has the role of coordinating "the activity of practitioners working in medical centres or in private clinics, whose activity is client-centred and aimed at maintaining the health and productivity of people who have suffered injuries, as a result of specific accidents or conditions affecting their functionality[3]
Regarding the professional competencies of the medical physical rehabilitation specialist, by consulting the vocational training providers from different countries, we synthesize the following: expert (in assessing the health status); professional (acting in the best interest of the client, in compliance with the ethical norms of the profession); manual skills, planning and monitoring of client therapy and evaluation of results through analysis and reflection; the conscious organization of social relations in a professional context; diagnostician of the physical condition of patients, able to develop, apply and monitor treatment plans; abilities to elaborate the patient's activity reports and its evolution; the ability to collect statistical data and collaborate with professionals in related areas for the benefit of the patient, etc.

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[1] www.**physio**swiss.ch/
[2] https://www.prospects.ac.uk/job-profiles (p. 1-3).
[3] http://www.physiotherapyeducation.ca/Resources/ProfilCompetenceEssentiellesPhysiotherapie.pdf (p. 6-10).

In terms of the cross-skills of the successful physical therapist, the UK's Health & Care Professions Council (HCPC)[4] provides: excellent communication skills; ability to establish effective therapeutic relationships with patients and their families; problem solving skills; tolerance, patience, sensitivity and tact in working with the patient; firm but empathetic and patient-friendly attitude; the ability to work under pressure, time management efficiency, etc.

The Canadian National Consultative Group in this field, in 2009-2010, developed the Physical Therapist's Key Competences Profile[5], which included: adopting a flawless behaviour in customer relations, an effective communicator; good collaborator (team spirit, promoter of inter-professional practice); availability for personal development and continuous training, but also sensitivity to the personality of the client; active listening that facilitates dialogue; adaptive and appropriate responses to customer behaviours; respect for privacy (privacy); honest, objective, empathic approach of customer relationship etc.

For our study, aspects of interest are those aspects of the therapist's activity, which derive from his/her personality structure and on which depends the quality of the therapeutic relationship and, implicitly, the success of his/her interventions.

2. Tools used in the research

The Myers-Briggs Typology Indicator[6] was applied to the subjects included in the study to determine the dominant profile of group personality (in terms of skill, attitudes and values sets), with the analysis of aspects significantly relevant to the profession of physical therapist. We also analysed the degree of compatibility of this profile with the requirements of the profession, and on the basis of the identification of the weaknesses and the strengths, an individual and group professional counselling approach was designed in the course of a quarter of 2015, when the project was running.

The Myers-Briggs Typology Indicator abbreviated MBTI, is based on the theory of C G Jung, who in the Theory of Psychological Types defines the type as "a model, or example" characteristic of a general attitude manifested in many individual forms. Among the many possible attitudes, Jung has highlighted a number of four, namely those that focus primarily on fundamental psychological functions, that is, on thinking, feeling, intuition and sensation. To the

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[4] https://www.prospects.ac.uk/job-profiles/physiotherapist
[5] Profil des compétences essentielles des physiothérapeutes au Canada, 2009
[6] Myers-Briggs Type Indicator Manual, WC Personality, Inc., 2005

extent that such an attitude becomes habitual, putting a specific seal on the character of the individual, we can speak of a certain psychological type.[7].

From this perspective, "both the type of introversion and that of extraversion must be treated as overriding categories of the functional types" of the human personality. Jung believes that introversion is characteristic of those who think, feel and act in a way that makes it clear that the "subject" (self, ego) is primarily motivating, while the "object" much more a secondary value. Introversion can be more intellectual or more sentimental, so it can be characterized by intuition or sensation[8].

Extraversion, also according to Jung means the "outward" orientation of the interest of the individual, so "someone who is in an extraverted state thinks, feels and acts in relation to the object, that is, in a direct and clearly perceivable way, so that there can be no doubt about his/her positive attitude towards the object. Extraversion is therefore to some extent a transfer of interest from subject to object. If extraversion is intellectual, then the subject thinks of him/herself in the object; if it is emotional, the subject feels him/herself inside the object. In the state of extraversion the subject is strongly determined, even if not exclusively, by the object "[9].

The individual counselling sheet, the second tool applied to subjects, provided data on the socio-cultural, economic and family background of the subjects in order to gain a better understanding of the characteristics of the group included in the research.

The sample consisted of 120 students at the Bachelor and Masters level, in the field of Physical Therapy and Motric Recovery at FEFS and Balneo-Kinetotherapy, at the Faculty of Medicine, at Ovidius University in Constanta.

For the statistical processing of the data, two subcategories were divided by gender, 73 women and 47 males respectively, among which were made comparative analyses, at the level of personality traits identified.

3. The objectives of our study are as follows:

1. Identifying the main personality profiles of the group included in the study
2. Highlighting the weak points of the subjects and, implicitly, the needs of their counselling and personal development

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[7] Jung, C., G., (1997) – *Psychological Types*, Humanitas Publishing House, Bucharest, p. 520
[8] Jung, C., G., (1997) – *Psychological Types*, Humanitas Publishing House, Bucharest, p. 490
[9] Idem, p.461

3. Establishing the compatibility level of the main profile of the subjects, with the requirements of the profession

4. Research hypothesis:

1. We presume that the most frequently encountered profile and of the research sample is ISTJ
2. We consider men compared to women to have a higher level of introversion
3. It is assumed that men, unlike women, have a lower sensory degree
4. We assume that men, compared to women, have a higher level of affectivity

4. Results and discussions. Reaching objectives and verifying hypotheses

Analysing the data from the evaluation, we find that the main personality profiles of the target group, according to MBTI is ISTJ type (Introverted-Sensing-Thinking-Judging), for 26% of the sample (1st hypothesis is confirmed).

The MBTI Manual, describe this profile as „ loyal, logical, and responsible. The primary function of the ISTJ is Introverted Sensing, which means they like things to be quantifiable. They work with facts and take a methodical approach towards solving problems. They will also put themselves at risk to carry out any task assigned to them. They generally know right from wrong in their areas of interest and responsibility which makes them devoted and dutiful individuals".[10] Also, the ISTJ subjects seem to be „The Most Responsible" among the 16 archetypes, the motto of life being "I do what I must do and I do it as good as I can".

Despite their realism, attention to detail, a calm and self-control attitude even when confronted with difficult situations, responsible and "measured" behaviour when different tasks must be accomplished, they rarely externalizing emotions, and they also have the tendency towards conservatism, the subjective orientation only to those data or aspects that support his/her decisions, excessive caution, sometimes rigid thinking; the lack of emotional manifestations, the difficulty of being understood by others.

The MBTI authors suggest that the Key Elements for good interactions with ISTJ type, are the following: do not expect them to be tactful; always expect the truth; Offer constructive criticism, they are always willing to improve upon something.; Show the same devotion as ISTJs do; they value their commitments etc. We also mention that subjects belonging to the ISTJ profile (in our case, the future physiotherapy specialists), are largely compatible with the chosen

[10] https://www.academia.edu/8334924/MYERS-BRIGGS_TYPE_INDICATOR_MANUAL, WC Personality, Inc. p. 37

profession and possess the features, attitudes and value systems that are required to successfully practicing it.

Counselling recommendations for individual and group ISTJ persons, are: manifestation of enthusiasm and trust in their own forces, highlighting their qualities, avoiding excessive prudence, taking in to consideration the collateral aspects of professional activity, such as socialization, communication etc.

The ISTJ profile is followed by the ESTJ (Extraverted-Sensing-Thinking-Judging), for 22% of our sample. ESTJ, which according MBTI Manual[11] are: „responsible, realistic, and conventional. Their primary function is Extraverted Thinking while their auxiliary function is Introverted Sensing. This allows them to recognize concrete needs and remember data in detail. They use logic and traditional principles to guide them through life. They are quick to come up with a plan and finish it off. Because of this, they may take on leadership roles. They are self-confident and assertive. They may be perceived as critical and harsh, but this is only to ensure their plan works out". ESTJ weaknesses include their general inability to adapt to new environments. They can be too demanding and fail to recognize other people's opinions and feelings. This is because they have a set value system. They may also come across as too bossy.

Working with ESTJ type, or „Life Adminstrators", has four Key Elements like: be open and honest with the ESTJ; Be organized, ESTJs are impatient with inefficiency; Do not criticize the ESTJ's values; Offer constructive criticism.

In our opinion, the counselling needs for the ESTJ profile are, as follows: avoiding decision-making without prior analysis, replacing rigidity and inflexibility with openness, improving conversational skills etc.

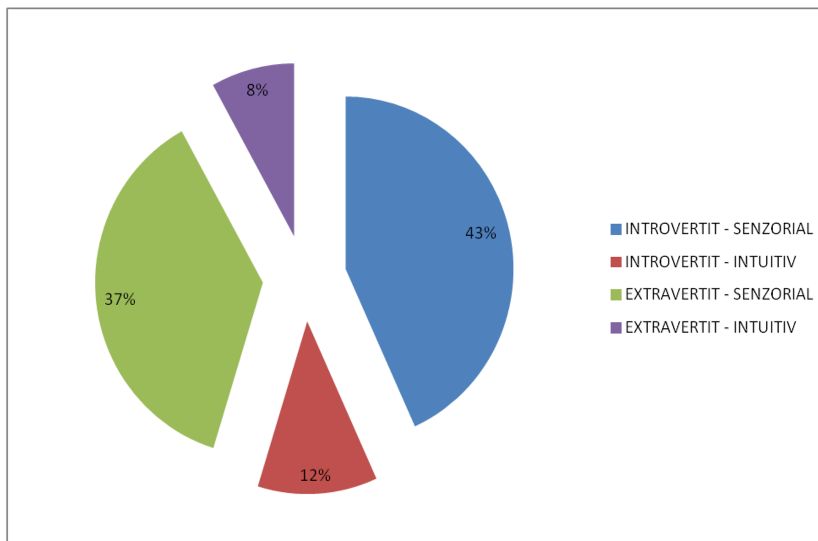
Like a conclusion, the combined sums of ISTJ&ESTJ profiles, accounting for almost 50% of the total target group. This percentage distribution shows a remarkable homogeneity of the personality traits of the students included in the study, which significantly differs only in terms of introversion size (26%) - extraversion (22%), all three other features within the profile remaining constant for the whole group, referring here to sensing, thinking and judging tendencies (Table nr. 1, Chart Nr. 1).

[11] https://www.academia.edu/8334924/MYERS-BRIGGS_TYPE_INDICATOR_MANUAL, WC Personality, Inc. p. 15

Table 1: TARGET GROUP'S DOMINANT PERSONALITY TRAITS (N = 90)

Nr. crt.	INTROVERTED versus EXTRAVERTED	100%
1	INTROVERTED - SENSING	43%
2	INTROVERTION - INTUITIVE	12%
3	EXTRAVERTED - SENSING	37%
4	EXTRAVERTED - INTUITIVE	8%

Chart. nr. 1: Graphic representation of the main personality traits of the sample (N=90)

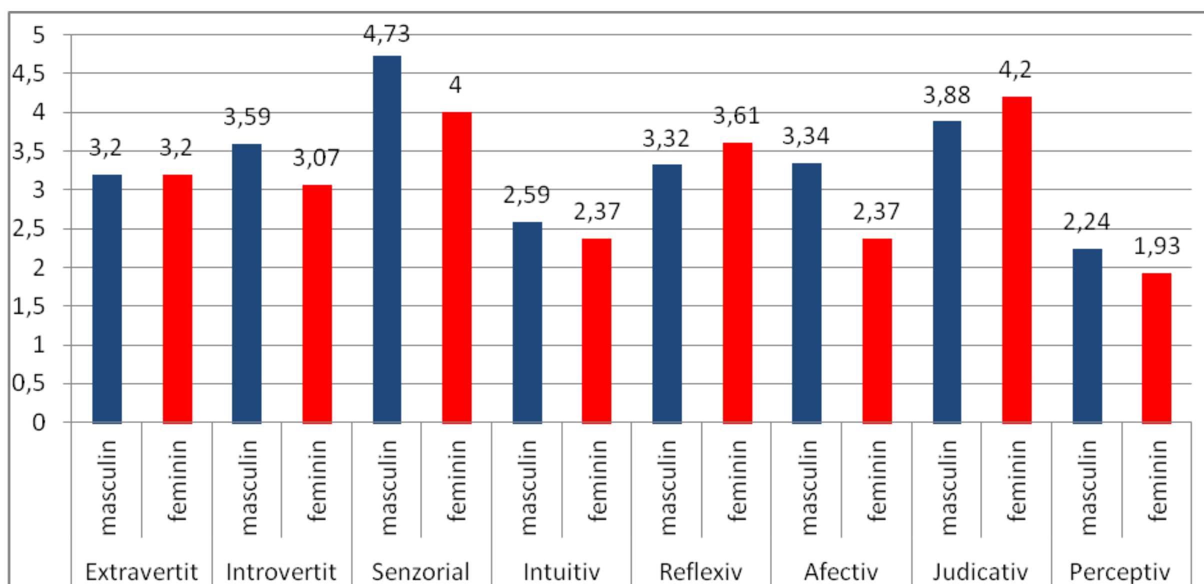


Analysing Figure no. 2, we note the following:

- Extraversion dimension does not differ on average from men to women,
- Men physical therapists are more introverted than women (hypothesis 2 is confirmed)
- The "sensing" dimension is on average more pronounced in men in the sample structure than in women (hypothesis 3 is denied)
- The "feeling" dimension shows on average a higher level in men than women, the difference between the subgroups being significant (hypothesis 4 is confirmed)

From the graphical representation, it is also noted that while women are more "judging", being endowed with a pronounced critical spirit, demanding with oneself and others, or with tendencies towards perfectionism, the men included in the sample of research are more "perceiving" than the women, which can be translated into their inclination towards lucidity, the substantiation of decisions on facts and logic, their practical and innovative spirit.

Chart no. 2 Representation of sample media to the MBTI Test comparatively, by gender criterion



Conclusion

Analysing our research data, we observe that most subjects (55%) are Introverted (Sensory and Intuitive), while 45% of them are Extraverted (also in combination with Sensitivity and Intuitiveness).

We can conclude that the psychological evaluation based on the two samples, the Myers-Briggs Typology Indicator and the individual counselling sheet, applied to the group of 120 students at the Kinetotherapy and Balneo-Physiotherapy Studies Programs, revealed the adequacy of a significant proportion of the personality of the subjects to the chosen profession,

as well as compatibility with the activities carried out with the patients, in the framework of an optimal professional partnership, to achieve their physical and mental well-being.

The inevitable incompatibilities, some "weaknesses" of the personality of the subjects, as well as the (still) deficient skills and abilities, as we studied the young prospective professionals, were milestones for designing the specific activities of the PROKINETO project. These included, among other things, the identification of counselling and professional guidance needs in order to allow access to an informed decision about the option for the aimed specialty or access to a permanent job in the field of physical therapy and motor rehabilitation.

The following are included in the Job Counsellor's list: elaboration of the communication strategy and information and motivation materials for the students' participation in the project activities; dissemination of materials; making multi-media materials, organizing workshops.
An important part of the project activities consisted of individual and group counseling, during which various communication techniques and role games were used to develop assertiveness, sociability and optimal relationship skills, to raise awareness of future professionals in regards to the needs of patients, empathy nurturing, acceptance and tolerance towards diversity, promoting equal opportunities, etc.

We believe that the information provided to the subjects about their personality profile as a result of our study (identifying sets of skills, attitudes and values), as well as the prevailing professional interests, beliefs and skills, are relevant to a significant, appropriate and generating better self-knowledge in order to optimize the academic and professional performance of target group members.

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EFFICACY OF PSYCHODRAMA THERAPY IN PATIENTS WITH SEVERE MAJOR DEPRESSIVE DISORDERS: A RANDOMIZED PILOT STUDY.

Maria Abate[1]*, Laura Consolati[2], Alberto Ghilardi[2], Chiara Buizza[2], Marco Bortolomasi[1], Chiara Sacco[3] and Alessandra Minelli[3]

[1] Psychiatric Hospital "Villa Santa Chiara", Verona, Italy

[2] Department of Clinical and Experimental Sciences, University of Brescia, Brescia, Italy

[3] Department of Molecular and Translational Medicine, University of Brescia, Brescia, Italy

***Corresponding author:** Abate Maria – Psychiatric Hospital "Villa Santa Chiara", Via Monte Recamao, 7 – 37142 Verona, Italy. Tel. :+39 347 7304843, +39 045 8708111; Fax: +045 8708199; e -mail address: maria_abate@live.com

Abstract

The purpose of this study was to evaluate the efficacy of psychodrama psychotherapy compared with treatment-as-usual for patients diagnosed with severe major depressive disorder (MDD) in an inpatient setting. The sample included 30 patients with severe unipolar depression, randomly divided into a study group (N=15) participating in a psychodrama intervention in addition to the routine hospital protocol and a control group (N=15) participating only in the routine hospital protocol. Clinical assessment was performed with the Beck Depression Inventory (BDI-II), the Montgomery-Åsberg Depression Rating Scale (MADRS) and the Zung Self-Rating Anxiety Scale (SAS). The results of the study showed a decrease in depressive and anxiety symptoms as measured by MADRS, BDI and SAS, and this decrease was significantly greater for the psychodrama intervention group. Limitations of the present study, as well as implications for clinical treatment and research, are discussed.

Keywords: major depressive disorders; psychodrama therapy; bi-personal psychodrama therapy; controlled study

Introduction

Depression is a mood disorder that causes a persistent feeling of sadness, hopelessness and loss of interest. Also called major depressive disorder (MDD), or clinical depression, it affects how one feels, thinks and behaves and can lead to a variety of emotional and physical problems (Ferrari et al., 2013).

MDD is the fourth-leading cause of disability in the world and the leading cause in 2030 (https://www.who.int/mental_health/management/depression/en/). To date, 350 million people suffer from depression in the world, with an average prevalence of about 13% even if the prevalence rates show wide discrepancies among different countries and different studies (Ferrari et al., 2013; Lim et al., 2018). The international literature indicates that the most widespread therapy in the treatment of MDD is pharmacological (Dold & Kasper, 2017). However, only one-third of patients respond effectively to treatment (Trivedi et al., 2006). Studies indicate that those who do not respond to drug treatment benefit from supplementation with nonpharmacological therapies (Guidi, Fava, Fava, & Papakostas, 2011). Among the nonpharmacological therapies used for the treatment of MDD, cognitive-behavioral psychotherapy and relational systemic psychotherapy have been scientifically proven as effective, but studies on other kinds of psychotherapy are underway.

Psychodrama is a form of group psychotherapy introduced by Jacob Levi Moreno in the early 1920s that uses spontaneous dramatization, role playing and dramatic self-presentation to investigate and revise insights, enhance or re-enhance roles from current or past events, and generate change (Orkibi & Feniger-Schaal, 2019). The technique can help patients look at their own difficult situations from an inside and outside point of view and to explore novel solutions to their problems (Boria, 2005; Drakulić, 2011). The specificity of psychodrama is that patients are encouraged to express their feelings directly or indirectly acting a dialogue to relevant people of their lives. Recently, psychodrama psychotherapy has evolved into a bi-personal psychodrama approach. Bi-personal psychodrama works with only one client at a time, thus creating one to one relationship included both the therapist than patient (Boria & Muzzarelli, 2018; Cukier, 2010). Psychodrama has been successfully used in several mental disorders, such as substance abuse, eating disorders, anxiety disorders and personality disorders as well as in the management of depression (Orkibi & Feniger-Schaal, 2019). However, according to a recent review on psychodrama psychotherapy research, no controlled studies have been conducted with patients

with MDD (Orkibi & Feniger-Schaal, 2019). Thus, the aim of this pilot study was to evaluate how psychodrama therapy can contribute to depressive and anxiety symptoms reduction in severe MDD patients. Our research hypothesis is that psychodrama could be a more effective treatment for this kind of patients compared to the conventional one. Furthermore, as secondary aim, we measured the subjective evaluations of putative amelioration by qualitative scales.

METHODS

Participants

Thirty patients diagnosed with MDD were recruited and enrolled to participate in this study. All the patients had been referred to one psychiatric hospital in Verona, Italy. Patients meeting diagnostic criteria for MDD according to the Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV) were invited to participate in the current study. The exclusion criteria were as follows: a) a person with an intellectual disability or cognitive disorder; b) a lifetime history of schizophrenic, schizoaffective, or bipolar disorder; and c) comorbidity with an eating disorder. Diagnoses were confirmed with the Italian version of the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), administered by a psychiatrist, and the self-report Millon Clinical Multiaxial Inventory-III (MCMI-III). The patients enrolled in the study were re-analyzed *a posteriori* in order to check the compatibility of the original DSM-IV diagnosis with the DSM-5 criteria for MDD.

Study design and Treatment

The study was designed as a pilot test of a randomized controlled trial to evaluate the efficacy of psychodrama therapy as an adjunct to routine treatment in severe MDD subjects in an inpatient setting. We enrolled 30 severe recurrent MDD inpatients without psychotic symptoms in accordance with the inclusion and exclusion criteria. After written informed consent was obtained, the participants were randomized to one of the two experimental conditions. The allocation of the patients was performed by an independent researcher (the co-author Alessandra Minelli) who carried out neither the evaluation nor the therapies.

The first group (intervention group) was composed of patients treated with psychodrama psychotherapy (they received the psychodrama therapy performed in group sessions in combination with bi-personal psychodrama) in addition to treatment as usual (TAU).

