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Table of contents

Loredana-Ileana Vișcu, Oana-Maria Popescu <i>A perspective of the integrative strategic model of the self on brain activity. Internal working models.....</i>	9
Vlad Brănesc <i>The therapeutic relationship in integrative psychotherapy.....</i>	16
Ana-Maria Iliuș-Olariu <i>Attachment, self development and trauma recovery in strategic integrative psychotherapy.....</i>	22
Andreea-Alexandra Nicșă <i>The relationship between birth order and personality.....</i>	30
Ramona Răducan <i>The Morenian theory of personality in the context of humanistic psychology.....</i>	34
Adina Lupu <i>Relationships and couple communication strategies.....</i>	41
Letiția-Nadia Dogaru <i>The educability of children with special educational needs (SEN) – behaviour intervention plan for dyslalia.....</i>	48
Andreea Dolores Mihalca <i>Motivation of high school graduates for military service enrolment.....</i>	55
Delia-Maria Orțan <i>Women's sexuality and fear of intimacy according to their marital status.....</i>	63

A PERSPECTIVE OF THE INTEGRATIVE STRATEGIC MODEL OF THE SELF ON BRAIN ACTIVITY. INTERNAL WORKING MODELS

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ABSTRACT: Brain research faced and is still facing the problem of neuronal and synaptic diversity. Brain functionality is based on physical-chemical processes, thus an alteration of these processes generates consequences in information processing. The Integrative Strategic Model of the Self proposes an integrative vision of brain functionality by reconsidering the concept of internal working model (a concept first used by Bowlby), neuronal maps and cortical modules. The hypothesis of this study is to prove that internal working models are innate; the objectives of the study resume to underlining internal working models on the psychological axes of the Model mentioned (Biological, Cognitive, Emotional, Psycho-dynamic, Familial and Existential axes) and to present the cortical activity from the perspective of internal working models (IWM), of neuronal maps (NM) from the Central, Plastic and the External Self. The study represents an integrative strategic perspective on brain activity.

KEYWORDS: internal working model (IWM), Integrative Strategic Model of the Self, neuronal maps (NM), cortical modules

1. INTRODUCTION. SELF ORGANIZATION LEVELS IN THE INTEGRATIVE STRATEGIC MODEL

Brain research is facing for a long time the problem of neuronal diversity. Different areas of the brain contain neurons with different characteristics, from pyramidal neurons to star or granular neurons.

Obviously, this neuronal diversity is also found in the synaptic diversity. The entire brain functionality has at its basis physical-chemical processes. Thus, to study nervous systems supposes to study the organization levels of the nervous system.

The Integrative Strategic Model of the Self (ISMS) (Drobot, Popescu, 2013; Vișcu, Popescu, 2015; Popescu, Vișcu, 2016) postulates the existence of an Self emergent from the Basic Self, the Central Self

and the External Self (see Table 1). At a neuro-anatomic level, the Self consists of:

- the *Basic Self (the proto-self)* – is build of internal working models, genetically predetermined and of neuronal maps. Internal working models (IWM) can contain one neuronal map or more neuronal maps;
- the *Central Self (the core-self)* – is formed of: central beliefs or strengthened neuronal maps, contained by IWM, cortical modules (one IWM or more IWM in interaction), emotions, etc.;
- the *Plastic Self* – is formed of plastic mechanisms that sustain the content of the Central Self. From a neuro-anatomic point of view, plastic mechanisms are also found in interconnected neuronal networks (NN), but also in RN formed and strengthened through repeated interactions of cortical modules;
- the *External Self (the outer self)* – is formed of externally visible components as a consequence of a neuro-chemical and psychological functionality of the brain.

The Basic Self, Internal Working Models (IWM)

Since birth, the human brain is formed of excess neurons – or neurons expecting experience – and mirror neurons (Mayer, Damasio, 2009). Mirror neurons begin their activity immediately after birth, after a few hours the newborn is able to repeat facial movements of persons that he came into contact with. Siegel (2001) mentioned the existence of an initial excess of neurons that form the “expecting neuronal network” shaped by non-verbal experiences. External stimuli that reach the Basic Self are non-verbal during the first months of the newborn’s life.