The psychodrama group therapy was performed once a week during all the hospitalization. The patients involved in the study attended the psychodrama group therapy

usually carried out in our psychiatric hospital that is performed with approximately 12 patients with mixed diagnoses and lasts two hours. The main techniques used in the psychodrama group therapy were the following: 1) role reversal: the protagonist enacts the role of an important person in his life to be able to see things from the partner's perspective. This helps the protagonist to better understand the other person and be more empathetic towards him. It also helps the therapist to evaluate the modality of patients' relationship. 2) Mirroring: this technique involves the protagonist simply observing while other participants take up his/her roles. It can help the protagonist to identify body language or problematic speech patterns to help learn how to consciously communicate better in the future. 3) Doubling: this is a technique where a group member, named "the double", help the protagonist to act his/her role, standing behind him/her and saying things that the protagonist might want to tell, but is not able to. It helps the protagonist to improve consciousness of self and his feelings. 4) Soliloquy: is the spontaneous expression of free-floating thoughts, ideas and feelings as one physically moves in the group environment. It clarifies thoughts, feelings and relieves emotional blocking of content.

The bi-personal psychodrama was performed once a week during the whole period of hospitalization and lasted one hour. The techniques used were the same as the psychodrama group intervention. The main characteristics that differentiated bi-personal psychodrama from group psychodrama were that in the bi-personal psychodrama the patient was always the protagonist, while in the group psychodrama he/she could have different roles, such as protagonist, actor or spectator. Moreover, there was no body involvement because the setting was the therapist office not the theatre.

The therapist was the same for both psychodrama group and bi-personal psychodrama all the study long. We claim to be able to exclude researcher allegiance (RA) effect since RA has been defined as a researcher's 'belief in the superiority of a treatment and in the superior validity of the theory of change that is associated with the treatment (Dragioti et al., 2015). Indeed, the assessors were blind to the group of allocation and the psychodrama therapist did not perform the evaluations. Moreover, the study design concerning the assessment include several self-report scales in order to exclude any influences of clinicians on the results.

The TAU was the clinical management usually provided according to the standard care protocols of the psychiatric hospital. This included daily psychiatric assessment for the administration of pharmacological treatment (antidepressants, benzodiazepines an sometimes

low level of antipsychotic or stabilizers) in addiction to occupational and psychoeducational therapies (music therapy, relaxation, cinema, yoga, etc.).

The second group (control group) of 15 severe MDD inpatients received only TAU as reported above.

Assessment and measures

The tool was structured to include questions about the patients' sociodemographic characteristics (age, gender, education), as well as their first psychiatric diagnosis and comorbidities with both anxiety and personality disorders. In addition, the interview questions aimed to generate data concerning smoking behaviors, pharmacological treatment and the time of hospitalization.

The symptom assessment was carried out at 3 time points: baseline (T0); end of the hospitalization (T1); and approximately one month after, when the patients returned to the hospital for the follow-up visit (T2). The scales used in the assessments are described as follows.
The Montgomery-Åsberg Depression Rating Scale (MADRS) (Montgomery & Åsberg, 1979) is a questionnaire used by clinicians to assess the severity of depression among patients who have a diagnosis of depression. The MADRS depression test includes 10 items and uses a 0-to-6 severity scale. Higher scores indicate increasing depressive symptoms. Ratings can be added to form an overall score (range 0 to 60). Cut-off points are as follows: 0 to 6 – symptom absence, 7 to 19 – mild depression, 20 to 30 – moderate, and 31 to 60 – severe depression.

The Beck Depression Inventory (BDI-II) (Beck, Steer, & Brown, 1996) is a self-administered scale that measures the depth and behavioral manifestation of depression. It is designed to establish the existence of depression and to quantify its severity. The tool comprises several groups of questions that assess the various depressive symptoms, including sleep, appetite, mood, and negative thoughts. It is a standardized and consistent instrument with proven validity and reliability and has been widely used in research. The Italian version was utilized in this study. The tool consists of 21 statements, each having four responses of increasing severity. Numerical values in the range 0-3 are assigned to each statement to indicate the degree of severity. For each statement, the patient is asked to select the response that best describes how he/she feels at that particular point in time. The scores of the 21 statements are summed for a total score ranging from 0 to 63. The total score is then interpreted to indicate the absence of depression or normal (0-9), mild (10-16), moderate (17-29), or severe (30 or above) depression.

The Zung Self-Rating Anxiety Scale (SAS) (Zung, 1971) is a 20-item self-report assessment that measures anxiety levels, based on scores in 4 categories of manifestations: cognitive, autonomic, motor and central nervous system symptoms. In answering the statement, a person should indicate how much each statement applies to him or her within a period of one or two weeks prior to taking the test. Each question is scored on a Likert-type scale of 1-4 (based on the following replies: "a little of the time," "some of the time," "good part of the time," and "most of the time"). Some questions are negatively worded to avoid the problem of set responses. The overall assessment is indicated by the total score. The total raw scores range from 20-80. The raw score then needs to be converted to an "anxiety index" score and can be used to determine the clinical interpretation of own's level of anxiety: 20-44 is in the normal range; 45-59 reflects mild to moderate anxiety levels; 60-74 indicates marked to severe anxiety levels; and 75 and above denote extreme anxiety levels.

The following qualitative scale was administered to all patients, both among the intervention and control groups, at the end of the hospitalization (T1).

The Client Change Interview (CCI) (Elliott, 1999) is a 60- to 90-minute interview that can be administered at the end of therapy. The interview questions attempt to explore the changes that a person has noticed since therapy began, to what the person attributes these changes, and helpful and unhelpful aspects of the therapy. Specifically, clients are asked to identify about half a dozen of changes that they have noticed, including any changes for the worse. The client is prompted to consider changes in thoughts, feelings, actions, or ideas that have come to him/her or that have been brought to his/ her awareness by others. The client is then asked to rate each of these changes according to how expected versus surprised he or she was by it, how likely versus unlikely it is that the change would have occurred without therapy, and how important or significant the change was for him or her. The interview schedule then goes on to ask the person what he/ she thinks has caused the various changes, including events both outside and within therapy. Finally, the client is asked to consider what has been helpful about therapy and what aspects of their therapy were hindering, unhelpful, negative or disappointing for him or her.

Finally, after each psychodrama group therapy session, patients of the intervention group were invited to write down their experiences using the Helpful Aspects of Therapy form (HAT_3.1) (Llewely, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988). HAT_3.1 is a qualitative self-report questionnaire that allows the assessment of the client’s own perception of the helpful

and hindering factors in their process of change. Clients are asked to identify and to rate the significant (both helpful and hindering) events during their psychodrama group treatment session. The HAT_3.1 is typically completed by clients either immediately following therapy sessions or within a day of the session to be able to recall it clearly.

Statistical analysis

To evaluate clinical efficacy, a statistical comparison between the intervention and control groups was performed for each time point using the Mann-Whitney U test, a nonparametric test that verifies whether the two samples come from the same population, i.e., if the two samples have the same median.

RESULTS

All sociodemographic and clinical characteristics of the two groups and p-values for the differences are shown in Table 1. The two groups in the current study had similar sociodemographic characteristics, with the exception of education, which was higher in the study group. The comorbidity with anxiety disorders included generalized anxiety disorder, panic disorder, and social phobia. The comorbidity with personality disorders included the following diagnoses, in detail: 11 dependent, 5 obsessive-compulsive, 5 schizoid, 4 histrionic, 2 borderline, 1 avoidant, 1 narcissistic, and 1 paranoid.

In the intervention group each patient participated in a mean of approximately 3.7 sessions of psychodrama group therapy and a mean of approximately 3.2 sessions of bi-personal psychodrama therapy.

The Mann-Whitney U test (Table 2) was used to determine if, for each measure of depression and anxiety symptomatology, there was a score that was significantly different between the intervention and control groups. No significant difference was found in the correspondence of the first and the second evaluation (T0 and T1) for each score between intervention and control groups (MADRS: 8.79E-02; BDI-II: 6.63E-01; SAS: 5.89E-01). In correspondence with the second and third evaluations (T1 and T2), the mean ranks of each score were significantly higher for the control group than the intervention group (MADRS: 2.75E-05; BDI-II: 1.66E-04; SAS: 2.72E-03). It means that the decrease in depressive and anxiety symptoms was significantly greater for psychodrama intervention group.

A score reduction for each group was observed between the first and the second evaluation (T0 and T1) (Fig. 1-3; MADRS: intervention 96.89% and control 78.45%; BDI-II:

intervention 88.69% and control 57.17%; SAS: intervention 49.10% and control 36.64%). For each score, an analysis of the intervention group indicated that the reduction between the first and the third evaluation (T0 and T2) was approximately 92.89% for the MADRS, 91.06% for the BDI-II and 54.91% for the SAS. In particular, with respect to the intervention group, between the second and the third evaluation (Δ T2-T1), we observed a slight increase (worsening) in the MADRS score of approximately 4 percentage points and a slight reduction (improvement) in the BDI-II and the SAS scores of approximately 2 and 5 percentage points respectively. On the other hand, with respect to the control group, the difference between the second and the third evaluation (Δ T2-T1) showed an increase (worsening) of 38.67, 25.55 and 15.35 percentage points for the MADRS, the BDI-II and the SAS, respectively (Table 3).

DISCUSSION

The results of the study indicate that psychodrama therapy leads to a significant decrease in depression and anxiety scores (MADRS, BDI-II and SAS) at the end of therapy; depression and anxiety further improve over time from a subjective point of view (BDI-II and SAS), while they become slightly worse from an objective point of view (MADRS). In the control group, the improvement is less important at the end of therapy, and there is an evident worsening over time according to both a subjective and objective point of view. The results lead to the acceptance of the research hypothesis and indicate the superiority of this treatment approach over the conventional one. The finding is consistent with those of other recent studies. In 2006, in Brazil, Costa et al. (Costa, Antonio, Soares, & Moreno, 2006) combined psychodrama with pharmacotherapy in the treatment of mild to moderate depression in a group of 20 outpatients by an open, naturalistic, controlled, nonrandomized study. They used only objective evaluation with the administration of Hamilton Depression Scale and obtained a significant improvement with combined psychodrama and pharmacotherapy (Costa et al., 2006). The same results were obtained in Iran from Ebrahimi Belil in 2011 (Ebrahimi Belil, 2011) with a group of 30 women with chronic mental disorders who were randomized into two psychodrama and control groups and evaluated the depressive symptoms with the BDI at pre- and posttreatment. Another non-controlled study was conducted in India by Sharma in 2017 (Sharma, 2017) with 20 participants between 16 and 18 years old from a reformatory school for juvenile delinquents who had moderate levels of anxiety and depression. They obtained only subjective evaluations with the BDI-II and the SAS and observed a significant effect of psychodrama on the level of depression

and anxiety (Sharma, 2017). Finally, in 2017, Nagwa and Safaa in Egypt (Souilm & Ali, 2017) conducted a quasi-experimental study in 30 depressed inpatients who were randomly assigned to either a study group to attend a psychodrama intervention or a control group with a routine protocol. They were evaluated only one time only at the end of psychodrama with the BDI, and the results indicate the effectiveness of a psychodrama intervention in alleviating the severity of depression compared to the routine protocol (Souilm & Ali, 2017).

A strong point of this study is the use of psychodrama group therapy in association with bi-personal psychodrama. Each patient completes, on average, approximately one group session and one bi-personal session per week. In the literature, Bustos always recommends bi-personal psychodrama before a group process, thus supplying a protective therapeutic context in which the client is the therapist's sole focus of attention (Cukier, 2010). Cukier suggests that bi-personal psychodrama is not necessarily only a preparation for psychodrama group therapy, but itself a complementary therapy to the group. It facilitates the ability to understand the individual in all his or her nuances and allows for focused attention, thus replicating the holding offered in the mother-child relationship model, the importance of which has already been well documented by all psychological approaches (Cukier, 2010). However, further research is needed to confirm these findings with a larger amount of evidence.

Another objective of the study was the evaluation of the subjective experience of the treatment provided. In both groups, the CCI identified a major change in clinical features, such as improvements in mood, anxiety and sleep-wake rhythms. The patients of the intervention group, however, differed from the control participants, as they showed significant changes in other parameters such as creativity, spontaneity, interpersonal relationships, self-assurance, social skills, awareness, activation and ability to have empathic relationships. The administration of the HAT_3.1 to the intervention group after every psychodrama group therapy session allowed us to identify what subjectively were the useful aspects of the therapy. The most important and helpful aspects identified were the importance of meeting with the group, the emotional sharing of feelings, and the importance of finding new answers to crystallized situations and appropriate answers to new situations (spontaneity and creativity). In accordance with the scientific literature, we can argue that what makes the difference between the intervention and control groups is the therapeutic relationship: a good subjective experience is positively correlated with the therapeutic alliance "in and with" the group that is the place and the agent of cure. The

relationship between the psychotherapist and the patients in the group frequently presents itself as a real bond of attachment. Research data have repeatedly demonstrated that the therapeutic alliance is a powerful predictor of outcomes (Flückiger, Del Re, Wampold, & Horvath, 2018). The therapist's personal attributes (such as being flexible, honest, respectful, trustworthy, confident, warm, and interested) and in-session activities with the group (such as exploration, reflection, cohesion, empathy, and the collection of client feedback) contribute positively to the alliance and predict the success of treatment (Norcross & Wampold, 2011).

Some limitations of the present study must be addressed. The small sample size might be a threat to the generalization of the results. The relatively small sample size might have contributed to the high heterogeneity of the results found, indicated by large standard deviations. It would be desirable to have a greater number of patients involved, and for this reason we can considerate our research as a pilot study. However, our work represents the first randomized control study in severe MDD patients, with a measure of symptoms at three different time points, contributing to improve the methodology research in the psychodrama psychotherapy field. Moreover, the use of medication was not a controlled variable, but although this feature could have led to a bias, measures of the number of medications did not show significant differences between the groups, suggesting that this aspect was not likely to have impacted the study outcome. Moreover, although a strength of our study is the combination between psychodrama group and bi-personal psychodrama, for the bi-personal intervention to date there is not a well-defined protocol for the application. Finally, our control group is made of a TAU intervention that represent a strong limitation regarding the interpretation of the results rather than the use of a control group who receives an active intervention, preferably an evidence-based treatment for MDD.

CONCLUSION

Our results have shown a benefit of the use of psychodrama in severe MDD patients in augmentation to pharmacotherapy. Further research with a higher level of evidence and strict methodology is necessary to consolidate the role of psychodrama therapy as an option in the treatment of MDD and other mental disorders, in particular in comparison with other evidence-based interventions. We hope that the use of psychodrama therapy can be included in the management of psychiatric patients in hospital contexts where it is possible to organize psychotherapy groups, thus optimizing resources.

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Declaration of interest

The authors declare no conflict of interest

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Table 1. Sociodemographic and clinical characteristics for both groups of patients involved.

Characteristics	**intervention group (N=15)**	**control group (N=15)**	**p-value**
Age (years), mean (SD)	52.0 (15.5)	60.6 (8.4)	0.10[a]
Gender (%F)	73.3	80.0	1.00[b]
Education (years), mean (SD)	11.1 (3.7)	8.7 (3.3)	**0.047[a]**
% recurrent MDD	100.0	100.0	1.00[b]
% comorbidity with anxiety disorders	100.0	100.0	1.00[b]
% comorbidity with personality disorders	100.0	100.0	1.00[b]
Time of hospitalization (days), mean (SD)	31.5 (8.9)	29.4 (8.5)	0.43[a]
% of smokers	80.0	80.0	1.00[b]

Bold numbers indicate significant p-values (<0.05)

[a] p-values using the Mann–Whitney U test

[b] p-values using the Fisher's exact two-sided test.

Table 2. Results obtained from the Mann-Whitney U test analysis for each time points.

	Group	**T0** Mean Rank	**T0** P-value	**T1** Mean Rank	**T1** P-value	**T2** Mean Rank
MADRS	Intervention	30	8,79E-02	0	***2,75E-05***	2
	Control	35		6		21
BDI	Intervention	37	6,63E-01	3	***1,66E-04***	2
	Control	35		11		22
SAS	Intervention	48	5,89E-01	23	***2,72E-03***	22
	Control	48		29		37

Bold numbers indicate significant p-values (<0.05)

Table 3. Changes at the time points (score reduction, %).

		T0→ T1	T0→ T2	Δ T2-T1
MADRS	*Intervention*	96,89%	92,89%	-4%
	Control	78,45%	39,78%	-38,67%
BDI	*Intervention*	88,69%	91,06%	+2%
	Control	57,07%	31,52%	-25,55%
SAS	*Intervention*	49,10%	54,91%	+5%
	Control	36,64%	21,29%	-15,35%

Fig. 1. Evolution of MADRS scores assessed at baseline (T0), at the end of the hospital stay (T1), and at follow-up (T2).

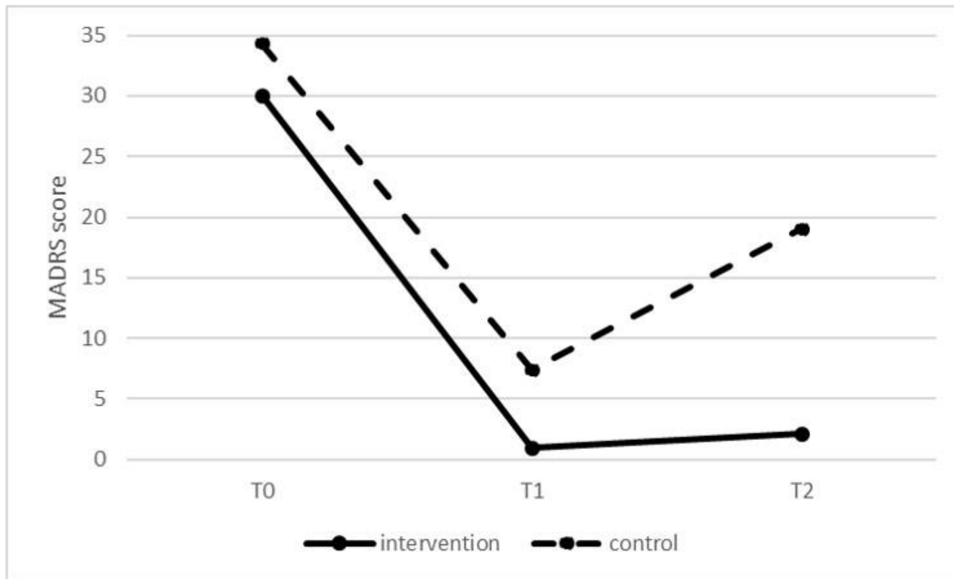


Fig. 2. Evolution of BDI scores assessed at baseline (T0), at the end of the hospital stay (T1), and at follow-up (T2).

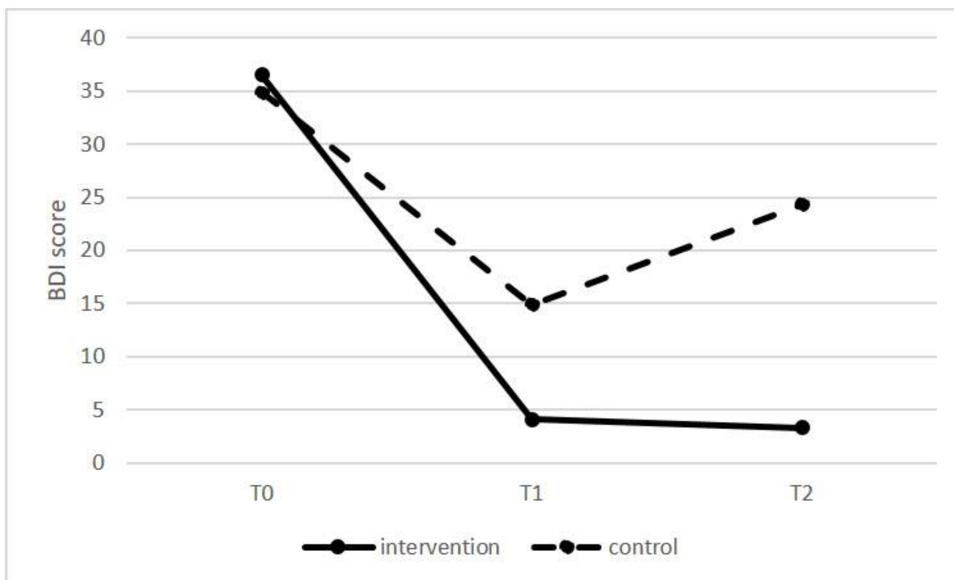
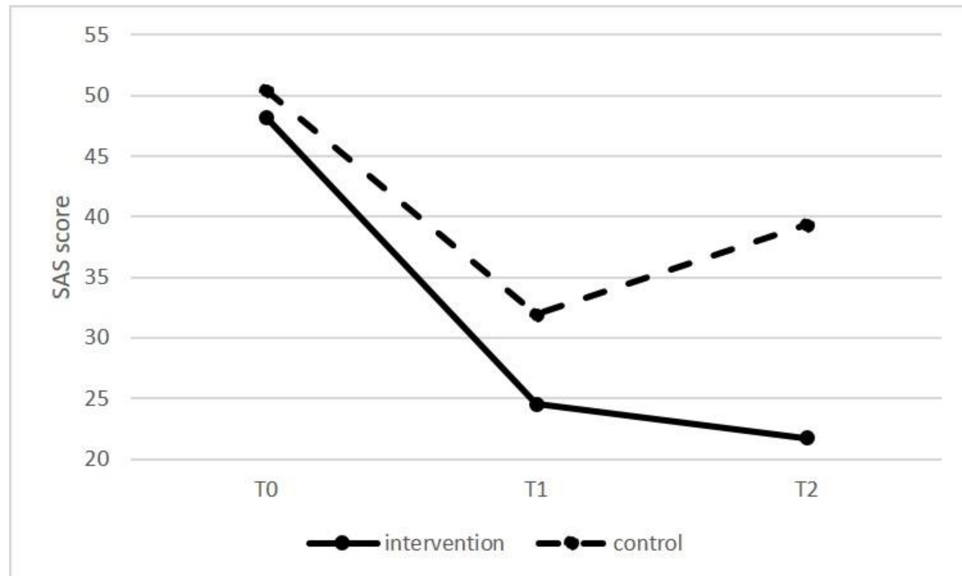


Fig. 3. Evolution of SAS scores assessed at baseline (T0), at the end of the hospital stay (T1), and at follow-up (T2).



THE MEDIATING ROLE OF THE PSYCHOLOGICAL CONTRACT FULFILLMENT

Blanca Giorgiana Grama

Blanca Giorgiana GRAMA

PhD, Lucian Blaga University from Sibiu,

Faculty of Socio-Human Sciences, Department of Psychology,

blanca.grama@ulbsibiu.ro

Abstract:

The present paper describes the psychological contract fulfillment from the perspective of the Job Demands-Resources Model (J-DR) (Demerouti, Bakker, Nachreiner & Schaufeli, 2001) and the Social Exchange Theory (Blau, 1964). Through this study we want to integrate the concept of the psychological contract fulfillment in the job resource model and analyze the social exchange process between the results and characteristics of the job, to answer the research question whether the psychological contract fulfillment will mediate the relationship between job demands and work results (Birtch, Chiang, & Van Esch, 2016). Increased demands on the job will cause employees to experience lower levels of psychological contract fulfillment, which will lead to lower job satisfaction and organizational commitment. To achieve the objectives proposed in the present study we used a convenience sample consisting of 194 participants from the private and public medical sector. According to the results, the psychological contract fulfillment proved to mediate the relationship between the results and the characteristics of the job. Moreover, it was found that job resources (job control and support) mediate the negative effects associated with job demands on the psychological contract fulfillment. Thus, as predicted by the theoretical framework (social exchange theory), job characteristics interacted to influence satisfaction and organizational commitment by performing the contract.

Keywords: psychological contract fulfillment, organizational commitment, job satisfaction

Introduction

Psychological contracts are components of complex social systems, in which they are incorporated, and there are a wide variety of individual, organizational, and social factors that make their mark on the number of psychological contracts an individual may have (Baruch & Rousseau, 2019; Dabos & Rousseau, 2013). Indeed, many employment relationships extend beyond the boundaries of a single employer organization, and, on the other hand, some people work completely outside the boundaries of formal organizations (Heejung, Vissa, & Pich, 2017). The continuous evolution and transformation of labor relations is so exhaustive that organizations break away from bureaucratic structures (Schreyögg & Sydow, 2010), requiring the creation of new organizational forms, entrepreneur at work (Tracey, Phillips, & Jarvis, 2011). Mutual expectations are adjusted so as to achieve a certain balance and the psychological agreement can be concluded. The psychological contract was conceptualized as a construction that describes the obligations of employers and employees, and distinguishes between the content of the psychological contract and "contract delivery", asking employees for information on the fulfillment of promises and commitments by the organization (Isaaksson, 2006). Equity and trust, indicate whether the employment relationship is perceived as fair, correct and to what extent the employer can be trusted (managers, supervisors); where there is a better match, there will be higher levels of trust and fairness (Guest, 2004).

The psychological contract fulfillment reflects the beliefs, expectations and perceptions of the employees regarding the extent to which the mutual obligations (implicit promises) between the employee and the employer have been fulfilled (Guest, 2004). Fulfillment refers to how well an organization fulfills employees' psychological contracts and is defined as "the extent to which one side considers that the other side has fulfilled its obligations" (Lee, Liu, Rousseau, Hui, & Chen, 2011, p 204). An increased degree of performance will not lead to a low degree of breach of contract; organizations may fulfill certain elements of employees' psychological contracts, but may violate others. In other words, it is possible for an employee to face both the breach and the fulfillment at the same time, and it is also possible for a breach of contract to cause the organization to become involved as a compensatory measure (Shore, Coyle-Shapiro, & Chang, 2018).

The present paper describes the psychological contract fulfillment from the perspective of the Job Demands-Resources Model (J-DR) (Demerouti, Bakker, Nachreiner & Schaufeli, 2001) and the Social Exchange Theory (Blau, 1964). Integration of the concept of psychological contract fulfillment with the theory of social exchange and with the job demands-resources model, brings a perspective on the exchange that underlies the relationship between job characteristics and work results (Birtch, Chiang, & Van Esch, 2016). In an employment relationship when the employee meets the job requirements but does not receive adequate resources, the employee-employer relationship will be perceived as unfair by the employee and will generate an imbalance in the performance of the psychological contract, which will have a negative impact on work results (Rousseau, 1998). The psychological contract fulfillment is little researched in the literature (Birtch et al., 2016), especially in terms of the analysis of how job characteristics interact to influence work outcomes, the researchers' attention being directed more towards the violation of the psychological contract (Zhao, Wayne, Glibkowski, & Bravo, 2007).

Through this study we want to integrate the concept of the psychological contract fulfillment in the job resource model and analyze the social exchange process between the results and characteristics of the job, to answer the research question whether the psychological contract fulfillment will mediate the relationship between job demands and work results (Birtch et al., 2016).

The relationship between job demands and the psychological contract fulfillment can be understood as: social exchange - in the context of social exchange theory, and as reciprocity in the context of reciprocity theory (Birtch et al., 2016). Reciprocity in the psychological contract occurs when both sides meet the expectations of the other. However, when the effort made by the employees and the contributions made by them do not match the resources, the exchange is unlikely to be considered fair and, consequently, the employees perceive a breach of the psychological contract.

Keyko (Keyko, Cummings, Yonge, & Wong, 2016) proposes a job demands-resources model adapted for medical staff. Thus, they include in the model - job resources (interpersonal, social and organizational relationships, work and task organization); professional resources (a professional work environment, autonomy, role and role identity, personal but also professional development) and personal resources (psychological, relational and skills). As job demands, they

propose: task pressure, an adverse work environment, mental and physical demands (day and night shifts, total hours worked per week, rest hours per week, etc.), emotional demands.

Based on the arguments presented above, we formulate hypothesis 1:

H1: Job demands are negatively related to psychological contract fulfillment

The employee-employer relationship is strengthened when employees perceive that the employer meets their needs and expectations at work, which will lead to the psychological contract fulfillment and will be reflected in attitudes, behaviors and work outcomes (Rousseau, 1998). When an employee appreciates that his psychological contract has been fulfilled, he will develop an implicit obligation to respond to the organization through enhanced emotional and socio-emotional behaviors, developing organizational satisfaction and commitment at work. Satisfaction occurs as a result of an employee's evaluation of an employee and shows that the employee is performing his or her duties. The organizational commitment or psychological connection that an employee develops with his organization will be increased when employees perceive that the employer is supportive and fair (Birtch et al., 2016).

We formulate hypothesis 2:

H2a: The psychological contract fulfillment is positively related to organizational commitment.

H2b: The psychological contract fulfillment is positively related to job satisfaction.

In this study, we hypothesized that the psychological contract fulfillment will mediate the relationship between job demands and job results.

H3a: The psychological contract fulfillment will mediate the relationship between job demands and job satisfaction.

H3b: The psychological contract fulfillment will mediate the relationship between job demands and organizational commitment.

Method

Procedure and participants

In this study we turned to medical professionals for several reasons. Firstly, compared to other sectors, the medical sector is one of the most significant groups in the health workforce. Ensuring commitment to meeting the demands of the workplace is vital not only for patient care, but also for the health sector as a whole. Secondly, the activity is not only physically demanding, but involves socio-emotional requirements, emphasizing the importance of a better

understanding of socio-psychological aspects at work (Popa, Arafat, Purcărea, Lală, Popa-Velea, Bobirnac, & Davilla, 2010). As the health sector as a whole is facing unprecedented changes and reforms, we consider it appropriate to understand the interaction between job characteristics, the fulfillment of the psychological contract and the job outcomes for health professionals.

If we address the medical labor market in 2017, in Romania were registered 2.98 doctors per 1000 inhabitants and 7.23 nurses per 1000 inhabitants. The low number of doctors and nurses in the Romanian health system is determined on the one hand by the migration of the last decade as well as the decrease in public sector wages as an attenuation of the economic crisis (balanced aspect from 2018 by the law no. 153/2017, applicable from 01.01.2018, salary increase). Another characteristic of the medical market in Romania is the majority of women, they represented in 2017, 69.97% of the total number of doctors and 67.13% of the total number of dentists, and for healthcare the share of women was 83.09% of the total staff employed as a nurse.

To achieve the objectives proposed in the present study we used a convenience sample consisting of 194 participants from the private and public medical sector. The data collection approach was done by informing the management, up to the line level, followed by informing the participants about issues related to confidentiality in accordance with the legislation. Completing the questionnaires took place over 7 days, at the headquarters of the organization, under supervision. We sent for application a number of 300 pencil-paper questionnaires, 234 were returned, and for the final analysis 195 questionnaires were selected based on the degree of completion. The written information form on participation in the study and its purpose was also included at the beginning of the questionnaire.

Depending on the sector in which they operate, 53.3% come from the private sector, while 46.7% from the public sector. Regarding the distribution of respondents according to gender, we have 71.28% (139) of female and 28.72% (56) of male. The ages between 20 and 65 years are represented in the convenience sample with an average age of the sample is just over 37.11 years, and in terms of average level of education it is high, almost 6 on the ISCED scale. All respondents are persons employed directly by the employer for an indefinite period of time.

Measures

In the present study we used scales from the Psycones Questionnaire to measure: job demands, control and job support; organizational commitment and job satisfaction. The Psycones

Questionnaire was adapted to the Romanian population in 2008, by Smaranda Boroș and Petru Lucian Curșeu (Boroș & Curșeu, 2008).

We measured the degree of psychological contract fulfillment through the four items proposed by Rousseau and Tijoriwala (1999) which describe the extent to which both the employee and the employer have fulfilled their obligations.

Gender and age were included as control variables. These variables have been identified as possible confounding variables for psychological contracts and workplace outcomes (Bal, De Cooman, & Mol, 2013; Birtch et al., 2016; Turnley, Bolino, Lester, & Bloodgood, 2003).

The collected data that were put in statistical analyzes to allow the testing of hypotheses was performed using the program SPSS v. 23. Before moving on to the data analysis, we checked whether the variables are normally distributed, by using the Kolmogorov-Smirnov test, from whose analysis we identify normal distributions. The calculation of the tolerance values indicated values of over 1000, and VIF = 1.29; these data assure us that in this model collinearity is not a problem. To test the hypotheses we followed the method of Baron and Kenny (1986, apud. Birtch et al., 2016).

Results

The means, standard deviations, inter-correlations and alpha coefficients for all the variables studied are reported in table 1.

Tabel 1. Descriptive statistics and inter-correlations among variables

Variabile	α	M	SD	1	2	3	4	5	6
1. Psychological contract fulfillment	.86	23.05	4.21	-					
2. Organizational commitment	.89	19.04	3.28	.48**	-				
3. Job demands	.72	14.87	3.23	-.16**	.29**	-			
4. Job resources (control)	.70	19.48	3.97	.19**	.35**	.25**	-		
5. Job resources (support)	.90	25.57	3.66	.57**	.50**	-.09**	.27**	-	
6. Job satisfaction	.74	11.67	2.22	.34**	.52**	-.07**	.26**	.31**	-

Notes: N = 195, ** p <.01; M-media; SD - standard deviation; α - Alpha Cronbach's coefficient

As can be seen in Table 1, the mediator variable, contract performance correlates significantly positively with organizational commitment (r = .48, p <.001), job support (r = .58, p

<.001) and job satisfaction (r = .58). = .34, p <.001) and with the job requirements describes a negative correlation (r = -. 16, p <.001). The relationships between organizational commitment and job satisfaction are positively significant (r = .58, p <.001). Table 1 shows the internal consistency of the studied concepts whose level is a good one, being over .70

The controlled variables introduced have a variance of 9.5% of the explanation of the criterion (R2 = .095, p <.01). As can be seen in Table 2, age and gender are not significant predictors of contract performance.

As summarized in Table 2, the job requirements are negatively related to the performance of the contract (Model 2: β = -.07, p <.01), supporting the H1 hypothesis.

The greatest effect in fulfilling the psychological contract is the support of the job (β = .33, p <.001) followed by the job control (β = .18, p <.001).

Table 2. Results of hierarchical regression analysis

	Psychological contract fulfillment				Job satisfaction				Organizational commitment			
Control variables	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Gender	-.15	-.14	-.17	.00	-.06	-.07	.03	.01	.06	.06	.06	.05
Age	-.05	.03	-.06	.00	.20**	.22***	.24***	.26***	.23***	.23***	.23***	.26***
Independent variable												
JD		-.07**	-.03	-.04			-.09*	-.07*			-.08*	-.02*
Moderator												
JRC			.18***	.17***			.26***	.24***			.21***	.16***
JRS			.33***	.35***			.27***	.22***			27***	.20***
JDxJRCxJRS				-.14**								
Mediator												
PCF						.18**		.26***		.30***		19***
R^2	.03	.03**	.10***	.23**	.05	.09**	.18***	.25***	.06	.20**	.28***	.31***
ΔR^2	.01	.01**	.08***	.19**	.04	.08**	.17***	.22***	.04	.18**	.27***	.30***
Total F	-	1.84**	3.18***	4.49**	-	2.22**	2.13***	4.21***	-	2.16**	4.93***	6.28***

Note: JD - job demands; JRC- Job resources (control); JRS - Job resources (support); PCF - Psychological contract fulfillment * P <.05; ** p <.01; *** p <.001; N = 195

To test hypotheses 2 and 3, we followed the method of Baron and Kenny (1986) testing the conditions described by them. The results indicated that the psychological contract fulfillment (Model 6: β = .18, p <.001) becomes a predictor for job satisfaction, supporting H2a confirmation. Fulfilling the contract (Model 10: β = .30, p <.001) proved to be a significant predictor for organizational commitment, supporting H2b.

To test the mediating effect produced by the psychological contract fulfillment, two variables (job satisfaction and organizational commitment) were introduced as dependent variable. Models 7 and 8 describe the results for the first dependent variables, job satisfaction. After the addition of the mediator, the values of the coefficients for the job demands decreased from β = - .09, p <.05 to β = -. 07, p <.05, for post control from β = .29, p <.001 to β = .24, p <.001 and for post support from β = .29, p <.001 to β =. 25, p <.001. The value of the coefficient for job applications was still significant, although low, partially supporting the mediation effect (H3a).

Models 11 and 12 illustrated results similar to the second dependent variable, organizational commitment. After the addition of the mediator, the values of the coefficients for the job demands (from β = - .08, p <.05 to β = - .02) decreased significantly when the mediators were added, thus confirming the full mediating effect of the psychological contract fulfillment on the job demands.

Moreover, job control decreased from β = .26, p <.001 to β = .16, p <.001 and job support decreased from β = .27, p <.001 to β = .20, p <.001, when mediators were added, partially claiming H3b that the psychological contract fulfillment was a mediator for the control and support of the workplace.

Discussion

According to the results previously presented, the psychological contract fulfillment proved to mediate the relationship between the results and the characteristics of the job. Moreover, it was found that job resources (job control and support) mediate the negative effects associated with job demands on the psychological contract fulfillment. Thus, as predicted by the theoretical framework (social exchange theory), job characteristics interacted to influence both

satisfaction and organizational commitment by performing the contract, results that are consistent with the results obtained by Birtch (Birtch et al., 2016).

According to the theory of social exchange, when employees consider that an employer has fulfilled its obligations in the employment relationship, such as providing adequate resources, feelings of psychological contract fulfillment are generated, which will generate positive results at the place of employment (organizational commitment and satisfaction) (Robinson, 1996; Turnley & Feldman, 2000). Understanding the mediator role of the psychological contract fulfillment allows us to predict how and why job characteristics interact and lead to certain job outcomes (Coyle-Shapiro & Parzefall, 2008; Robinson, 1996; Turnley & Feldman, 2000).

This study has important implications for medical management. In the hospital context, as medical activity is characterized by both high physical and psychological demands (patient interaction), hospitals should consider providing a wider range of resources, including workplace-oriented interventions (e.g., autonomy workplace) that provides employees with flexibility on how to meet various job requirements (Popa et al., 2010). The effects of the interaction between job characteristics and resources on the performance of psychological contracts, recommends that in order to enhance positive attitudes in the workplace, organizations should explore ways to provide employees with additional services and complex resources.

We need to consider some limitations of the study. We used self-reporting questionnaires which leads to an increase in the risk of social desirability of the answers. A limit would also be the correlational type of the applied study. Although, we obtained information on the possible directions of the relationships between the studied variables, this type of design does not allow to draw clear conclusions regarding the causality that appears between the studied variables.

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PARALEL BETWEEN MOTIVATIONAL FACTORS IN SMES AND THE MOTIVATION TO BECOME AN ENTREPRENEUR

Cristina Maria Sanda

Cristina Maria SANDA **,** PhD student
"VALAHIA" University of Targoviște, Romania,
cristina_albescu90@yahoo.com

Abstract:
This theoretical study aims to highlight the factors in terms of motivation of employees in SMEs, as well as the motivation of employees to become entrepreneurs in different countries. The study also presents an attempt to correlate the motivating factors in SMEs with the motivating factors to become entrepreneurs.

Key words: motivation, motivational factors in SMEs, motivating factors to become an entrepreneur.

I. MOTIVATION

Motivation is and will be a topic of research many years from now because both business managers and those who want to start a business (entrepreneurs) must know the factors that underlie the achievement of business objectives, namely: increasing business performance, increase turnover, increase profit, increase product quality, etc. At the same time, those who want to become entrepreneurs also have factors that motivate them to take this direction, namely: the desire to be their own boss, the desire to have a flexible schedule, the desire to add value.

Motivation is the totality of motives (conscious or not) that determine someone to perform a certain action or to aim for certain goals (DEX, 2009). If we look at it from the perspective of work psychology, the definition can be *as a sum of internal and external energies that initiate, direct and sustain an effort oriented towards an objective of the organization, which at the same time will satisfy individual needs* (Robbins, 1998).

Over time, the factors that motivate employees were studied and according to research

conducted employees were asked to put 10 tools considered as "a reward for service" and the results were as shown in the figure below (see figure1):

Figure 1: Source adapted from Wiley, 1997

Today, SMEs motivate their employees with money and financial benefits, despite the fact that there is more and more research indicating that this type of motivation is not enough to motivate employees. In addition to financial motivation, managers can choose from a number of motivational tools, such as: recognition for a job well done, involvement in decision making, sharing responsibilities and tasks with employees, career advancement opportunities, etc. (Falcone & Tan, 2013; Scheiner, 2015). Every employee is an individual with very different needs. What motivates a person will not necessarily motivate others.

Therefore, managers who want to motivate all their employees, must know them and recognize what motivating factors influence them. Money is often the first factor that comes to mind, but if the business is to succeed, leaders must use other motivational tools (Thibodeaux, 2015). Some employees are motivated by the equipment provided by the company to perform their tasks, for example a laptop, a mobile phone or even a company car can positively affect employees.

Financial benefits can include cash prizes, gift cards or restaurant gift certificates.

Non-financial benefits may include additional vacation days, tablet work weeks or parking spaces. Working conditions, such as the building where the business takes place or the office and its equipment are also motivating.

Managers play a key role in maintaining a good work environment (Krumrie, 2016; Borowski & Daya, 2014). Managers can motivate employees by giving them responsibilities and authority to make basic decisions.

Managers can motivate employees, encouraging them to be innovative and creative by enabling employees to feel like active participants in the enterprise (Borowski & Daya, 2014; Thibodeaux, 2016). Self-improvement allows employees to receive the training they need to be better at work. They must help their employees to motivate themselves and set professional goals, ensuring that the goals are reasonable and achievable so that their employees are not discouraged. Employees will believe that they are able to gain additional skills and information (Thibodeaux, 2015). Feedback from managers helps keep employees on a path to continuous improvement. A simple "thank you" or public praise will increase employee confidence.

Identifying employees for accomplishments - such as achieving sales goals or providing excellent customer service, a completed project - can be an important motivating factor. For example, lack of information has a negative impact on performance, because employees do not have a good starting point to do their job as well as possible. Regarding the availability of relevant information, it can motivate employees and increase their efficiency. Managers by providing relevant information can reduce stress for employees and therefore achieve better results at work.

MOTIVATION TO BECOME AN ENTREPRENEUR

According to several studies, various entrepreneurs from several countries were interviewed and the following links were found between motivation and business success. For example, Kuratko et al. (1997) and Robichaud et al. (2001) surveyed North American entrepreneurs to determine how motivation relates to business success.

According to their studies, the motivating elements could be grouped into four factors:

- Extrinsic rewards;
- Independence / autonomy;
- Intrinsic rewards;

- Family security.

Researchers believe that if performance studies models want to provide a more global and representative portrait of entrepreneurship, they must take into account not only the reasons that push the entrepreneur to start his business but also the motivations that encourages the entrepreneur to sustain his existence (Kuratko, et. al., 1997). Indeed, it appears from the literature that people who start their business are motivated by goals that can be achieved through their business, we could apply the same reasoning to entrepreneurs who are already in business, because they also have goals that have to be fulfilled (Allala Ben Hadj Youssef, Mariem Dziri, 2012).