Table 1. The self at a neuro-anatomic level (The Integrative Strategic Model of the Self)

Basic Self	Central Self	Plastic Self	External Self
	Cortical modules containing: <ul style="list-style-type: none"> • NM₂; • one IWM; • more than one IWM (reunion); • intersections of IWM; • one IWM and one NM₂; • the products of cortical modules: beliefs, ideas, feelings etc. 	<ul style="list-style-type: none"> • NM₃; • mental modules; • 3 properties of the cortical module that sustain the nervous system mechanisms 	External behaviour

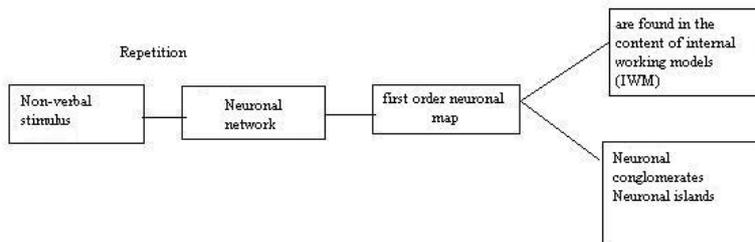


Fig. 1 Neuronal maps of the Basic Self

Non-verbal stimuli that act during this period generate neuronal connections (neuronal networks, NN), which is strengthened form neuronal maps of the first order (NM₁). In other words, there is a preference for a certain type of reaction, of emotional or cognitive processing (Figure 1).

In psychotherapy, behavioural modification, that of a reaction, thoughts, emotion etc., if it represents the consequence of NM₁ at the level of the Basic Self, it supposes a more laborious intervention, because NM₁ is build since early days.

Thus, if the client has a problem with the origins of the Basic Self at the NM₁ level, the more laborious is his behaviour in comparison to his problems, which, for example, have their origin in the Central Self. It is also postulated that the Basic Self also contains internal working models, genetically predetermined.

The concept of internal working model was first proposed by Kenneth Clark in artificial intelligence and was later used by Bowlby.

Referring to the internal working model, Bowlby (1963) suggested that, since birth, the child internalizes his attachment relation thus forming an internal working model. This model represents an unconscious system of schema, beliefs or guides for interpersonal relations, modelled through interactions with parental figures.

The internal working model (IWM) is formed of expectations, regarding the behaviours of others, strategies to face stress, which determine the manner in which the behaviours of others are perceived as typical patterns of interpersonal relations.

According to Clayman (1991) the internal working model is stored as implicit memory. The Integrative Strategic Models of the Self proposes an internal working model built of neuronal structures, genetically predetermined: neurons configured into neuronal networks (NN) and first order neuronal maps (NM₁), which can be activate even before birth and after birth.

Bowlby (1969), in the first volume of his trilogy, *Attachment*, synthesises for the first time the concept of internal working models (IWM) of attachment relations. He states that IWMs are interaction schema, custom and generalized, which are formed by humans through an attachment relation, which tend to last in time (Pallini, 2014, in Bowlby, 1969, 1973, 1980, 1988).

He also sustains that individuals interprets the IWMs of attachment relations on the basis of real experiences that children have during their daily interactions with their parents. Thus IWMs are not immutable, through interpretation; predictions on behaviours are modified together with interaction strategies and affective connections.

In a therapeutic relation, the patient's feelings towards the therapist are seen as being assimilated in a pre-existent schema, the patient has in connection to an expected behaviour from his former "career". Such previsions may persist or are annulled by experience: in the case of an annulment, IWMs suffer further modifications. Environment stimuli (marriage, the loos of a child) produce radical modification of IWMs (Bowlby, 1969).

The attachment theory also stimulated the interest for the manner in which social information is processed and why there are individual difference in the processing of social information (Dykas, 2011). Internal working models may be qualitatively favourable or unfavourable (secure or insecure), and their functions generate adaptative or maladaptative models of information social processing.