Therefore, the objectives pursued by entrepreneurs starting their business may change once the business operates (Orser, et. Al., 1997): "Studies tend to focus on young business owners, or provide only descriptive, unstructured explanations. The factors that motivate an entrepreneur in the initial stage of his activity can be inefficient in other stages ".

Regarding the motivation to become an entrepreneur, many authors interviewed various entrepreneurs from several countries and found the following motivating factors to become entrepreneurs:

Some authors have conducted a factor analysis on the motivations of small business owners in Western Australia (Wang, et al., 2006). The 17 motivational elements were grouped into four factors: ***personal development motivations, financial motivations, "push" motivations and flexible lifestyle motivations***. In general, they found that pull motivations are more important motivations than push motivations (Wang, et. Al., 2006).

According to several studies, it was found that motivations differ in developed countries. For example, entrepreneurs in the US and Australia are highly motivated by the need for independence (Scheinberg, MacMillan, 1988). Italian and Chinese entrepreneurs are also strongly motivated by communitarianism.

As for Portuguese and Chinese entrepreneurs, they set up businesses to meet a need for approval (consent, indulgence). Some authors have provided a comparison between entrepreneurs in the UK, Norway and New Zealand (Shane, et. Al., 1991). According to their results, they found 14 motivational elements divided into four categories of factors: ***recognition, independence, learning*** and something they call "***roles***" (function, contribution, purpose). They found that the desire ***for recognition*** is stronger in New Zealand and the United Kingdom than in

Norway (Shane, et. Al., 1991). In addition, Norwegian business people are more likely to start a business by "developing an idea for a product" and "continuing to learn". Currently, there are few studies that compare the motivations of men and women in establishing their own businesses. The authors found that ***gender*** interacts with country differences and, consequently, there were no consistent gender differences in motives in New Zealand, Norway and the United Kingdom (Shane, et. Al., 1991).

Other authors have found that the desire ***to be one's own boss*** is a significant motivator for both male and female entrepreneurs in the UK (Burke, et al., 2002).

For Vietnamese entrepreneurs, ***challenge and achievement*** are significantly more important motivators than ***necessity and security*** (Swierczek, Ha, 2003).

For Ugandan entrepreneurs, Africa's most important motivator for owning a business is "making a living" or "making money" (Bewayo, 1995).

In terms of ***revenue growth***, this is the most important motivation for entrepreneurs in Ghana and Kenya (Chu, et. Al., 2007). According to a study, Ghanaian entrepreneurs often invest in a business because they have few savings or investment options (Chamlee-Wright, 1997).

Cultural factors and gender play an important role in the motivations of entrepreneurs.

Studies conducted in Turkey and Morocco have found that activity in Muslim countries is strongly dominated by men (Chu, et. Al., 2007). Thus, the fact that Turkish entrepreneurs were most motivated by ***the desire to increase revenues*** may be the result of the male-dominated sample, the fact that most respondents were Muslims or the existence of poor economic conditions in Turkey.

Entrepreneurs in another Muslim country, Morocco, were most motivated by the ***desire to exploit*** a new business opportunity and gain personal freedom (Gray, et al., 2006). A study conducted in Northern Ireland found that while both sexes indicate ***autonomy, achievement and job dissatisfaction*** as reasons for starting a business, women are less likely to indicate income as a motivator (Cromie, 1987).

The literature indicates that there are differences in the motivations of entrepreneurs depending on the ***country, gender*** and possibly ***religion***. These differences point the way to a new strategy to motivate entrepreneurs. Strategies used in developed countries may not work in developing countries.

Developing countries need to examine their citizens priorities and wishes to determine which incentives are most effective (Cynthia Benzing, Hung M. Chu, 2009).

In table no.2 below you can see a perfect reflection on the factors that motivate employees in SMEs and the motivating factors to become entrepreneurs according to the literature:

Motivational factors in SMEs	Motivating factors to become an entrepreneur
Appreciation for a good job **Important (useful) person for the enterprise** **Positive approach to personal issues** **Job security** **Salary** **Interesting job (attractive)** **Possibility of promotion** **Personal or organizational commitment (loyalty to employees)** **Good working conditions (safety at work)** **Discipline at work**	**North America:** - Extrinsic rewards - Independence / autonomy - Intrinsic rewards - Family safety **Australia:** - motivations for personal development - financial motivations - "push" motivations (stimulate, push) - flexible lifestyle motivations **USA and Australia:** - motivated by the need for independence **Italy and China:** - motivated by communitarianism **Portugal and China:** - need for approval (consent) **United Kingdom, Norway and New Zealand:** - recognition - independence - learning - function (contribution, purpose). **Vietnam:** - the challenge - realization **Uganda:** - "to earn money", "to earn a living" **Ghana and Kenya:** - increase income **Turkey:** - increase income **Morocco:** - the desire to exploit **UK:** - the desire to be one's own boss **Nothern Ireland:** - autonomy - realization - job dissatisfaction

Table 2 - Own processing according to the specialized literature

As can be seen in the table below, for each of the motivational factors present in SMEs I tried to find a correspondent in the motivating factors to become an entrepreneur, as follows (see table 3):

Motivational factors in SMEs	Motivating factors to become an entrepreneur
Appreciation for a good job	Intrinsic rewards. recognition realization function (contribution, purpose)
Important (useful) person for the enterprise	Intrinsic rewards. recognition realization Independence / autonomy. the need for independence the desire to be one's own boss
Positive approach to personal issues	Family security. push motivations (stimulate, push)
Job security	Family security. motivated by communitarianism need approval (consent) job dissatisfaction
Salary	Extrinsic rewards Financial motivations "earn money", increase income
Interesting job (attractive)	motivations for personal development
Possibility of promotion	motivations for personal development challenge
Personal or organizational commitment (loyalty to employees)	Intrinsic rewards. recognition realization
Good working conditions (safety at work)	Family security. learning, desire to exploit
Discipline at work	push motivations (stimulate, push) need approval (consent)

Table 3 - Own processing according to the specialized literature

According to the table you can find some correspondent for each motivational factor in SMEs in terms of motivating factors to become an entrepreneur, but these data need to be studied more closely and seen how it influences the way and lifestyle, performance and satisfaction of people.

In terms of the motivation of employees in SMEs, they always seek to find a balance between work and personal life, as well as finding a job that is interesting, to offer them favorable working conditions, to be seen as being part of that enterprise and that they make an important contribution to increasing the performance of the enterprise. It is true that the salary

also plays an important role in the lives of employees, giving them the opportunity to meet certain physical needs. Increasingly, employees seek to meet their higher needs, so it is important for the company to know its employees and provide them with the conditions and favorable environment to meet all their needs. The more satisfied employees are at work, the more value they will bring to the company.

Regarding the entrepreneurial motivation presented above, it is observed that people choose this path precisely in order to have independence and autonomy, to have more time, to earn better, for the need to achieve and the desire to exploit.

In conclusion, both the motivation of employees in SMEs and the motivation to become an entrepreneur play an important role in the life of every employee. If for one employee the salary is the most important motivating factor for another employee, this hypothesis is not valid. In terms of both the factors that motivate an employee in the company and the motivating factors to become entrepreneurs are somewhat different and differ from person to person.

Motivation is and will remain one of the problems faced by both today's companies and entrepreneurs, because it must be researched and really seen what motivates employees in a company.

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LINK BETWEEN MUSIC AND BODY IMAGE

Baciuna Vlad, Mona Vintilă, Otilia Tudorel

Baciuna VLAD, West University of Timisoara,
Faculty of Sociology and Psychology, Romania
vlad.baciuna92@e-uvt.ro

Mona VINTILA, PhD., West University of Timisoara,
Faculty of Sociology and Psychology, Romania
mona.vintila@e-uvt.ro

Otilia TUDOREL, West University of Timisoara,
Faculty of Sociology and Psychology, Romania
otilia.tudorel@e-uvt.ro

Abstract

The aim of this study is to investigate whether musical preferences are an indicator of self-esteem and body image. It also wanted to investigate whether the personality can indicate the preferred type of music.

A number of 103 participants have responded to the online questionnaire, 74 women and 29 men, aged between 19 and 58 years. Participants completed a questionnaire provided online, consisting of the Rosenberg test, IPIP-50, BAS-2, the MUSE test (Music USE) and the musical preferences questionnaire (MPQ-R).

In order to have more data on the background of the participants, demographic data was collected such as age, gender, last completed studies, height and weight. Data were also collected on the reason and frequency for listening to music.

The results of the study indicated that the type of music listened to and the time spent listening to music are not in relationship with the level of body appreciation.

The results have indicated that there is a positive significant correlation between the high number of hours listening to music and conscientiousness, there is a positive connection between Pop music and emotional stability, and there is a positive significant correlation between Blues/Jazz and openness to new experiences. Also, it was discovered that there is a significative negative correlation between rock music and BMI.

Key words: music, self-esteem, body image, personality.

Introduction

Music can lift someone's mood, energize or make a person calm and relaxed. Music also allows us to feel almost or possibly all the emotions we experience in our lives. It is a part of nature and exists independently of humans but at the same time it is combined with human values. People can think through music, express themselves through music and explore their identity. A few seconds are enough for the listeners to determine the genre and whether they like it or not. In today's world, as individuals choose what kind of music they like, but also develop it through different instruments and then distribute it to others through different methods such as television, radio, social networks, etc.

There is nothing in nature that stimulates our attention and emotions as quickly as sound, the murmur of the water, the whispers of the morning breeze, the roar of the storms, the chirping of the birds, the weeping of the animals, exert on our mind feelings of pleasure, pain, fear (Fond-Harmant & Gavrila-Ardelean, 2018). Nature has been connected more and more often to the topic of body image, body appreciation scores increasing when participants are exposed to natural environment (Viren Swami et al., 2019).

Music is listened to everywhere, whether you go to a supermarket, a restaurant, play sports, go to work, drive a car or do routine work. Nowadays, everyone has access to a theoretically infinite library of music, thanks to the computer, the smartphone, through internet access.

People listen to music because it makes them feel comfortable, relaxed, or happy (DeNora, 2000; Juslin & Laukka, 2004; Juslin & Sloboda, 2010). Consistent with this, emotional regulation through music is often considered one of the main attributes of music (Saarikallio & Erkkilä, 2007).

In recent years, the presence of music in our lives has increased substantially. It has been used in the field of art, reaching the business and work environment, and in medical purposes, to treat mental and physical illness. Music therapy has been used in some institutions to help rehabilitate people, but also to produce changes in emotional states.

The use of music to affect people's emotions is extremely evident in television and cinema.

Music is a part of the life of each of us. Many cultures appreciate music, so they usually

have their own cultural styles and their own styles of music. In this sense, music can be, and has been learned as a universal language. Although there are sometimes barriers to communication between races, music can serve as a common passage between people. A common professional language should be used when talking about this topic, using formal classification could help specialists in relating music to much apprecited contemporay topiccs as body image and body appreciation (Goian, 2010, 2012)

In a study by (Jennifer K. Elpers, Hanover College) on Alzheimer's patients, it was shown that music, although it has no curative effect on the disease, showed that it significantly reduces agitation in patients. Music can not only improve the quality of life, but also influences changes in heart rate. Listening to music, whether it's Mozart or other classical composer, has an effect not only in reducing stress, but also in lowering blood pressure, heart rate and can improve the variation of heart rate.

Classical music was found to induce a state of well-being, relaxation, while other types of music induce other states. Meditative music has sedative effects because the sounds are slow and the rhythms are few. This type of music generates spiritual introspection, and is therefore used in Yoga and Tai Chi practices.

Heavy Metal and Techno music generates anger and aggressive behavior.

Rapp and Hip-Hop music have a motivational effect due to the rhythm and structure of the rhymes.

Jazz accesses all the senses, but a high degree of concentration is needed.

Latin American ones, such as samba, tango, cha-cha, rumba, reggae or mambo are very rhythmic, inducing a good mood and movement.

Folk is a music with a socio-cultural past, it enriches the intellectual work, leading to a high self-confidence.

A study by Snjezana (2014) examined the relationship between musical preferences of different modes and tempo and personality traits. The survey included 323 students, 234 women and 89 men who had to complete the following tests: questionnaire about musical preferences, the scale of optimism and pessimism and international personality IPIP-50 Big Five. The results showed that women compared to male students reported a higher degree of music preference, regardless of tempo and mode, while both men and women showed a higher degree of preference for fast and key tempo music fragments. The results of the hierarchical regression analysis

showed that emotional stability and optimism were significant predictors of preferences for fast-paced music and major key, while openness experiences and introversion were important predictors of preferences for slow-paced and minor key music. The authors suggest the importance of applying these results in creating the music teaching curriculum (Snježana, 2014)

Body image is a complex entity, consisting of both the mental representation of integrity and the competence of one's physical self.

Many studies have tried to explain the major theoretical and methodological problems in the area of body image psychology. Research on body image psychology found connections with individual psychological factors, family and parental processes, socioeconomic status, media, body weight, socioeconomic status and genetic inheritance as some of the most important factors acting as antecedents of body image dynamic (Fond-Harmant & Gavrila-Ardelean, 2016). One of the newest studies in the area of body image, includes for instance breast size satisfaction and finds it to be related to the level of self-esteem as stated by Swami et al. (2020). While other recent studies (Barron et al., 2020) found a connection between self-esteem and schizotypal personality traits.

Another study evaluated the effectiveness of therapeutic music in improving the self-esteem of academically stressed adolescents. It was hypothesized that post-intervention scores in measuring self-esteem will be improved compared to pre-intervention scores. A post- and pre-intervention design was adopted. The Coopersmith school self-esteem questionnaire and the Bisht Battery stress scale were used to identify 30 adolescents with low self-esteem and high academic stress. Music therapy was applied for a period of 15 days. After the intervention, the self-esteem inventory was administered again to see the effects of music therapy. The results showed that music therapy improved self-esteem of adolescents as shown by the post-intervention scores of the experimental group were higher compared to that of the control group. Significant differences were also found between the post- and pre-intervention scores of the experimental group, where the control group did not show any statistical difference between the pre- and post-intervention scores. (Mamta Sharma, 2012),

Consulting the literature and studies on music, self-esteem, personality and body image the following hypotheses were formulated.

Hypothesis

1. There is a positive correlation between people who listen to music during activities and the level of their body appreciation.
2. There is a positive correlation between Pop music and emotional stability.
3. There is a negative correlation between Rock music and BMI.

Method

We had a number of 103 participants in this study. All participants were over 18 years old, their age ranged between 19 and 58 years, the average being 29, of which 74 (71.8%) women and 29 (28.2%) men. They all reported listening to music at least 1-2 times a week. The questionnaires were offered to participants (friends, family members, strangers, co-workers and faculty) in digital format (google forms), through social networks for them to complete in their free time.

Some of the questionnaires used were translated from English into Romanian, and all participants in the study were from Romania.

From the demographic data we can specify that at the level of studies 12 people completed 12 classes (11.7%), 42 people had undergraduate studies (40.8%), 48 people, master studies (46.6%) and doctoral studies, one person (1%).

The average height was 168 cm, the minimum was 150 cm and the maximum was 190 cm.

The average weight was 65.90 kg, the minimum was 37 kg, and the maximum was 130 kg.

About the environmental of origin, 28 (27.2%) reported as coming from rural areas, and 75 (72.8%) participants were from urban areas.

When asked how often they listen to music per week, 3 people (2.9%) reported less than once a week, 6 people (5.8%) listened 1-2 times a week, 14 people (13.6%) listened to music 3-4 times a week, while 62 people (60.2%) listened more than 6 times a week.

When asked, how many hours on average they spend a day listening to music, 25 people (24.3%) reported listening to less than an hour a day, 44 people (42.7%), said they were listening to music 1-2 hours per day, 21 people (20.4%) listen to 3-4 hours a day music, 5 people (7.8%) listen to 5-6 hours a day music, and 8 people (7.8%) reported that he listens to music for more than 6 hours a day.

The musical genres from which the participants had a choice from were Pop, Rock,

Latino, Hard Rock, Electronic, New Age, Folk, Popular, Jazz / Blues, Classical.

Each section of the questionnaire had a section with instructions where participants were informed how to complete the questionnaire and at the beginning it was clearly specified that the answers and results are anonymous and the data is strictly confidential and will not be passed on.

After gathering the answers provided by the participants, all the results were centralized in a database from SPSS where they were processed and interpreted.

Measurements and instruments

The IPIP-50 test (Goldberg L. R., 1992) is a personality questionnaire with 50 items that assesses people according to the Big Five model: openness, extraversion, conscientiousness, agreeability and emotional stability.

The MPQ-R questionnaire was used to see the musical preferences of the participants, as well as the purpose and location where the music is listened to intentionally not from other environments (bar, restaurant, street music, etc.). The likert scale was used, from 1 to 5, (1-Never again 5-Often), to see how much the subjects like to listen to music in different situations, such as at home, concerts, activities, etc.

The Rosenberg test (Rosenberg, 1965) for self-esteem assessment is a questionnaire composed of 10 items, rated from 1 to 4, 1 representing "total agreement" and 4 "total disagreement", which the subjects had to rate. personal. (1-Definitely not, 2-Disagree, 3-Agree, 4-Absolutely agree). The scale measures self-esteem by asking participants to reflect on their current feelings. Five questions are asked with positive statements and five are asked with negative statements.

MUSE (abbreviation for "Music USE") (TanChyuan Chin and Nikki S. Rickard, 2012) is a measurement that includes qualitative and quantitative indicators for both music production and music perception.

. BAS-2 (Tylka & Wood-Barcalow, 2015b, translated and validated on Romanian population by Swami et al., 2017) is composed of 10 items that are listed on the Likert scale (1-Never, 2-Rarely, 3-Sometimes, 4-Often, 5- Always).

BMI (Body Mass Index) is an indicator of general health because it refers to weight and muscle mass. BMI is calculated by the formula: Weight / Height^2. The measurement index is as follows: 18.4 and below - Underweight, 18.5 to 24.9-Healthy, 25.0 to 29.9-Overweight, 30.0 and over – Obese.

Results

1. There is a positive correlation between people who listen to music during activities and the level of their body appreciation.

Variable	Music during activities	Body appreciation
Music during activities	1	,112
Body appreciation	,112	1

p>.05

Following the results, the hypothesis was not confirmed. There is no significant correlation between listening to music during activities and appreciating the own body image. R(103)=.112; p=.259, p>.05.

2. There is a positive correlation between Pop music and emotional stability.

Variable	Pop Music	Emotional stability
Pop Music	1	,201
Emotional stability	,201	1

p<.05

Following the results, the hypothesis is confirmed. There is a positive correlation between people who listen to Pop music and emotional stability. R (103) =. 204; p = .042, p <.05.

3. There is a negative correlation between Rock music and BMI.

Variable	BMI	Rock Music
BMI	1	-,227
Rock Music	-,227	1

p<.05

Following the results, the hypothesis is confirmed. There is a significant negative correlation between Rock music and BMI. R (103) = .- 227; p = .021, p> .05

Discussions

We were not able to find previous studies to investigate the correlation between music and the appreciation of body image, which motivated us to carry out the present study.

After correlating the Body Image with the rest of the musical genres, it was concluded that the body image does not correlate with any musical genre or activity involving music. This may be due to the relatively small number of participants.

However, it was very interesting to research what kind of musical preference people prefer, depending on the type of personality and self-esteem, body image and BMI.

Limitations

One limitation of the study is that the group is not homogeneous, 74 women and 29 men, which might have influenced the results.

Another limitation is that people have not been asked how much they prefer a certain kind of music, on a Likert scale, to observe more precisely the musical preference.

The questionnaires were distributed and completed in digital format, which may have influenced the participants not to reflect more deeply on their selections and to provide erroneous answers.

The approximation of the time spent listening to music by the participants is another

limitation because it is difficult to balance exactly how much time someone spends listening to music. The answer chosen in the questionnaire is more of a personal assumption.

The question of whether he listens to music is very general and puts together all activities (sports, cleaning, walking, etc.) and does not focus on a single activity, which may be worth researching in the future.

However, it was very interesting to research what kind of musical preference people prefer, depending on the type of personality and self-esteem, body image and BMI.

Conclusions

As other results of the study show, the music genre listened to has a significant positive connection with some personality traits, such as Pop music and emotional stability, Blues / Jazz music and openness to new experiences.

It has also been found that long time listening to music is positively related to conscientiousness, which can mean that people who spend more time listening to music are more conscientious, regardless of the musical genre.

The hypotheses that have not been confirmed are that the musical genre listened to or listening to music, regardless of gender, in activities, are not significantly correlated with the appreciation of body image.

It was also found that there is a significant negative correlation between listening to Rock music and BMI, meaning that people who listen to Rock music have a BMI within healthy limits, compared to those who do not listen to Rock.

This type of study is unique, since there are few studies that investigate the type of music listened to and the appreciation of body image. Many studies focus on the influence of images in the social network, media, social influence on body image, which is why the genre of such study can open the door to other larger studies.

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EFFECTS OF THANATOLOGY INTERVENTION PROGRAMME ON KNOWLEDGE AND ATTITUDE OF SECONDARY SCHOOL STUDENTS IN ANAMBRA STATE NIGERIA

Nnaemezie, N. O[1]., Prof. Okafor, J.O.[2], Ifediora, U. L.[3]
Arinze, C.R.[4].