2. INTERNAL WORKING MODELS IN THE INTEGRATIVE STRATEGIC MODEL OF THE SELF

2.1. Genetic predetermination IWMs from the Basic Self. IWMs and psychological axes of the integrative Strategic Model of the Self

The starting points of this study, in a direct relation to the Basic Self are:

- IWMs are genetically predetermined in the Basic Self;
- IWMs contain excess and mirror neurons expecting experience;
- while non-verbal stimuli act, neuronal networks and first order neuronal maps are formed in the IWM of the Basic Self (see figure 1);
- NN and NM_1 from the Basic Self may be activated during an entire lifetime;
- NM_1 from IWMs can be modified through experience and learning and new NM_1 can be formed in IWMs of the Basic Self;
- besides IWMs genetically predetermined one could also observe excess neurons, expecting experience in order to form NN, reunited in neuronal maps, while the organism and the brain are stimulated;
- there is also a possibility for a configuration of only one intraneuronal map inside the Basic Self. When talking about the Central Self the starting points used in this study are (see Table 2):
- while verbal and nonverbal stimuli act from the exterior and the interior environment on the organism, second order neuronal maps (NM_2) are formed;
- the contents of IWMs a processed, and two or more IWMs can form a cortical module;
- the content of the Central Self is formed of cortical modules;
- a cortical module can be formed of only one IWM and one NM_2 ;
- a cortical module can be formed of the reunion of IWMs;
- a cortical module can be formed of the intersection of IWMs;
- a cortical module can be formed of only one NM_2 , specialized, without IWMs;
- the products of cortical modules are: central beliefs, representations, emotions, affects etc.

Table 2 The Basic and Central Selves composition

Basic Self	Central Self
<ul style="list-style-type: none"> – IWMs genetically predetermined (repeated NNs with compact circuitry or which work independently or together) – Cortical circuits or NNs 	<ul style="list-style-type: none"> IWM ↑ Cortical modules ↓ NM_2

It is considered that the in Integrative Strategic Model of the Self, in the Basic Self, IWMs are classified on the 6 Psychological Axes:

1. Axis B (Biological) contains:
 - IWM for a body schema (integrity and the lack of body integrity);
 - IWM for a body schema at a nonverbal level (positive and negative);
2. Axis C (Cognitive) contains - IWM for the self-esteem;
3. Axis A (Emotional) contains - IWM for all attachment types (alone/anxious/avoidant/disorganized) and for basic emotions: fear, fury, sadness, joy and surprise.

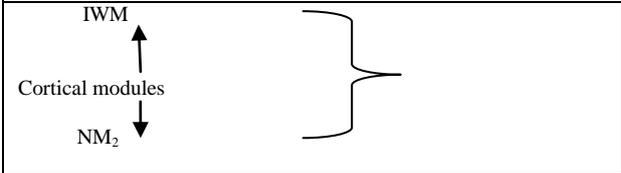
4. Axis P (Psychodynamic) contains - IWM for the fragmented/defragmented Self; for personality traits impregnated with anxiety and aggressiveness (innate traits); for the structural states of the Self (parent, adult, child); for drivers; injunctions; for the Self defence mechanisms; and for archetypes;
5. Axis F (Familial) contains - IWM for familial roles and for the familial unconscious;
6. Axis E (Existential) contains - IWM for all 4 fundamentals worries: death, freedom/responsibility; isolation and the meaning of life; for time; for spirituality; and for contact (contact disorders: Introjections, Projections, Retroflection, Confection and Confluence).

Elder people’s childhood cognitive development is correlated to cognitive plasticity. James (1981) described the humans capability to form “new set of customs” or abilities as being the definition of plasticity. It is thus considered that the learning of perceptive-motor abilities needs the adjustment of sensorial feedback, and the learning of cognitive abilities implies the acquisition of capacities to solve a problem in a manner, which wasn’t possible before, without necessarily needing new perceptive-motor abilities (Rosenbaum et al, 2001; VanLehn, 1996; in Mercado, 2008).

The concept of cortical module was used defined by Mercado (2008) as being a compact circuit where neuronal networks work independently or together and are iteratively repeated. Cortical modules possess a structural nature (observable). Fodor (1983) also proposed the existence of specialised “mental modules”.

Thus, according to Fodor’s proposal the Integrative Strategic Model of the Self also contains mental modules which are NM₃ (3rd order neuronal maps) or maintenance mechanisms of cortical modules from the central self (see Table 3).