[1,2,3,4] NNAMDI AZIKIWE UNIVERSITY,
AWKA, ANAMBRA STATE, NIGERIA
NNAEMEZIE, N. O no.nnaemezie@unizik.edu.ng [1],
PROF. OKAFOR, J.O oojeromes@yahoo.com [2]
IFEDIORA, U. L.ulifediora@unizik.edu.ng,[3]
ARINZE, C.R. rcarinze@unizik.ed.ng.[4]

Abstract

Introduction: *The manner in which a child would cope with dying and death situation would be determined by what the child already know and what knowledge concerning thanatology the child had been exposed to previously. This study was concluded to determine the effect of thanatology intervention programme on knowledge and attitude of secondary school students in Anambra State Nigeria.*

Method: *The study was delimited to Awka South Local Government Area of Anambra State. Quasi-experimental pre-test, post-test control group design was used on 282 junior and senior secondary school students selected from four secondary schools which included two private schools and two public schools and they were divided into control and experimental groups. The research instrument was a researcher-developed instrument on knowledge and attitude towards thanatology. Mean and standard deviation was used to answer research questions. Analysis of Covariance (ANCOVA) was used to answer the hypotheses at 0.05 level of significance.*

Results: *The results of the study revealed that there was an increasein the knowledge and attitude of secondary school students after the thanatology intervention programme.*

Conclusion: *Based on the various findings of the study, it was concluded that thanatology*

has great effect on the students' knowledge and attitude. Furthermore, it is recommended that thanatology should be taught both informally and formally to help remove or control the fear of dying and death in them.

Introduction

Death is a fascinating subject to many children as shown when they lost their pets, class mates, friends and even their teachers. These occurrencessometimes raise a lot of curiosity and questioning and the answers given to them by the mature adults would go a long way to determine how they would cope with such situation. For children to be able to handle their own death and the death of others around them there is need for them to be exposed to death and dying education.

Therefore, dying and death education which is also known as thanatology is the study of death and dying and also the psychological mechanisms of dealing with them (Elisabeth Kubler, 2017). Also according to Duane (2020) Thanatology is the study of death and dying; it deals with the feelings and other psychological phenomena that are encountered by the person who is dying and people who takes care of the dying patient. Children are sometimes part of the lives of dying patients, example children taking care of their elderly parents and sometimes living with such people or children staying in a rural environment where burials and other burial activities take place. By providing children with death and dying education it could become part of them in their everyday lives. And by including death and dying education in their school curriculum, children could also extend their knowledge of thanatology to their relatives such as families and close friends in order to reduce their fear of death and also make good decision with regards to death situation (The Conversation, 2018).

According to Encyclopaedia.Com (220), the term thanatology are educational activities of various forms with experience related to death and embraces such core topics as meanings and attitudes toward death, processes of dying and bereavement, and care for people affected by death. Thanatology also provides these children with basic knowledge on death issues. Death and dying education could be provided to a child both informally and formally. Formally, teachers could use the death of a teacher in the school or death of a class mate as a situation to educate children on death and dying. Also informally, parents could use the death of parents, sibling, and pets as a teaching moment to educate children at home instead of shying away from death

education and seeing it as a taboo. The study was brought about due to the inevitable nature of death. Since death cannot be avoided and children need to cope with their own death and the death of others and also to clear and show the difference between death experiences in the movies and television shows and the real life experience with death and dying. Therefore, this study was designed to determine the effects of thanatology intervention programme on knowledge and attitude of secondary school students in Anambra State Nigeria.

Method

The design for the study was a quasi-experimental pre-test, post-test with control group design. A quasi-experiment is an empirical intervention study used to estimate the causal impact of an intervention on target population without random assignment. Awka South Local Government Area of Anambra State Nigeria was used. A total of 282 junior and senior secondary school students were used drawn from the total population of students in Awka South L.G.A. The sample of 282 students was gotten using a multi-stage sampling procedure to get two public schools and two private schools whereby one of each of he private and public schools formed experimental group and control group schools. The instrument for data collection was a Thanatology Knowledge Test and Attitude Questionnaire (TKTAQ). The instrument was a researcher developed instrument. The instrument was validated by experts in thanatology and reliability done using Kudder-Richard (K – R20) for knowledge test and Cronbach Alpha's Internal Consistency Measure for attitude items and the reliability co-efficient were 0.80 for knowledge test and 0.925 for attitude items.

Intervention Procedure for Experimental and Control Group

The intervention programme on thanatology took place for 12 weeks in each of the schools. It was fixed alongside their school time table in order not to create bias in the mind of the students. In order to determine thestudents' knowledge and attitude before the programme a pre-test examination was done and after the 12 weeks, a post-test examination was also given to the students to determine if there was any effect of the students' knowledge and attitude. Statistical package for social science (SPSS) was used for data analyses. Mean and standard deviation was used to answer the research questions. The differences between the pre-test mean and the post-test mean was regarded as the mean differences scores. Analysis of Covariance (ANCOVA) was used to test all the hypotheses at 0.05 level of significance. When the pre-test score is higher than the post-test score, there is a mean loss but when the post-test score is higher

than the pre-test score, then there is a mean gain.

Research Questions

1) What are the mean knowledge scores of secondary school students in both experimental and control groups before and after thanatology intervention programme?
2) What are the mean knowledge scores of public and private secondary school students in both experimental and control groups before and after thanatology intervention programme?
3) What are the mean attitude scores of secondary school students in both experimental and control groups before and after thanatology intervention programme?
4) What are the mean attitude scores of public and private secondary school students in both experimental and control groups before and after thanatol0gy intervention programme?

Hypotheses

1) The effects of thanatology intervention programme on the health knowledge scores of secondary school students in Anambra State Nigeria will not differ significantly using their post mean scores.
2) The effects of thanatology intervention programme on the health knowledgescores of private and public secondary school students in Anambra State Nigeria will not differ significantly using their post mean scores.
3) The effects of thanatology intervention programme on the health attitude scores of secondary school students in Anambra State Nigeria will not differ significantly using their post mean scores.
4) The effects of thanatology intervention programme on the health attitude scores of private and public secondary school students in Anambra State Nigeria will not differ significantly using their post mean scores.

Presentation and Analysis of Data

Research Question 1: What are the mean knowledge scores of secondary school students in both experimental and control groups before and after thanatology intervention programme?

Table 1: Pre-test and Post-Test Mean Knowledge Scores of Students in Experimental and Control Groups Before and After Thanatology Intervention Programme (n = 282).

Source of Variation	n	Pretest $\bar{X}$	SD	Posttest $\bar{X}$	SD	$\bar{X}$ Difference
Experimental Group	163	19.04	3.42	20.02	3.16	0.98
Control Group	119	19.78	3.03	19.34	3.51	-0.44

Table 1 reveals the pre-test and post-test mean knowledge scores of secondary school students in experimental group to be 19.04 and 20.02 with a gained mean of 0.98 while the control group had 19.78, 19.34 and -0.44 as mean pre-test, post-test and mean loss scores respectively. This shows that the experimental group had better mean knowledge score than their counterparts control group. The standard deviation for the experimental group was close to the central mean with the value of 3.16.

Research Question 2: What are the mean knowledge scores of public and private secondary school students in both experimental and control groups before and after thanatology intervention programme?

Table 2: Pre-test and Post-test Mean Knowledge Scores of Public and Private Students in Experimental and Control Groups Before and After Thanatology Intervention Programme (n = 282).

Source of Variation	School Type	n	Pretest $\bar{X}$	SD	Posttest $\bar{X}$	SD	$\bar{X}$ Difference
Experimental Group	Public	105	18.56	3.69	19.83	3.42	1.27
	Private	58	19.90	2.67	21.74	2.15	1.84
Control Group	Public	69	19.52	2.88	18.75	3.81	-0.77
	Private	50	20.14	3.23	20.16	2.90	0.02

Table 2 shows the pre-test and post-test mean knowledge scores of 18.56 and 19.83 for

public and 19.90 and 21.74 for private secondary students in experimental group. The students in public schools had a gained mean knowledge score of 1.27 while the private schools had 1.84. Also, public school students in the control group had 19.54, 18.75 and -0.77 as their pre-test, post-test and mean loss knowledge score respectively while the private schools had 20.14, 20.16 and 0.02 as pre-test, post-test and gained mean knowledge scores respectively. This shows that public and private school students in the experimental group had better mean knowledge scores. The standard deviations of the public and private schools of the experimental group were close to the central mean with the value of 3.42 and 2.15 respectively.

Research Question 3: What are the mean attitude scores of secondary school students in both experimental and control groups before and after thanatology intervention programme?

Table 3: Pre-test and Post-test Mean Attitude Scores of Students in Experimental and Control Groups Before and After Thanatology Intervention Programme (n = 282).

Source of Variation	n	Pretest $\bar{X}$	SD	Posttest $\bar{X}$	SD	$\bar{X}$ Difference
Experimental Group	163	88.00	10.53	92.76	10.99	4.76
Control Group	119	88.98	12.10	89.51	12.16	0.53

The result in table 3 reveals the pre-test and post-test mean attitude scores of secondary school students in experimental group to be 88.00 and 92.76 with a gained mean of 4.76 while the control group had 88.98, 89.51 and 0.53 as mean pre-test, post-test and mean gained scores respectively. Both the mean post-test score and gained mean attitude score of students in experimental group were better than that of the control group. The standard deviation of the experimental group with the value of 10.99 was close to the central mean than that of the control group.

Research Question 4: What are the mean attitude scores of public and private secondary school students in both experimental and control groups before and after thanatology intervention programme?

Table 4: Pre-test and Post-test Mean Attitude Scores of Public and Private Secondary School Students in Experimental and Control Groups Before and After Thanatology Intervention Programme (n = 282).

Source of Variation	School Type	n	Pretest $\bar{X}$	SD	Posttest $\bar{X}$	SD	$\bar{X}$ Difference
Experimental Group	Public	105	89.10	10.62	94.59	10.25	5.49
	Private	58	86.00	10.14	89.45	11.60	3.45
Control Group	Public	69	88.94	13.18	91.70	11.66	2.76
	Private	50	89.02	10.55	86.50	12.31	-2.52

Table 4 shows the pre-test and post-test mean attitude scores of 89.10 and 94.59 for public and 86.00 and 89.45 for private secondary school students in experimental group. The students in public schools had a gained mean score of 5.49 while their counterparts in private schools had 3.45. Also, public school students in control group had 88.94,91.70 and 2.76 as their pre-test, post-test and gained mean scores respectively while their counterparts in private school had 89.02, 86.50 and -2.52 as pre-test, post-test and mean loss scores respectively. This shows that the public and private school students in the experimental group had better attitude towards thanatology than the public and private students in the control group. Also the standard deviations of public and private school students in the experimental group were closer to the central mean with variance of 10.25 and 11.60 than that of the control group.

Hypotheses Testing

Hypothesis 1: The effects of thanatology intervention programme on the health knowledge scores of secondary school students in Anambra State Nigeria will not differ significantly using their post mean scores.

Table 5: Summary of ANCOVA of the Mean Knowledge Scores of Students in Both Experimental and Control Groups Before and After Thanatology Intervention Programme (n = 282).

Source	SS	*df*	MS	F	*p*.value
Corrected Model	1500.176	2	750.088	125.560	.000
Intercept	333.384	1	333.384	55.806	.000
Pretest	1406.875	1	1406.875	235.501	.000
Group	190.885	1	190.885	31.953	.000
Error	1666.736	279	5.974		
Total	116167.000	282			

Table 5 shows that there was a significant difference between the mean knowledge scores of secondary school students in both experimental and control groups after thanatology intervention programme. F, (1,279) = 31.953, P < 0.05. The null hypothesis of no significant difference between the two groups was therefore rejected.

Hypothesis 2: The effects of thanatology intervention programme on the health knowledge scores of private and public secondary school students in Anambra State Nigeria will not differ significantly using their post mean scores.

Table 6: Summary of ANCOVA of the Mean Knowledge Scores of Public and Private Secondary School Students in Both Experimental and Control Groups Before and after Thanatology Intervention Programme (n = 282).

Source	SS	*df*	MS	F	*p*.value
Corrected Model	1365.171	2	682.586	105.699	.000
Intercept	458.285	1	458.285	70.966	.000
Pretest	1193.090	1	1193.090	184.750	.000
School Type	55.881	1	55.881	8.653	.004
Error	1801.740	279	6.456		
Total	116167.000	282			

In table 6 the analysis shows that there was a significant difference between the mean knowledge scores of public and private secondary school students in both experimental and control groups after thanatology intervention programme. F, (1,279) = 8.653, P < 0.05. The null hypothesis of no significant difference between the two groups was therefore rejected.

Hypothesis 3: The effects of thanatology intervention programme on the health attitude scores of secondary school students in Anambra State Nigeria will not differ significantly using their post mean scores.

Table 7: Summary of ANCOVA of the Mean Attitude Scores of Students in Both Experimental and Control Groups Before and After Thanatology Intervention Programme (n = 282).

Source	SS	*df*	MS	F	*p*.value
Corrected Model	6894.726	2	3447.363	31.159	.000
Intercept	12955.116	1	12955.116	117.093	.000
Pretest	6169.033	1	6169.033	55.758	.000
Group	919.458	1	919.458	8.310	.004
Error	30868.366	279	110.639		
Total	2393068.000	282			

Table 7 shows that there was a significant difference between the mean attitude scores of secondary school students in experimental and control groups after thanatology intervention programme. F, (1,279) = 8.310, $p<0.05$. The null hypothesis of no significant difference between the two groups was therefore rejected.

Hypothesis 4: The effects of thanatology intervention programme on the health attitude scores of private and public secondary school students in Anambra State Nigeria will not differ significantly using their post mean scores.

Table 8: Summary of ANCOVA of the Mean Attitude Scores of Private and Public Students in Both Experimental and Control Groups Before and After Thanatology Intervention Programme (n = 282).

Source	SS	*df*	MS	*F*	*p*.value
Corrected Model	7443.047	2	3721.523	34.245	.000
Intercept	13788.474	1	13788.474	126.879	.000

Pretest	5529.130	1	5529.130	50.878	.000
School Type	1467.779	1	1467.779	13.506	.000
Error	30320.046	279	108.674		
Total	2393068.000	282			

In Table 8 the analysis shows that there was a significant difference between the mean attitude scores of public and private secondary school students in both experimental and control groups after thanatology intervention programme. F, (1,279) = 13,506, $p<0.05$. The null hypothesis of no significant difference between the two groups was therefore rejected.

Discussion

The experimental group had improved mean knowledge score than their counterpart in the control group after the thanatology intervention programme. The finding of the study also showed that thanatology intervention programme had positive effect on the knowledge of the students as evidenced by the mean gained scores of the students in the experimental group after the thanatology intervention programme. The increase in knowledge was as a result of their being exposed to thanatology programme. The study was supported by the work of Mark and Karem (2006) which showed that after such programme, the students who were used for the study had a big increase in knowledge. The study also disagreed with Thea, Victor and Colette (1998) which stated that there was no increase in knowledge after the intervention programme.

The finding of the study also showed that the public and private schools in the experimental group had better mean knowledge scores after the intervention programme on thanatology better than their counterparts in the control group. Students in the private schools gained more knowledge than their counterparts who were in public schools. This is because the academic standards of students in the private schools are more organized to be compared to the academic standard of public schools. Also the null hypothesis of no significant difference between the mean knowledge scores of public and private secondary schools students in both experimental and control groups after the intervention programme was therefore rejected.

The experimental group had improved mean attitude scores than their counterparts in the control group after the interventionprogramme on thanatology. The null hypothesis of no significant difference between the mean attitude scores of secondary school students in experimental and control groups before and after thanatology intervention programme was

therefore rejected.

The public and private schools in the experimental group had better mean attitude scores after intervention programme on thanatology than their counterparts in control group. The students in the public schools had a higher mean gained attitude score than their counterparts who were in the private schools. The null hypothesis of no significant difference between the mean attitude scores of public and private secondary school students in both experimental and control groups before and after thanatology intervention programme was therefore rejected.

Conclusion

Based on the findings and results of the study, it was concluded that thanatology intervention programme has been proved effective in educating students on death and dying issue. The finding of the study also indicated that after the intervention programme, there was a positive effect on the students' knowledge of thanatology as well as their attitude. Also for the students in the control group, they had a mean loss. This was because of lack of not being exposed to the thanatology intervention programme which greatly affected their knowledge as well as their attitude towards thanatology.

Recommendation

The following recommendations were made based on the finding of this study:

1) Health education should also stress the issue related to dying and death as it is also part of life and also inevitable.
2) Thanatology should be taught both formally and informally to every child using teachable moments at home as well as at school to educate children the more in order to remove fear of death in them.
3) Thanatology programme should be taught in all schools. This could help in the reduction of suicide attempt among adolescents in our society.

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THE FACT OF CULTURAL DIMENSIONS OF HR IN MULTINATIONAL COMPANIES

[1] Deniz HORUZ, [2] Selim ÇÖREKÇİOĞLU, [3]Stefan RASKOVSKI, [4]Ildiko RUDNAK

[1]PhD school of Management and Business Administration,
Szent Istvan University H-2100 Gödöllő, Páter Károly utca 1 Hungary
[1]dnzhoruz@gmail.com/Deniz.Horuz@hallgato.uni-szie.hu

[2]PhD school of Management and Business Administration,
Szent Istvan UniversityH-2100 Gödöllő, Páter Károly utca 1 Hungary
[2]corekcioglu.selim@phd.uni-szie.hu

[3]PhD school of Modern and Contemporary Philosophy,
Eotvos Lorand Universisty1088 Budapest, Muzeum krt 4/a Hungary
, [3]raskovski.stefan@gmail.com

[4]Institute of Social Sciences and Teacher Training,
Szent Istvan UniversityH-2100 Gödöllő, Páter Károly utca 1 Hungary
[4]rudnak.ildiko@gtk.szie.hu

Abstract

The main aim of this study is to analyze the fact of cultural dimensions on HR in multinational companies, where they are located in Turkey, to see if there is a correlation result between power distance and individualism\collectivism dimensions for an only HR department, rather than including the whole departments of companies.

The article examined only two of the six dimensions of Hofstede which are Power Distance and Individualism.

It was research conducted to examine the relationship between two different dimensions in the human resources department in multinational companies. Application areas for having interviews with 15 people from three different multinational companies and 104 participants answering the survey in the structure of human resources departments operating in Turkey were selected. The research was created especially about the significance of the lack of theoretical research on culture and cultural practices in Turkey to see to what extent can reflect. According to the test result, it was found that a positive and significant relationship between power distance and individualism\collectivism dimensions in the HR department.

Keywords*:* human resources; HRM; cultural dimensions; geert hofstede

JEL Code: *F23, M1, O15*

1. Introduction

With the globalization process, as a result of the economic crises of the 1970s, international companies have now had to make their national production lines international. The internationalization of the dollar due to the oil crises in the seventies played an important role in this. Today, it is much easier to observe the globalization of business. (Güney, 2005)

Human Resources Management is a discipline that is oriented towards meeting the needs of employees in general and that is based on human beings, makes them more effective, more efficient, and useful, on the other hand, they have job satisfaction and make arrangements to be happy (Ozkeser, 2019). Starting from recruitment, adaptation training, wage adjustment, legal bond with the enterprise, efficiency, performance appraisal, meeting the individual and social needs, and finally leaving the work, all processes are carried out within the framework of HRM practices.

Human Resources Management is one of the most important business functions required for an organization to make production, to provide services, to survive with profit, and to fulfill its corporate social responsibility in return. Without human resources and proper management, other resources cannot be properly managed. (Bayat, 2008)

Culture: it is learned according to the conditions of civilization, social lifestyle. Civilization is material development and is the consciousness of material development; culture is learning, and culture is achieved by learning. At the same time, when we say a class phenomenon for culture, the contribution and the importance of national elements such as traditions and traditions should not be forgotten. (Ergun, 2004)

It is not possible to mention the importance of culture for international companies. We can explain this as follows; Since cultural differences demonstrate the effect of teamwork in multinational companies, such warnings are frequently heard. Managers should always consider their culture when developing and implementing strategy and human resources practices for different cultures. The experience we have gained from the studies we have conducted with the managers in these cases has repeatedly shown that almost no situation is not observed. The main question to be asked in organizational science is not whether culture has an impact on organizations, but how and in what direction this effect is. (Göka, 2014)

This article will be examined four different topics. Those are the Concept of Globalization, Multinational Business Concept, Concepts and Definitions of Human Resources Management, Definition of Culture, and Hofstede's cultural dimensions.

2. Literature Review

As studies are analyzing the fact of cultural dimensions on the HR department in multinational companies, we need to know the relationship between globalization, human resource management, and the concept of cultural topics.

Concept of Globalization

Globalization is one of the most discussed concepts in the process of transition to an information society. It is possible to say that almost every country is affected positively or negatively by globalization. Globalization is also a difficult process to define because it is a process. This situation shows that the concept can gain different meanings over time and can be interpreted in different ways. (Gerşil ve Araci 2015)

Although the origins of the globalization process are based on the old ones, it is one of the most discussed concepts since the end of the 20th century because of the direct effects on the social, political, cultural, and economic life and the reinterpretation of the political systems. When we examine the literature on globalization, there is still no clear definition of globalization. It should be remembered that Giddens defines globalization as a process in which contradictory or opposing factors come into play by stating that globalization is not a single process. Giddens de Globalization is a reality and makes the results feel everywhere. Globalization refers not only to things that are far from the individual but also to the intimate, personal aspects of the lives of all people in the world (Kuşdil & Giddens, 1994)

Multinational Business Concept

Multinational enterprises are a concept of intense debate. The multinational enterprise is confused not only with international business but also with global business, transnational business, and transnational business concepts. (Ülgen 2005) To prevent such confusion, it is useful to explain these concepts.

International Company: They are established in a single country but have a permanent and meaningful relationship with foreign countries, in other words, to sell goods to other countries or to buy material from them. Relations with the international arena are more

intense than local enterprises but less frequent than multinational enterprises and global enterprises. (Yüksel ve Erkutlu, 2002)

Global Company: It continues its activities worldwide, using high technology, global product, price, etc. businesses that conduct policies, managed by world citizen managers are defined as global businesses. It is seen that global enterprises are expanding their activities by crossing geographical, social, or physical boundaries more easily without being dependent on any region. Employees of global enterprises often come from different ethnic, religious, and national backgrounds. Marketing activities and purchasing processes are carried out in the most appropriate places for the enterprises. (Akgül, 2008)

Supranational Company: Although not currently available, the term supranational company; It is used for companies that do not belong to any country, are established by an international agreement, are registered and controlled by an international organization, and continue to exist by paying tax to this organization and, when necessary, legally abolish their ownership. (Kutal & Büyükuslu, 1996)

Transnational Company: It is defined as a truly free capital that has an internationalized management, is the most secure in the world, or at least potentially hoping to move or relocate to places where there is the highest profit. (Gürün, 2001)

Multinational Company: Multinational enterprises; While the headquarters are in a certain country, the branches coordinated by them in one or more countries are the major companies that carry out their activities by a company policy determined by the headquarters and the brokers. (Ronen, 1986)

Human Resources Management: Concepts and Definitions

The term human resources refer to the goal of reaching the goals of contemporary organizations. They are one of the sources they must use. This term refers to the top-level executive from an enterprise to the bottom level employee It covers. It is also associated with the potential workforce outside the enterprise as well as the workforce within the enterprise (Vardarlıer, 2016). Nowadays, no matter how solid a material resource is, it is not possible to survive if there is no successful human resource. It is impossible to achieve productivity with unhappy occupations and to maintain a quality business life. (Eroğlu, 2014)

If an enterprise cannot manage its human resources correctly, it is highly likely that it will face several problems. Employee performance, employee satisfaction, and employee health are

the concepts used as a criterion in their efforts to increase efficiency and quality of work life. If there is an increase in indicators such as absenteeism, workforce transfers, occupational accidents, occupational diseases, customer complaints, individual and collective labor disputes in the workplace, it can be said that the workplace does not work well in terms of human resources. (Adal, 2001)

If we need to give a few more definitions about HRM;

- All management decisions and actions that affect the relations between the organization and employees. (Armstrong, 1992)

- It is the process of managing an organization to meet human resources or business, organization goals. The human resources profession deals with areas such as recruitment and selection, performance evaluation, remuneration and profitability, occupational development, security and health, future, and business relationships. (Mercin, 2005)

- It is a new chain of worker-manager relations that represents employment relations in a wide range and contributes to the development of individual business relations, trying to achieve organizational integration. (Keçecioğlu, 2009)

Definition of Culture

Culture; is the way of life of a society. The different ways of life of each society differentiate cultures. Culture: knowledge, faith, art and morality, traditions, and customs, as a member of a community to which it belongs because of the habits and all the skills acquired, is a complex whole. (Savcı 2014)

While culture is defined, it is important to talk about Hofstede's Study

Geert Hofstede's Study on the Subject of Culture

-Cultural Dimensions of Hofstede

According to the Dutch researcher Geert Hofstede (1980), culture is the common mental programming in the environment in which people live. Culture is not unique to individuals, it is a feature that surrounds individuals with the same education and life experience, not hereditary, derives from the social environment of one's genes (Randall, 1993). Culture is very difficult to change and is very slow. Hofstede has wondered whether differences are arising from national cultures and has carried out a worldwide survey for this purpose(Ferreira et al., 2014). Hofstede handled IBM (International Business Machines), one of the world's largest multinational organizations, based in New York, from 1967 to 1973. To measure and evaluate the culture and

the national cultures of the members of this organization, which has branches in more than 50 countries, the questionnaire questions have been translated into 20 different languages and applied to approximately 116,000 people from 70 different countries working under IBM. (Hofstede, 2001)

Hofstede has found that six dimensions help explain how and why people from various cultures are affected. These are Power Distance, Individualism, Masculinity, Uncertainty Avoidance, Long Term Orientation, and Indulgence.

***Power Distance**

The power range, which is one of the dimensions that Hofstede uses to define national culture, points to the degree to which the hierarchy in social inequality and social relations is accepted within the society and the institution (Mazanec et al., 2015). Societies trying to minimize the differences caused by power, the culture where Low Power Distance is concerned; The societies where power is adopted and institutionalized reflect the High-Power Distance culture. Inequality has different consequences in different cultures and is more evident in areas such as prosperity, reputation, power. (Yeşil, 2007)

The power range indicates the degree of acceptance of the unequal distribution of power of members (employees) with little power in organizations. If the power range is large, the subordinates easily accept status differences, and the superiors and subordinates consider the gradual loss of relations as a status loss. However, in the cultures where the power range is small, subordinates often carry out their jobs bypassing the upper levels to overcome the jobs.

Power Distance is related to the unequal distribution of power in individuals and organizations of society. The distance that power leads to among the members of society takes place in the extent of the values and norms of that society, and the differences in the level of power adopted by the society are internalized and institutionalized over time. In different countries, being at a certain age, coming from certain families, or studying in certain educational institutions; it is known that it brings privilege to individuals regardless of effort, skills, technical education, and experience. In such societies, hierarchically powerful individuals do not have to find the true things to be right, because their right is due to their power. In some societies and cultures, people with little power have accepted an unequal distribution of power.

When the Power Distance dimension is examined in terms of the countries discussed in the research conducted by Hofstede in the 1970s, countries such as Austria, Israel, Denmark,

England, Germany, and the USA are in the low Power Distance countries; Philippines, Mexico, India, Brazil, Hong Kong, France, while countries like Turkey, is located in the High-Power Range group of countries. (Hofstede, 2001)

***Individualism**

Hofstede measured this cultural difference as bipolar. Individualism at one end and collectivism at the other end. Individualism Common behaviorism is the most important dimension of cultural differentiation, explaining the relationship between society and the individual. This dimension is mainly concerned with how the individual defines himself. In individualist societies, people define themselves as independent units. In cultures that attach importance to communities, individuals define themselves as part of their families or other important communities. Accordingly, they keep the interests of the community ahead of their interests and try to respond to the expectations of others. In individualist societies, individuals prioritize their wishes on important matters and give importance to individual success.

In grouping cultures, because the priority is to maintain the integrity and harmony of the group, one is expected to sacrifice his or her goals for the group. In individualist cultures, groups are maintained only as long as the purposes are common; when the goals begin to become incompatible, people seek out other settings, groups, where they can achieve their goals.

As a result of Hofstede's research, we can say that Turkey's a collectivist nation. In other words, individuality is low, and collectivism is high. National interests, the interests of his family precede his individuality. Group success is more satisfactory than individual success. Therefore, it can be seen as a suitable nation for teamwork. (Hofstede, 2001)

Table: 1

Source: https://www.hofstede-insights.com/country-comparison/turkey/

3. Method and Data Set

The method of this study, the qualitative and quantitative research methods were adopted Data were compiled by face-to-face interviews based on a 6-item question prepared in advance for the qualitative research. In total, it was interviewed with 15 people working in the HR department. For the quantitative analysis, the survey was responded by 104 people working in the HR department and the data were analyzed by using the SPSS program.

Data Collection of this study, the opinions of the human resources department of the companies whose name is branded have been examined by the interview technique about the fact of the cultural dimensions of Hofstede on the human resources department. For this purpose, three companies were identified. Some of the interviews were recorded by the device and the other part was recorded with a note. Interviews vary from ten minutes to half an hour depending on the availability of human resources specialists. The participants wanted to keep the company names and their names hidden. All the interviews and took place in the city of Hatay in Turkey.

Data Analysis, In the interview with the participants of this study, a semi-structured interview form consisting of six questions was used by the researcher. The opinions of the people working in the human resources department were transmitted based on confidentiality and coded without giving their names. The coding was determined as the interviewee and the number was given as 1st Interviewee, 2nd Interviewee, 3rd Interviewee, 4th Interviewee, and so on.

According to the descriptive analysis, the data obtained are summarized and interpreted according to the previously determined themes. Direct citations are frequently taken to reflect the views of the interviewed individuals. The purpose of this kind of analysis is to present the findings to the reader in an edited and interpreted manner. The data obtained for this purpose are first described systematically and clearly. Then, these descriptions are explained and interpreted, cause-effect relationships are examined, and some results are reached.

For the survey analysis, first of all, a frequency table was created. Secondly, the descriptive statistic was given, and last but not least, the correlation was calculated for power distance and individualism\collectivism in SPSS.

4. The Purpose of Research and Hypothesis

The purpose of this study is to understand the fact of cultural dimensions on HR in multinational companies, where they are located in Turkey, to see if there is a correlation result between power distance

and individualism\collectivism dimensions for an only HR department, rather than including the whole departments of companies.

H_0: There is a positive relationship between power distance and individualism\collectivism

H_1: There is not a positive relationship between power distance and individualism\collectivism

5. Result

In this part, the result of the research, which is qualitative and quantitative research, is showed below.

5.1 Interview Answer

***POWER DISTANCE**

1)Do you think there is a hierarchical structure in the company structure?

2)Can you appeal against your manager/boss?

3)What is the attitude of your superiors towards every working person? Is it equal?

According to interviewees' answers for the first question show us that most employees believe a hierarchical structure in the company. Some of them said that they have that hierarchical structure because their company is an institutional company which means that type of company effects having a hierarchical structure. **3rd Interviewee** said that Regarding the institutional structure, the hierarchical structure is inevitable. So, we have this structure in our company. **11th Interviewee** said that We have this structure because we are an institutional company. Even though we have a hierarchical structure, both managers and employees happily work within this framework. **7th Interviewee** said that Some of them think that a hierarchical structure brings success to the company. The hierarchical structure exists in our company and I support that structure. Thanks to the hierarchical structure, we have achieved many successes in our company.

According to the second question's answers that show us, most of the employees are instead of being against their manager/boss, they usually prefer to share their thoughts according to issues or situations. **7th Interviewee** said that Some of them think sharing their thoughts/ideas make the company better. I can share my thoughts as an exchange of ideas. I think this is important for companies to the developers themselves in the competition. Some of them think sharing is good but if the idea or thought is right. **2nd Interviewee** said that I can express my thoughts that I think is right. I prefer to share every thought of mine If they are correct and useful. Mostly managers care about the value of ideas. They think that because It makes it more

effective when they are making decisions. **11th Interviewee** said that Everyone can express their ideas freely. It does not matter whose idea; it matters about the value of ideas.

According to the answers to the third question, I can say that most of the employees do not think they are being treated equally in the company. Generally, they think that is impossible to be equal to everybody. **5th Interviewee** said that Not everyone is treated equally, and I do not think that is possible. Most of them think that there is no equality because of their positions. That brings a hierarchical structure again. **3rd Interviewee** said that I cannot say everyone is treated equally. It depends on the dynamics of the departments**. 7th Interviewee** said that the concept of equality varies according to the section and position. **15th Interviewee** said that They are treated differently according to the competence of the personnel.

The summarize of interviewees' answers to those three questions: according to the answers of people, who work in the HR department, are more likely to have a high level of Power Distance. That means employees need hierarchy in the company. Because of this structure, they must follow their bosses, managers, and supervisors in the company. And employees must do whatever their bosses want to do. Also, employees expect pressure and power from their bosses to do something.

***INDIVIDUALISM**

1)How do you solve the problem when you encounter any problems? Do you try to get help from your co-workers?

2)In general, do you think that your employees/colleagues reflect their relations with a family to business life?

3)Do you go beyond your job description when It is necessary?

According to answers to the first question for the individualism dimension, most of the employees would prefer to work and solve a problem as a team. Even some of them start to solve a problem individually, they usually make a solution to the problem with a team. **1st Interviewee** said that Even if I start the solution of the problem individually, it is necessary to discuss the result of the problem with the managers/supervisors due to the hierarchical structure. This shows that we act as a team. **6th Interviewee** said that I begin to solve the problem on my own and then involve my co-workers in that way they learn what to do when they encounter the

same problem. Because of this, teamwork is important. **15th Interviewee** said that Although I solve the problem sometimes by myself, I usually prefer to work with the team. Some of them care about their co-worker's ideas when a person faces a problem. **14th Interviewee** said that Since we exchange ideas on every subject, I also give importance to the thinking of my teammates when solving problems**. 7th Interviewee** said that Since sharing information is important when I encounter a problem, I give importance to the thoughts of my friends for the solution of the problem.

According to answers to my interviews for the second question show us that most of the employees do not prefer to reflect their family problem to business life. That means people are most likely being individual for that question. **14th Interviewee** said that Within the framework of my experiences, I do not reflect my work life to my family life, and I do not reflect my family life to business life. Some of them said that being professional does not accept that kind of problems to reflect into the business life. **11th Interviewee** said that We always stand to be professional, because of that, we keep family problems in the background of our business life.

According to answers to the third question, it shows us that employees usually prefer to help their co-workers, even though It is not part of their jobs. Some of them said that If their co-workers need his/her help, She/he can consider that to help them**. 4th Interviewee** said that I can help them when my friends need my support in their job positions. **9th Interviewee** said that Even though everyone has a job description and responsibilities. But I help colleagues when they need it. Some of them see that as an improvement and can be happy with that. **2nd Interviewee** said that I am going out of my job definition when It is necessary. I see this as an opportunity to improve myself. Those answers show us, employees, usually work as a collective in the company. And they care about other people. That means prefer to be collective instead of being individual.

The summarize of interviewees' answers for those three questions: according to the answers of people, who work in the HR department, are more likely to have a collectivist structure. This means they care about each other in the group and they usually avoid open conflicts. The relationships/communication are/is more important than work in the group for employees.

5.2 Survey and SPSS Result

Frequency Tables

Table: 2 Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	48	46,2	46,2	46,2
	Male	53	51,0	51,0	97,1
	Prefer not to say	3	2,9	2,9	100,0
	Total	104	100,0	100,0	

Source: Based on Survey

According to the table, the percentage of people's age, who participated in the survey, is %46,2 female, %51,0 male and %2,9 prefer not to say.

Table: 3 Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-21	1	1,0	1,0	1,0
	22-25	21	20,2	20,2	21,2
	26-29	33	31,7	31,7	52,9
	30-33	34	32,7	32,7	85,6
	38-41	7	6,7	6,7	92,3
	Over 42	8	7,7	7,7	100,0
	Total	104	100,0	100,0	

Source: Based on Survey

According to the table, the percentage of people's age, who participated the survey, is % 1 18-21, %20,2 22-25 and %31,7 26-29. % 32,7 30-33, %6,7 38-41 and %7,7 Over 42.

Table: 4 Position

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Personnel and Industrial Relations Specialist	17	16,3	16,3	16,3
	Recruitment Specialist	13	12,5	12,5	28,8
	Human Resources Manager	30	28,8	28,8	57,7
	Payroll	4	3,8	3,8	61,5
	Director of Human Resources	9	8,7	8,7	70,2
	General Director of Human Resources	2	1,9	1,9	72,1
	Intern	12	11,5	11,5	83,7
	Others	17	16,3	16,3	100,0

Total	104	100,0	100,0	

Source: Based on Survey

According to the table, we can say that the Human Resources Manager position has the biggest number which is 28.8% among other positions.

Descriptives

1) Power Distance Questions

Table: 5 Descriptive Statistics

	N	Mean	Std. Deviation
How strong is a hierarchical structure in your workplace?	104	3,8269	,99944
How strong can you appeal against your supervisor/manager/boss when you have thoughts to share?	104	3,7115	,91028
How strong is the equal attitude of your supervisor\boss\manager towards every working person?	104	3,6154	1,01740
Valid N (listwise)	104		

Source: Based on Survey

As seen in the table for Power Distance questions, 'How strong is a hierarchical structure in your workplace?' question has the highest mean which is 3,8269. That means people, who answered the questions, mostly agreed on that, they have a hierarchical structure in their company. As I coded the points, that can be equal to in between Neutral and Strong but closer to the strong side.

When it was checked Std. Deviation, ‘How strong is the equal attitude of your supervisor\boss\manager towards every working person?’ question has the highest number which is 1,01740. This question’s mean has the lowest number which is 3,6154. That can be equal to in between Neutral and Strong but closer to the strong side.

2) Indivualism Questions

Table: 6 Descriptive Statistics

	N	Mean	Std. Deviation
How strongly do you try to get help from your co-workers when you face issues?	104	3,9519	,99883
How strongly do you think that your colleagues reflect their relations with a family to business life?	104	3,1827	1,14709

How strong are you willing to go beyond your job description when It is necessary?	104	3,7212	1,26535
Valid N (listwise)	104		

Source: Based on Survey

According to the table for Individualism questions, 'How strongly do you try to get help from your co-workers when you face issues?' question has the highest mean which is 3,9519. That means people, who answered the questions, mostly agreed on that they are collectivist people who would like to help each other. As I coded the points, that can be equal to the strong side.

When we check Std. Deviation, 'How strong are you willing to go beyond your job description when It is necessary?' question has the highest number which is 1,26535. This question's mean has the middle number which is 3,7212. That can be equal to in between Neutral and Strong.

Power Distance vs Individualism\Collectivism Correlation

Table: 7 Correlations

		power_distance_avarage	collectivism_avarage
power_distance_avarage	Pearson Correlation	1	,195*
	Sig. (2-tailed)		,047
	N	104	104
collectivism_avarage	Pearson Correlation	,195*	1
	Sig. (2-tailed)	,047	
	N	104	104

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

Source: Based on Survey

According to the result of the analysis, it was concluded that there is a positive correlation between power distance and Induvalism\collectivism. Result also showed that the Correlation is significant at the 0.05 level.

6.Conclusion

Although the basic elements and characteristics of the company culture do not mean the same thing for each company, their reflections on their perceptions, thoughts, behaviors, and ways of doing business differently. Company culture is a must for an organization; employees are guided to common goals by providing unity and solidarity. This provides commitment and motivation to cultural workers.

The management of intercultural differences in a multinational company is an important human resource phenomenon. Because the case has two faces. If intercultural contacts are not managed well, it is a source of conflict in the workplace, and if it is managed well, it is a competitive advantage in terms of creativity, innovation, and providing the necessary information to reach different target groups. If businesses in the globalized world cannot avoid the diversification of the workforce and thus the differentiation, it will be a logical approach to seek ways of managing it.

Based on the result, the hypothesis, which is H_0: There is a positive relationship between power distance and individualism\collectivism, is supported.

The obtained result showed the high-power distance in the human resources department creates the hierarchy structure in the HR department. The existence of hierarchy makes people, who work in the HR department, expect to get orders or directions from their superior co-workers. Getting those directions from superior co-workers makes the team engage with each other. Engagement brings good communication to the team and that will help to work more effectively inside of the team. A good engagement has increased a collectivist structure in the team. Furthermore, people, who work in the HR team, would prefer collectivism than individualism. To sum up, the improvement of power distance will affect collectivism positively.

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SELF-ESTEEM IN ONLINE DATING

Brenda-Cristiana BERNAD, Mona VINTILA, Otilia TUDOREL

Brenda-Cristiana BERNAD, West University of Timisoara,
Faculty of Sociology and Psychology, Romania
brenda.bernad98@e-uvt.ro

Mona VINTILA, PhD., West University of Timisoara,
Faculty of Sociology and Psychology, Romania
mona.vintila@e-uvt.ro

Otilia TUDOREL, West University of Timisoara,
Faculty of Sociology and Psychology, Romania
otilia.tudorel@e-uvt.ro

Abstract

The current study identifies the possible implications of using online dating platforms in terms of self-esteem and exposure to the online environment. It also wants to capture possible differences between people who use this type of platform and those who do not. The participants in the study were 584, aged between 18 and 30 years. As tools, the Rosenberg Self-Esteem Scale, Real Me Scale and Online Dating Inventory were used. All of these tools have been introduced into Google Forms and distributed online. Following the study, we identified that there are differences between those who use online dating platforms and those who do not, when it comes to the level of self-esteem and the degree of self-expression in the online environment. Moreover, a link was found between the level of self-esteem and the degree of revelation of the "true self" in the virtual environment.

Keywords: online dating, self-esteem

Introduction

Since the advances of technology and of the Internet, many aspects of our daily lives have changed. Technology has become a part of our daily lives. The Internet and mobile phones offer support in professional and professional activities, facilitating communication (Tudorel & Vintila, 2020; Tudorel et al., 2019; Vintilă et al., 2018). However, in order for the Internet not to be overused, it is important to have a good social and personal communication, to have both

online and offline social support (Tudorel & Vintilă, 2018). This has also happened in the case of interpersonal relationships, especially around the idea of a love affair and how relationships are formed. Even in the last 15-20 years, online dating platforms have significantly changed the meeting environment (Finkel, 2012). We must accept these changes and recognize that the Internet is now so widely used that the online population is becoming more and more like the offline population (Gavrila-Ardelean & Gavrila-Ardelean, 2018). As a result, patterns that appear in the offline world are increasingly appeared in online life (Valkenburg & Peter, 2007).

According to a website, 6% of the adult population in the United States said in April 2020 that they currently use online dating services, and 21% said they used it at some point (Statista.com, 2020). Simultaneously, an article from the Pew Research Center (pewresearch.org, 2020) showed that in 2019, 30% of the American population used online dating platforms, of which 23% went out to meet people they previously met through these platforms and 12% had serious romantic relationships or married people they met through this environment. Valkenburg and Peter (2007) conducted a study on 367 adults in Germany, and 43% of participants reported accessing a dating site to get a date or find a romantic partner. As it can be seen, a considerable number of Internet users also appear in the area of online dating platforms.

The results of several studies reported a frequency of using online dating services. At the same time, during the last years, the psychological characteristics that could be involved in this behaviour were researched. Many of these studies have been based on identifying personality traits present in those using online dating applications (Clements, Atkin & Krishnam, 2015; Pernokis, 2018; Gavrila-Ardelean, 2008; Timmermans & de Caluwe, 2017; Orosz et al. 2018, Correa et al., 2010). There are also studies based on the identification of other psychological characteristics involved in this phenomenon, such as: self-esteem (Kim et al., 2009; Artez et al., 2010; Bryant & Sheldon, 2017, Valkenburg et al., 2006, Blackhart et al., 2014), well-being (Gavrilă-Ardelean, 2017; Valkenburg & Peter, 2007; Pernokis, 2018; Valkenburg et al., 2006), self-presentation Ranzini & Lutz, 2016; Rosanna et al., 2012, Ellison, 2006). Also, there is an interest in identifying the reasons why these platforms are used (Orosz et al., 2018; Davis, 2015; Timmermans & de Caluwe, 2017, Sumter at al. 2017; Bryant & Sheldon, 2017).

Considering the ones listed above, we can say that there is an interest in this topic and a curiosity for the motivations and psychological aspects that underlie the use of online dating services. We believe that investigating these issues is necessary, since the number of users is

growing and the part of romantic relationships is for many people one of the most important things in their lives.

Another important aspect regarding the realization of this paper is the lack of specialized literature of articles and studies conducted among the population of Romania on this subject.

When it comes to online dating platforms, they can be divided into two categories: online dating sites (accessed from a web browser) and mobile dating applications (accessed over the phone or tablet). The latter is often location-based, easier to use and is associated with “hooking up” (Bryant & Sheldon, 2017 apud. Stewart, 2015). The use of specialised terms is still quite problematic, as different specialists use different terms to speak about online dating and what exactly they understand by using these terms. Informal language used by persons using online dating is variate, so that professionals should agree about a common language, common terms to be used in the formal professional language (Goian, 2004, 2010, 2012).

Online dating platforms offer three categories of services: access, communication and matching. Access refers to the exposure of users to potential romantic partners, but also to the opportunity to evaluate them (Finke et al, 2012). User exposure is done through a profile that everyone creates. Creating profiles is done depending on the site or application. Many of these platforms have thousands or billions of users, so online dating platforms offer access to a greater number of potential partners than in real life.

Communication refers to the user's ability to use different forms of computer-mediated communication (CMC) to interact with potential partners before meeting them traditionally (Finke et al, 2012).

Matching refers to a mathematical algorithm that identifies potential partners for each user. These “matches” are presented to the user as potential partners with whom there are high chances of positive romantic results (Finkel et al, 2012).

In this paper, we will define online dating as Bloom (2016) which states that they represent "the use of any site or mobile application where a person can create a profile and connect with other users as potential romantic partners for the purpose of sexual dating or the formation of romantic relationships”.

Self-esteem is defined by Rosenberg, (1965) as "the positive or negative attitudes that a person has about himself.". In a study by Kim, Kwon and Lee (2009), they evaluated three characteristics of users of online dating platforms, namely: self-esteem, involvement in romantic

relationships and sociability. The results show that people who consider romantic relationships less important and have low self-esteem are more willing to use online dating services than people with high self-esteem. In terms of sociability, the results showed that people with high sociability and self-esteem used these services more than those with low self-esteem, but the latter considered romantic relationships to be important (Kim, Kwon & Lee, 2009). Another study by Artez and colleagues (2010) to determine the psychological characteristics that predict the use of online dating services shows that people with low self-esteem are more to use online dating platforms than those with higher self-esteem.

Mehdizadeh (2010) in his study on how self-esteem and neuroticism manifest in the use of Facebook presents results that claim that people with low self-esteem are more active in using online social networks. Similar results have been obtained by other researchers (Blackhart et al., 2014 apud. Forest & Wood, 2012), who concluded that people with lower self-esteem are more to perceive the online environment as a place safer to express himself. One interpretation that Blackhart and the team (2014) stated in these two studies is that in addition to using social networks, people with lower self-esteem may be even more likely to use online dating platforms, "because people with lower self-esteem may see online dating platforms as a safer place to look for and try attracting a potential romantic partner. "

Based on previous studies, this research examines the links that may exist between the use of online dating platforms and self-esteem. In addition, another aim of this paper is to investigate the possible differences between those who use these types of platforms and those who do not, when it comes to the level of self-esteem. Therefore, the hypotheses underlying this study are:

H1: There is a correlation between self-esteem and the use of online dating platforms.

H2: There are differences between those who use online dating platforms and those who do not when it comes to self-esteem.

Methodology

Design

To test the hypotheses of this research, we chose a cross-sectional design. Thus, we collected data from a sample from the reference population, only once.

Participants

The sample of this study consisted of 591 participants, of which 540 women (91.37%) and 51 men (8.63%). The participants were people aged between 18 and 30 years (M = 21.67), the age range being a main eligibility criterion. The reason why we chose this age range is the fact that during this period of late adolescence and the first part of the young adult stage there is a curiosity to use these platforms and to find a partner. For instance the study by Pew Research Center (2020) comprised 48% of participants aged between 18 and 29 who used online dating platforms, the highest percentage of users falling into this age range.

Of the total number of participants, 340 (57.53%) used dating sites or applications and 251 (42.47%) did not. Of those who used these platforms, 76 people (21.71%) met their partner through dating sites or applications.

Regarding marital status: 189 (31.98%) were single, so they were not engaged in a serious relationship. We also had the option of "alone (meeting someone)" from the percentage of single people 21.69% (41) picked this answer.

Regarding sexual orientation: 89.51% (529) declared themselves heterosexual, 1.18% (7) homosexual, 9.14% (54) bisexual, and one participant declared pansexual.

It is important to note that although this study investigates the psychological factors involved in online dating platforms (site or mobile applications), most respondents to this study reported the use of mobile dating applications and few uses of websites.

Research instruments

To measure self-esteem, we used the Rosenberg Scale of Self-Esteem (RSS) (M. Rosenberg, 1965) with a high internal consistency in our group of participants (α = .89). This questionnaire contains 10 items that are answered on a Likert scale from 1 to 4 (1 = strong disagreement, 4 = strong agreement). Items 2,5,6,8 and 9 need to be recoded. The final score consists of the sum of all items and can vary between 10, which indicates a low level of self-esteem, and 40, which indicates a high level of self-esteem.

To measure the use of online dating sites and online dating behaviours, we used Online Dating Inventory (ODI) (G.C. Blackhart et al., 2014). The questionnaire consists of 10 questions of which only the first 9 use in the final score. The questions have different ways of answering: there are 4 items (item 1,2,3 and 8) with a dichotomous answer (No = 0, Yes = 1), and the rest of the questions are with multiple answers which are quoted according to the answer with a value

between 0 and 2. For questions 5 (Which (if any) of the following online dating sites or dating applications have you used?) is marked with a point each application/site used, and if does not use such applications/sites is marked with 0. Given these, the maximum score can be from 23 plus how many applications/sites he uses, and the minimum score is 0, indicating that the respondent does not use and does not present behaviours related to this phenomenon. The internal consistency in this scale is high ($\alpha = .89$).

Question 10 ("What is your reason for using an online dating site/application as a means of finding a romantic partner (select all that suit you)?") From the Online Dating Inventory, is a question with multiple answers, but which can be answered freely and consists in identifying the reason or reasons for which these platforms are used. This question is not scored in the final score but is for informational purposes only.

In the demographic data collection section, participants were asked to provide data on gender, age, educational level, marital status, sexual and religious orientation, to what extent they attend church, and how often they use the Internet.We also introduced a question that determined how many participants met their partner through dating sites or applications? (If you are in a relationship/married, have you met your partner through dating sites or applications?).

Research procedure

The tools were put together in Google Forms, and each participant completed the form online. The forms were distributed online and were open for a month, and the only eligibility criteria were the age, which had to be between 18 and 30 years. The completion of the questionnaire took approximately 15 min.

Out of the total number of responses (603) we used 591 because some respondents did not meet the eligibility criteria.

Results

For the statistical analysis of the database related to this study, we used the program SPSS Statistics V25.0.

Preliminary descriptive analysis

Six hundred three participants completed the study tasks. Of the total number of participants, 12 did not fall into the age range (18–30 years) and were eliminated from the statistical analysis. In addition, following the descriptive analysis, we identified 7 extreme values

that were excluded from the analysis. Thus, we reached the number of 584 participants based on which we performed statistical analysis.

H1: There is a correlation between self-esteem and the use of online dating platforms.

We performed the Pearson correlation to test whether there is a correlation between self-esteem and the use of online dating platforms. In making the correlation we used the scores from the RSS scale and all the scores from ODI. A statistically insignificant negative relationship was identified (r (582) = -. 05, p = .17, p> .05).

Based on this analysis, the hypothesis is not supported, but we made an additional analysis to see if there could still be a relationship between the two concepts when it comes to only those who already use these platforms. Because what interests us is to identify a relationship between the level of self-esteem and the use of online dating platforms, we will perform the same statistical analysis, but only on the group of users of this type of platform.

Thus, we performed the Pearson correlation to test whether there is a correlation between self-esteem and the use of online dating platforms taking into account only participants who reported using such platforms. In performing the statistical analysis, we used the RSS and ODI scores of the platform users. Following the analysis, it was identified that the stated hypothesis is not supported.

Table 1: *Descriptive statistics and correlation*

Variable	*N*	*M*	*SD*	1	2	3
1.ODI	584	.49	.019			
2.RSS	584	3	.026	-	-.25**	

Note: p<.001 **; ODI=Online Dating Inventory; RSS=Rosenberg Scale of Self-Esteem

H2: There are differences between those who use online dating platforms and those who do not when it comes to self-esteem.

By testing the assumptions, we noticed an extreme score on the group of those who do not use online dating platforms, which are why we eliminated the score of a participant from this analysis.

We applied the t-test for independent samples to determine if there is a difference between those who use online dating platforms and those who do not when it comes to self-esteem. The non-using group (N = 248, M = 3.09, SD = .60) showed a higher level of self-

esteem than the using group (N = 335, M = 2.94, SD = .65). Following the analysis, Levene's test came out significantly (p = .047), so the homogeneity criterion is not met and we cannot use the t tests for independent samples. Given this, we will use the Welch's U test. According to Skovlund, E., & Fenstad (2001), if neither the variance nor the size of the groups is equal, the most appropriate method is the Welch's U test. The results of this test can be found in the "Equal variances not assumed" line of the t-test analysis for independent samples. Considering the above information, the differences between these groups are statistically significant t (553.44) = 2.75, p = .06, with a huge effect size (Cohen d = 1.17).

Tabel 3. *Descriptive and comparative statistics between the group using online meeting platforms and the group not using*

	Group 1		Group 2			
	M	*SD*	*M*	*SD*	t(533.44)	d of Cohen
RSS	3.09	.60	2.94	.65	2.75	1.17

Note: Group 1 = those who do not use online dating platforms; Group 2 = those who use online dating platforms; RSS = Rosenberg Scale of Self-Esteem

Discussions

Interpretation of results and relationship with other studies

The main objective of the study was to test possible factors involved in the use of online dating platforms. According to the results presented in the previous paragraph, the first hypothesis of the study (hypothesis H1) was not supported. Therefore, no link was identified between the level of self-esteem and the use of online dating platforms.

This result is in contradiction with the specialized studies presented previously. The results may be different due to different samples of participants. In this paper, all participants were aged between 18 and 30 years (M = 21.67), but in the paper of Kim et al. (2009), the age of the participants was between 19 and 89 years (M = 48), and their sample was much larger (N = 3345). The same difference related to the age of the participants is found in the comparison of this study with the study by Artez et al. (2010), reporting an age range of 17 to 69 years (M = 32.13). Another aspect that could be related to this contradiction in the results could be the different cultural environment. The research conducted by Kim and colleagues in 2009 is on the American population, and the work of Artez et al. (2010) is performed on a sample from Germany. The study by Bleidorn et al. (2016) on the influence of age and gender on self-esteem,

was conducted in 48 countries (including Romania, Germany and the United States) to see intercultural differences. Their results show that men (regardless of the country they belong to) have a higher level of self-esteem compared to women. Moreover, it has been identified that with age, the level of self-esteem increases and there are significant differences between the level of self-esteem of people under 45 years compared with those over 45 years. Regarding the level of self-esteem for the three countries involved in the discussion, Bleidorn and colleagues (2016) identified similar values: the United States and Romania have close averages of self-esteem, and Germany has a lower level but insignificant. Therefore, due to the particularities of the participants in each study related to age, gender and culture, this difference is observed between our results and the previous ones.

Hypothesis number 2 (H2) is supported and shows differences between the two groups in terms of self-esteem. In other words, it has been identified that people who use online dating platforms have a lower level of self-esteem than those who do not. In the study by Artez and his collaborators (2010) it was identified that there were no significant differences between users of online dating platforms and non-users when it comes to the level of self-esteem. The reasons for a contradiction in these results are the different characteristics of the samples (number of participants, age range, sex distribution and culture). These aspects were explained in the presentation of the results from the second hypothesis.

Limits and future directions

An aspect of the study limitation is related to the large number of female participants. Because our sample included only 8.63% men, the results cannot be generalized. Thus, we cannot say that these results are representative of the Romanian population.

Another area of research would include identifying differences between women and men when it comes to psychological issues in using online dating services, such as self-esteem, self-disclosure, motivation to use, loneliness, and the importance of love relationships.

Conclusion

As we said at the beginning of the paper due to the fast rythm in which technology occupies a large part of the fields in which we operate, both professionally and personally, an aspect that can be noticed in the growing number of people who use online dating platforms. These platforms impact the way people form relationships and on the meeting environment (Finkel, 2012). Therefore, this study identified the relationships that may exist between the use

of online dating platforms and the concepts of self-esteem. Also, a second objective was to capture the possible differences between those who use these types of platforms and those who do not when it comes to self-esteem.

Despite the existing limitations, we can also notice the existence of some contributions of this study to the extension of the scientific resources related to this topic. This paper brings new information about users of online dating platforms in Romania. In other words, evidence has been provided that users of online dating services have lower self-esteem compared to those who do not use these services. The results highlight the characteristics of users of online dating platforms and help us identify the factors that may determine the use of these services in the future.

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ADOLESCENT SUBSTANCE USE, MISUSE, AND ABUSE

Remus RUNCAN

Remus RUNCAN,
Postdoc Researcher,
West University, Timisoara,
remus.runcan@e-uvt.ro

Abstract

Adolescent substance use, misuse, abuse and dependence is a family-oriented problem given that prevention, early detection, tracking adolescents at high risk (child maltreatment, delinquency, sexually-transmitted diseases, substance use, suicide), treating dependent individuals and their family, and follow up are important. Drug abuse is prevalent among adolescents who, in most cases, ignore the dangers inherent in drug abuse. Many of them engage in drug abuse out of frustration, lack of parental supervision, peer influence, pleasure, poverty, etc. This paper presents a classification of the substances used by adolescents, an inventory of children and adolescents at risk for substance use, an inventory of the domain risk factors for adolescent substance use. The authors also clarify a few terminological issues (abuse, misuse, and use), identify the associations of adolescent substance use, and make an attempt at identifying the parent - adolescent relationship in adolescent substance use with focus on the father – daughter relationship.

Keywords: adolescents, substance abuse, substance misuse, substance use

Introduction

The most common **problems during adolescence** are related to childhood illnesses that continue into adolescence, consequences of risky or illegal behaviours (infectious diseases, injury, legal consequences, pregnancy, **substance use**), growth and development, mental health disorders, and school (Gavrilă-Ardelean & Gavrilă-Ardelean, 2016; Fond-Harmant & Gavrilă-Ardelean,).

According to Chernyshenko, Kankaraš & Drasgow (2018) **health-related life outcomes** can be classified as pertaining to *mental health* (depression, other psychopathologies), *physical*

health (body fitness, diagnosed physical diseases, mortality), and *health-related behaviours* (exercise, **substance abuse**).

Adolescents use substances because substances can help them: alleviate boredom, deal with traumatic memories, escape emotional or physical pain, fit in socially, get up in the morning, go to sleep, lose weight, relax, or relieve anxiety (Child Mind Institute, 2019).

According to the *Controlled Substances Act* (https://www.dea.gov/controlled-substances-act), there are five types of controlled substances that tend to be addictive or harm the general public:

Class	Description	Examples
I	no currently accepted medical use in the US, lack of accepted safety for use under medical supervision, high potential for abuse	ecstasy, heroin, LSD, marijuana (cannabis), peyote (mescaline)
II	high potential for abuse which may lead to severe psychological or physical dependence	Adderall, fentanyl, hydrocodone (Vicodin), hydromorphone (Dilaudid), meperidine (Demerol), methadone, methamphetamine, morphine, oxycodone (OxyContin, Percocet), Ritalin
II	potential for abuse less than substances in Classes I or II and abuse may lead to moderate or low physical dependence or high psychological dependence	anabolic steroids, buprenorphine, codeine and hydrocodone products mixed with aspirin or acetaminophen, ketamine
IV	low potential for abuse relative to substances in Class III	alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan)
V	low potential for abuse relative to substances listed in Class IV and consist primarily of preparations containing limited quantities of certain narcotics	cough medicines with codeine, ezogabine

Another classification takes into account their chemical makeup and the way they interact with the brain and body: ***Anabolic-androgenic steroids*** (sex hormone agonists) – "organic compounds [alkaloids, hormones, and vitamins]" (*Lexico*); ***Depressants*** (alcohol, barbiturates, opiates, opioids, sedatives, tranquillisers) – drugs "reducing functional or nervous activity" (*Lexico*); ***Gateway drugs*** (alcohol, tobacco) – drugs "which supposedly lead the user on to more addictive or dangerous drugs" (*Lexico*); ***Hallucinogens*** (brolamphetamine, *Conocybe*, *Copelandi*, ketamine, LSD, *Panaeoulus*, PCP, *Peyote cactus* (mescaline), *Psilocybe*, *Salvia divinorum*, *Strophia*, tryptamines) – drugs "that cause hallucinations" (*Lexico*); ***Inhalants*** (*aerosols* "sprays containing solvents and propellants" such as computer dusting spray, deodorant sprays, hair sprays, spray paints, vegetable oil sprays; *gases* "gases found in medical anaesthetics and in household or commercial products" such as butane lighters, chloroform, ether, laughing gas, propane tanks, refrigerant gases, whipped cream aerosols; *nitrates* "volatiles found in medical settings and as household chemicals" such as amyl nitrates, butyl, room deodorisers, video head cleaners; *volatile solvents* "liquids vaporising at room temperature" such as correction fluid, felt-tip markers, gasoline, glue, lighter fluid, paint remover/thinner, rubber cement (Wu, Pilowsky & Schlenger, 2004; Ahern & Falsafi, 2013; Sarbu et. al, 2014) – "solvents or other materials producing vapour that is inhaled by drug abusers" (*Lexico*); ***Narcotics*** (cocaine, heroin, marijuana) – "drugs or other substances that affect mood or behaviour and are consumed for non-medical purposes, especially ones sold illegally" (*Lexico*); ***Stimulants*** (Adderall, fentanyl, hydrocodone, hydromorphone, meperidine, methadone, methamphetamine, morphine, oxycodone, Ritalin) – "substances that raise levels of physiological or nervous activity in the body" (*Lexico*).

The preference for one or another substance differs from country to country: adolescents from **Botswana** prefer alcohol, cocaine, inhalants, marijuana, methaqualone (Gotsang, Mashalla & Seloilwe, 2017); those from **Jamaica** – alcohol, inhalants, marijuana, tobacco (Atkinson, Abel & Whitehorne-Smith, 2015; Wynter & Hynes, 2019); those from **India** – alcohol, cannabis, inhalants, tobacco (Priyanka & Ankita, 2016); late children and early those from **Italy** – alcohol, energy drinks, marijuana, stimulant drugs, tobacco (Gallimberti *et al*., 2015); those from **Nigeria** – cocaine, marijuana, tobacco (Iorfa *et al*., 2018); those from **Norway** – alcohol and drugs (Heradstveit *et al*., 2018); those from **Slovakia** – alcohol, marijuana, tobacco (Kohútová & Almašiová, 2019); those from **Ukraine** – alcohol (Hryhorczuk *et al*., 2019).

Research shows that adolescents at risk for substance use disorders are (Newcomb & Harlow, 1986; Lena, Hajela & Panarella, 1991; Wills, Vaccaro & McNamara, 1992; Vega *et al*., 1993; Kuther, 1995; Chassin *et al*., 1996; Wills *et al*., 1996; Barry & Lochman, 2004; Wu, Pilowsky & Schlenger, 2004; Elek, Miller-Day & Hecht, 2006; Visser & Routledge, 2007; Farhadinasab *et al*., 2008; Thatcher & Clark, 2008; Anderson *et al*., 2009; Scull *et al*., 2010; Farrugia *et al*., 2011; Gunnarsson, 2012; Teunissen *et al*., 2012; Ahern & Falsafi, 2013; De Haan *et al*., 2013; Ferreira, Gaspar de Matos & Alves Diniz, 2013; Wen, Hockenberry & Cummings, 2014; Gavrila-Ardelean, 2014; Gavril-Ardelean, 2015; Gavrila-Ardelean, 2019; Malby *et al*., 2015; Messler, Emery & Quevillon, 2015; Zaborskis & Sirvyte, 2015; Šumskas & Zaborskis, 2017; Heradstveit *et al*., 2018; Iorfa *et al*., 2018; Mattick *et al*., 2018; Moñino-García *et al*., 2018; Su *et al*., 2018): ***children*** raised in a "parental conflict in child rearing practices" environment, rejected by their mothers, susceptible to peers who use drugs, who are victims of solicitation or who engage in or are victims of cyberbullying, whose parents and family members have alcohol and or drug abuse problems, with a history of emotional, physical, or sexual abuse, with behavioural, cognitive, and emotional difficulties (psychological dysregulation), with behavioural, interpersonal trust, and acceptance problems, with inconsistent discipline or with restrictive discipline, with childhood externalising (symptoms of conduct problems, deviancy, inattention/hyperactivity) and internalising (symptoms of anxiety, depression, peer problems, social withdrawal) problems; ***children and adolescents*** who have experienced childhood trauma, who have recurrent problems with the law, or with a long history of school and learning problems; ***adolescents*** exposed to media and commercial communications on alcohol, having experienced disruptive life change events, of African-American origin, living in states with laws permitting marijuana use for medical purposes; with a low level of religiosity, alcoholic fathers, deviance-prone attitudes, drug-using peers, high-status peer substance use, high levels of substance use, early onset of substance use, deviant personality traits, mental health problems, positive effect of drug use, intention of future use, heritable vulnerability, high levels of substance misuse, life stress, negative affect, nonadaptive coping, parental substance use, no family support, no internal locus of control (perception about the underlying main causes of events in their lives), no proper social norms (descriptive, friend/parent injunctive, and personal), poor psychological well-being; who are depressed or suicidal or victimised online/offline, with a childhood onset of aggression, psychotic adolescents (aggressive, hostile, impulsive, lively,

seeking sensation, taking risk), and socially alienated adolescents (feeling detached, feeling isolated, meaningless, powerlessness). However, "The direction of the causal relationship is less certain. Conduct disorders, depression and anxiety disorders that develop in early adolescence may predispose young adults to become dependent on illicit drugs. These disorders may also arise as a result of the adverse effects that illicit drug dependence has on the lives of those affected by it, or the rigours of regular illicit drug use may prolong pre-existing depressive and anxiety disorders that may have resolved in its absence." (Degenhardt *et al*., 2004, 1126; Sarbu, 2014; Sarbu, 2016; Panescu & Sarbu, 2019)

Arthur *et al*. (2003) grouped domain risk factors for **substance use**, ***delinquency***, and other ***adolescent problem behaviours*** into four categories: ***community domain risk factors***: *community disorganization* – "neighbourhoods with high population density, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug use"; *extreme economic deprivation* – "neighbourhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug use. also, children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use"; *laws and norms favourable to drug use* – "normative attitudes about drug use and local laws and policies, such as the legal drinking age and taxes on alcohol and tobacco products, have been related to consumption"; *low neighbourhood attachment* – "neighbourhoods where youths report low levels of bonding to the neighbourhood have higher rates of juvenile crime and drug use"; *perceived availability of drugs* – "perceptions of the availability of cigarettes, alcohol, marijuana, and other illegal drugs have been shown to predict use of these substances"; *transitions and mobility* – "neighbourhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug use. also, children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use"; ***family domain risk factors***: *family history of antisocial behaviour* – "children born or raised in a family with a history of alcoholism are at higher risk of having alcohol or other drug problems themselves"; *high family conflict* – "children raised in families high in conflict, whether or not the child is directly involved in the conflict, are at greater risk for both delinquency and drug use"; *parental attitudes favourable to antisocial behaviour* – "in families in which parents engage in criminal behaviour or are tolerant of their children's involvement in criminal or violent

behaviour, children are more likely to engage in delinquent and violent behaviour"; *parental attitudes favourable to drug use* – "in families in which parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to use drugs themselves"; *poor family management* – "family management practices characterised by unclear expectations for behaviour, poor monitoring of behaviour, few and inconsistent rewards for positive behaviour, and severe or inconsistent punishment for unwanted behaviour increase the risk for drug use, violence, and delinquency"; ***individual/peer domain risk factors***: *attitudes favourable to antisocial behaviour* – "youth who express positive attitudes toward delinquency and violence are at higher risk for later involvement in such behaviours"; *attitudes favourable to drug use* – "initiation of use of any substance is preceded by values favourable to its use. youths who express positive attitudes toward drug use, including lower perceived risks from using substances, are more likely to use drugs"; *early initiation of antisocial behaviour* – "the earlier onset of any drug use, the greater the involvement in other drug use and the greater the frequency of use; onset of drug use prior to the age of 15 is a consistent predictor of later drug abuse"; *impulsiveness* – "youths who show a tendency to act impulsively are at higher risk for drug abuse, violence, and delinquency; *peer antisocial behaviour* – "young people who associate with peers who engage in delinquent or violent behaviour are much more likely to engage in the same behaviour"; *peer drug use* – "young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behaviour"; *peer rejection* – "youths who feel rejected and are disliked by their peers are more likely to engage in drug use, delinquency, and violence"; *peer rewards for antisocial behaviour* – "youths who believe that their friends and peers would approve and admire them for engaging in drug use, delinquency, and violence are more likely to become involved in such behaviours"; *rebelliousness* – "young people who feel they are not 3 3 part of society, are not bound by rules, do not believe in trying to be successful or responsible, or who take an active rebellious stance toward society are more likely to use drugs"; *sensation seeking* – "young people who like to engage in risky and thrilling behaviours are more likely to use drugs"; ***school domain risk factors***: *academic failure* – "beginning in the late elementary grades (grades 4-6), academic failure increases the risk of both drug use and delinquency"; *little commitment to school* – "drug use is less prevalent among students who expect to attend college than among those who do not. factors such as liking

school, time spent on homework, and perceiving schoolwork as relevant are also negatively related to drug use".

There are enormous changes from adolescence well in to adulthood regarding trying and using substances. Thus, while, in their teens, the general trend is towards greater experimentation and, in their twenties, the general trend is away from drug use, it is notable that beyond this, there is considerable change, including initiation and experimentation well into mid adulthood (Aldridge, Measham & Williams, 1998).

Among adolescents, there are four **groups of substance-users**: *non-users*, *minimal experimenters*, *late starters*, and *escalators* (Wills *et al*., 1996).

Terminological Issues

World Health Organisation (WHO) (1994) defined the meaning of the terms ***abuse***, ***misuse***, and ***use*** in relation to different substances.

Thus, if English-language dictionaries define **use** as "the habitual consumption of a drug" (*Lexico*), WHO defined it as "self-administration of a psychoactive substance [such as alcohol, cannabis, or stimulant]" (WHO, 1994). The term also occurs in phrases such as ***(controlled) alcohol/drug use*** ("controlled use of alcohol/drug" – WHO, 1994), ***dysfunctional use*** ("substance use that is leading to impaired psychological or social functioning [loss of employment, marital problems]" – WHO, 1994), ***experimental use*** ("the first few instances of using a particular drug (sometimes including tobacco or alcohol); extremely infrequent or non-persistent use" – WHO, 1994), ***harmful use*** ("a pattern of psychoactive substance use that is causing [physical or mental] damage to health" – WHO, 1994), ***hazardous use*** ("a pattern of substance use that increases the risk of harmful [physical, mental, or social] consequences for the user" – WHO, 1994), ***multiple drug use*** or ***polydrug use*** ("the use of more than one drug or type of drug by an individual, often at the same time or sequentially, and usually with the intention of enhancing, potentiating, or counteracting the effects of another drug" – WHO, 1994), ***non-medical use*** ("use of a prescription drug, whether obtained by prescription or otherwise, other than in the manner or for the time period prescribed, or by a person for whom the drug was not prescribed" – WHO, 1994), ***one-off use***, ***recreational/social use*** ("use of a [usually illicit] drug in sociable or relaxing circumstances, by implication without dependence or other problems" – WHO, 1994), ***unsanctioned use*** ("use of a substance that is not approved by a society or by a

group within that society [disapproval is accepted as a fact in its own right, without the need to determine or justify the basis of the approval]" – WHO, 1994).

Abuse is defined by English-language dictionaries as "the improper use of something [e.g. alcohol]" (*Lexico*) and by WHO as "a term sometimes used disapprovingly to refer to any use at all, particularly of illicit drugs; persistent or sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice" (WHO, 1994). The term also occurs in a few phrases such as ***abuse liability*** ("the propensity of a particular psychoactive substance to be susceptible to abuse, defined in terms of the relative probability that use of the substance will result in social, psychological, or physical problems for an individual or for society" – WHO, 1994), ***abuse of non-dependence-producing substances*** "repeated and inappropriate use of a substance [herbal and folk remedies, prescription drugs, proprietary drugs such as *analgesics* – aspirin, paracetamol; *antacids*; *laxatives*; *psychotropic drugs* – antidepressants, neuroleptics; *steroids* and other hormones; *vitamins*] which, though the substance has no dependence potential, is accompanied by harmful physical or psychological effects, or involves unnecessary contact with health professionals (or both)" (WHO, 1994), ***alcohol abuse***, ***chemical abuse***, ***drug abuse***, ***psychoactive substance abuse***, and ***substance abuse***.

English-language dictionaries define **misuse** as "the wrong or improper use of something" (*Lexico*), while WHO defined ***misuse*** or ***non-medical use*** as "use of a substance for a purpose not consistent with legal or medical guidelines" (WHO, 1994).

Associations of Adolescent Substance Use

According to Lena, Hajela & Panarella (1991, 1207), **adolescent substance use** is connected to all their life areas: ***activities***: changes in usual patterns, daily routine, interests, peer group activities, relationships with same/opposite sex; ***drugs***; ***education***: adjustment, boredom, changes in schools, enjoyment, failure at school, grade, performance, plans, preferences, problems with authority, school (Akanbi *et al*., 2015); ***emotions***: depression, loneliness, moods, sadness, self-harm, suicidal thoughts; ***home***: family composition, family functioning, family losses, health, relationships with the family; and ***sexuality***: history of sexual abuse, sleep pattern, social life.

Almost 35 years ago, Newcomb & Harlow (1986) analysed the association between ***disruptive life change events*** such as *uncontrollable stressful events* (accident and illness events, family and parent events, relocation events), which creates a *perceived loss of control* (not in

control, others control life, powerless), which, in its turn, engenders increased *meaningless* (no direction, no plans, no solutions), and **adolescent substance use** (alcohol, marijuana, and hard drugs) frequency.

Are associated with **substance use** certain ***behaviours***, ***conditions***, ***mental health disorders***, ***minor crimes***, and ***subclinical phenomena***.

Addictive behaviour, ***risky sexual behaviour***, ***self-harm***, and ***suicidal behaviour/ideation*** are **behaviours associated with substance use**. The risk for **Internet addiction** may be predicted by ***alcohol***, ***drug***, and ***tobacco use*** (Lee *et al*., 2013). **Behavioural addictions** (exercise, gambling, Internet use, love and sex, repetitive non-suicidal self-injury, shopping, suicidal behaviour, sun-tanning, work) share many characteristics and common neurobiological and genetic underpinnings with **substance addiction** (i.e., relapse, tolerance, withdrawal, etc.) (Blasco-Fontecilla *et al*., 2016; Kuss & Griffiths, 2017; Hussain & Pontes, 2019). **Gambling disorders** (Rash, Weinstock & Van Patten, 2016) and **excessive use of ICTs** (computers, Internet, smartphones, etc.) (WHO, 2015), on one hand, and **substance use disorders**, on the other hand, share the same ***key features***: *conflict/negative repercussions* (arguing, fatigue, lying, poor academic and occupational achievement, self-imposed social isolation and disintegration), *craving* (urge and obsessions related to online activity/substance use), *excessive use/salience* (impaired time management, loss of or diminished control over the activity, neglect of basic needs etc.), *mood modification* (use of online activity/substance to cope with negative emotional states or boredom), *relapse* (deterioration in someone's state of health after a temporary improvement), *tolerance* (need for more hours of use), *withdrawal* (feelings of anger, tension, anxiety and/or depression, when the devices/substances are inaccessible). Adolescent ***alcohol, drug, and tobacco use*** increases the risk of **risky sexual behaviour** (Ritchwood *et al*., 2015) and **unplanned pregnancies** and, consequently, of **foetal exposure to addictive, teratogenic substances** (Connery, Albright & Rodolico, 2014). **Self-harm** covers ***self-poisoning*** (overdosing with medicines, swallowing poisonous substances) (Wood, 2009; Greydanus & Apple, 2011), but ***other risk-taking behaviours*** (food restriction, over-eating, promiscuity, recreational drug/substance misuse, smoking) could also be considered self-harmful. Greydanus & Apple (2011) list, among the causes of **self-harm**, antidepressant medication, drug and alcohol use, and substance abuse. *Self-poisoning (with alcohol; overdosing with drugs / medicines such as antidepressants, non-opiate analgesics, paracetamol, sedatives,*

tranquillisers; non-ingestible substances such as household bleach, recreational drugs) are **forms of self-harm**. Almost two decades ago, Harrington (2001, 47) stated that "the cause [of **suicide**] is usually a combination of predisposing constitutional factors arising from genetic endowment or earlier experience and precipitating stressful events". The researcher also provided a model of teenage suicide in which *individual disposition* (mental disorder, personality, or ***substance abuse***) acts on *triggers* (altered state of mind, opportunity, or stressful event), which, together with *social milieu* (media coverage, role models in community, or taboos), inhibit or facilitate suicide (Harrington, 2001, 54). By 2004, there was accumulating evidence from clinical and epidemiological studies on the link between ***drug use*** and **suicide** among adolescents (Wilcox, 2004). According to Cash & Bridge (2009), ***substance (alcohol/drug) abuse disorders*** contribute substantially to risk of suicide, especially in older adolescent males when co-occurring with mood disorder or disruptive disorders. ***Substance use/abuse*** is considered a **psychological factor associated with suicidal behaviour among adolescents**: female adolescents under the influence of alcohol are three times more likely to commit suicide; male adolescents under the influence of alcohol are 17 times more prone to make a suicide attempt than when they are sober; the association of mental health problems (conduct disorder, depression) and *substance use/ abuse* is worse; this is the case of suicidal adolescents from Benin (Randall *et al*., 2014; Sarbu, 2017a; Sarbu, 2017b).

Post-traumatic stress disorder is a **condition associated with substance use** in children and adolescents who have experienced childhood trauma (Farrugia *et al*., 2011; Gavrila-Ardelean, 2018).

Are considered **mental health disorders** ("problematic, recurrent uses of drugs or alcohol that cause significant distress or impairment in a person's life" – American Psychiatric Association, 2018) ***anxiety disorder*** – *generalized anxiety* (worrying excessively about everyday things), *panic disorder* (feeling of acute and disabling anxiety), *separation anxiety* (fearing losing parents and of being alone), *social anxiety* (being excessively self-conscious in social situations), *specific phobia* (fearing a particular thing – blood, dogs, heights, or needles); ***attention-deficit hyperactivity disorder (ADHD)*** (being easily distracted and appearing to not listen when spoken to directly, fidgeting, having trouble with organization and frequently losing things, making careless mistakes, talking or interrupting, blurting out answers excessively); ***bipolar affective disorder*** ("alternating periods of elation and depression" – *Lexico*); ***borderline***

personality disorder ("severe mood swings, impulsive behaviour, and difficulty forming stable personal relationships" – *Lexico*); ***depression*** – *major depressive disorder* (episodes lasting at least two weeks) and *persistent depressive disorder* (episodes lasting for years); ***schizophrenia*** ("a breakdown in the relation between thought, emotion, and behaviour, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation" – *Lexico*) (Child Mind Institute, 2019). The severity of the problem can be determined based on four ***categories of behaviour***: *impaired control* – using more of a substance and for a longer period of time than intended, being unsuccessful at cutting back on use despite wanting to, spending significant amounts of time getting, using and recovering from substance use, and experiencing intense cravings; *social impairment* – using substances despite problems with family, school or work obligations, reducing or giving up hobbies, interests, social and recreational activities because of substance use, and continuing substance use despite problems with interpersonal relationships; *risky use* – using substances in physically dangerous situations and using substances even though it is causing or worsening physical and psychological problems; *tolerance and withdrawal* – needing to increase the amount of a substance to achieve the same desired effect (i.e. to feel intoxicated, to avoid withdrawal symptoms) and the body's response to the abrupt cessation of a substance, once the body has developed a tolerance to it. It is important to know that ***behavioural symptoms*** (avoiding friends and social situations, erratic behaviour, moodiness, paranoia, and sleeping more or less than usual) can result from both ***mental health disorders*** and **substance use**.

Delinquency as a minor crime is associated, among others, with ***alcohol and substance use*** and ***smoking*** (Kuther, 1995), with ***alcohol***, ***cocaine***, ***heroin***, ***inhalants***, ***LSD***, ***marijuana***, and ***tobacco use*** (Arthur *et al*., 2003), ***online and offline forms of interpersonal victimisation*** (e.g. online sexual solicitation), ***depressive symptomatology*** and **substance use** (Mitchell, Ybarra & Finkelhor, 2007; Panescu & Sarbu, 2019).

Alexithymia ("a subclinical phenomenon involving a lack of emotional awareness or, more specifically, difficulty in identifying and describing feelings and in distinguishing feelings from the bodily sensations of emotional arousal" – Nemiah *et al*., 1976, in Singer & Tusche, 2014) may be associated with *mental disorders* ("any clinically significant behavioural or psychological syndrome characterized by distressing symptoms, significant impairment of functioning, or significantly increased risk of death, pain, or other disability" – *Medical*

Dictionary) such as ***alcohol and substance misuse*** (Thorberg *et al*., 2009; Karukivi, 2011). De Haan *et al*. (2013) investigated whether a familial vulnerability to alcoholism relates to the presence and severity of alexithymia in substance use disorder-patients and found that the relation between a paternal family history of alcohol and a higher degree of alexithymia in substance use disorder-patients suggests that alexithymia could mediate the familiality of alcoholism or substance use disorders in the paternal line. According to Morie *et al*. (2016), the children of individuals with alcohol-use problems demonstrate increased **alexithymia** that may raise the risk for future substance use.

Father – Daughter Relationship in Adolescent Substance Use

Levine & Singer (1988, in Kuther, 1995, 19) assessed whom do adolescents turn to for help for problems with alcohol or drugs. 84% said they would turn to friend for help, 66% would turn to a sibling, 41% reported their **fathers**, and 55% reported their mothers. Females were more likely to seek help from others. Male adolescents with alcoholic fathers showed steeper substance use growth over time than did female adolescents with non-alcoholic **fathers** (Chassin *et al*., 1996, 74). Swadi (2000, 204) noted that families of children who misuse drugs were characterised as being those whose **fathers** were distant and disengaged and whose mothers were too involved. Pagliaro & Pagliaro (1996, in Mokoena, 2002, 44) pointed out that absence of a **father** figure is also related to adolescent psychopathology including substance abuse. De Rick & Vanheule (2006, 2007, in Thorberg *et al*., 2009, 241) examined alexithymia, attachment and parental bonding and reported that avoidant attachment and lack of warmth from the **father** predicted 'cognitive' alexithymia (conceptualised as a cluster of the 'identifying', 'verbalising' and 'analysing' dimensions), and alcohol dependent individuals with insecure attachment reported higher levels of 'difficulties communicating their feelings' compared to a more securely attached group. Scull, Kupersmidt & Parker (2010, 981) found that parental influence variables (e.g., parental pressure to not use, perceived parental reaction) acted as protective factors against substance use. De Haan *et al*. (2013, 911) found that high alexithymic (50%) patients were more likely to have **fathers** with alcohol problems. Zaborskis & Sirvyte (2015, 1) found five independent familial factors significantly related to increased risk for adolescent smoking: low maternal monitoring, low satisfaction with family relationships, low school-related parental support, easy communication with the **father**, and often use of electronic media for communication with parents. Similar risks may appear also when adolescents are using e-

cigarettes (Kristjansson et al., 2017). Šumskas & Zaborskis (2017, 1) found three parenting factors associated with weekly use of alcohol: **father**'s and mother's low monitoring, **father**'s authoritarian-repressive and mother's permissive-neglectful parenting style. Mattick *et al*. (2018, 66) found that adolescents in their survey received alcohol (sips or standard drinks) from their parents (**fathers** and mothers alike). Moñino-García *et al*.'s (2018, 3) findings show that boys and girls with a bad relationship with their **father** had a higher risk of alcohol consumption. Su *et al*. (2018, 2) found that **fathers**' alcohol dependence symptom count was associated with higher adolescent risky drinking and conduct problems indirectly via disruption to **fathers**' and mothers' positive parenting behaviours. Kohútová & Almašiová (2019, 184) found that the **fathers** of 51.4% of occasional addictive substance adolescent users and 53.9% of occasional alcohol adolescent drinkers in their survey has secondary education with a school-leaving exam.

Conclusions

After analysing adolescent substance use, misuse, and abuse, the authors conclude that, in order to prevent it, it is vital:

- To know the effects substance use, misuse, and abuse can have on children and adolescents' health state;
- To know the substances children and adolescents could use;
- To know the categories of adolescents at risk for substance use;
- To know the domain risk factors for substance use in children and adolescents;
- To properly understand such terms as substance use, substance misuse, and substance abuse;
- To know the associations of adolescent substance use;
- To know the type of parent – adolescent relationship in adolescent substance use.

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