Table 3 Composition of the Central and the Plastic Selves

Central Self	Plastic Self
	<p>Mental modules (NM₃) Properties of cortical modules contain the mechanisms of the Plastic Self:</p> <ul style="list-style-type: none"> • Availability • Reconfigurability • Personalization

Mountcastle (1998) mentioned the existence of a neuronal “calculus” or a function realized by every cortical module. For instance, the cortical modules of the Central Self for IWM from the Basic Self; IWMs for a body schema have neuronal calculi or functions to realize a body schema, respectively a body image. It was initially considered that some cortical modules facilitated the differentiation of sensorial events. Mercado (2008) excluded this idea that cortical modules facilitate the differentiation of stimuli representation. The model described introduces the idea that cortical modules are sustained in their activity by mental modules (3rd order neuronal maps, NM₃, from the Plastic Self).

- Cortical modules from the Central Self are structural modules which can be „observed” with the help of neuronal imagery.
- Mental modules are plastic mechanisms for the maintaining of cortical modules.
- Cortical activity is the consequence of IWM activation from the Basic Self of NM₁, of cortical modules from the Central Self, of NM₂, or of mental modules or NM₃ from the Plastic Self.
- The visible expression of the cortical activity comes from the External Self

2.2. Representational resolution of stimuli and the properties of cognitive plasticity

Prefrontal activity, interactions between cortical and subcortical regions, a global dimension and the structure of cortical regions, all influence cognitive plasticity.

Studies have shown that the extension of cortical networks also determined the reduction of cognitive plasticity constrains (Gibson, 2002; Sternberg &

Kaufman, 2002). Cortical processing increases cognitive plasticity through the extension of the organism capacity to represents internal and external events. Events may also be processed through the formation of multiple paralleled representations of one event (i.e. photographs realized from different angles).

While organisms learn from their experiences, a refinement of their cortical sensitivity is obtained together with the topographic representation of cortical networks (Buonomano & Merzenich, 1998; Weinberger, 2004).

Inputs from sensorial receptors are remapped in the nervous system of mammals and different mapping generated different stimuli-answer configurations. The cortical extension and the number of neurons constrain the capacity of an organism to differentiate stimuli representations.

The functional maps from the cortex also influence the capacity of the organism to differentiate stimuli representations.

(a) Neuronal availability

Neuronal availability is connected to other two characteristics: the number and the size of cortical networks – more space means a larger availability for neuronal connection and for stimuli differentiation. Big brains allow more connections in cortical regions and more specific projections in all regions.

Inputs from different regions of the brains that appear in the cortex are perpendicular on the cortical surface and are organized in columns, thus a great functional segregation possibility resulting and the reduction of terminal superposition. The six neuron layers from

the cortex also allow a fine processing (Swanson, 2003) and an extended topographic structure (Striedter, 2006).

A fine topography in cortical networks increases the possibility for the input precise decomposition, which also supposes a topographic organization.

Groups of cortical columns may function together as a coherent unit.

Cortical units represent groups of neuronal columns, with specific functions (cortical modules have IWMs), but which can function in interaction with other cortical modules (other modules belong to other IWMs) but also with other neuronal maps.

(b) Reconfigurability of flexibility of neuronal circuits

Even if it was initially considered that the reconfigurability of neuronal circuits reflects the fact that cortical modules are similar and interchangeable from functional point of view, it was later proved that cortical modules from the same circuits have specialized functions (Crone et al., 2006).

Mesulam (1998) described the capacity of brain regions to dramatically change their affiliation from one functional network to another as *selectively distributed processing*. In any learning stage, neuronal circuits involved are “*paths with the lowest resistance*” (Reichle, Carpenter & Just, 2000).

Cognitive plasticity depends on the processing distributed in a selective manner; brain specialized cortical modules may be used in a variety of combinations in order to allow the acquisition and the performance of cognitive abilities. The variability of cognitive plasticity in individuals of different species, reflect the variability of cortical modules reconfigurability. EEGs studies on humans have shown that persons with a high intellectual capacity may be capable to configure their neuronal circuits flexibly (Jausovec & Jausovec, 2000, Thatcher, Nord, & Biver, 2005).

(c) Personalisation

Older subcortical systems control the manner in which cortical networks respond to events. When the organism is awake, neuromodulator systems underline the processing of information. The basal forebrain is also important for the activation, the formation and maintaining stimuli representations.

Another important feature of neurons from this side of the brain is that these may affect not only the manner in which cortical networks respond to events, but also the manner in which learning experiences modify cortical sensitivity (Mercado, 2008, in Zahm, 2006). Thus, neuro-motor systems responsible for the activity levels in the cortex determine the manner in

which experience remodels cortical architecture and the manner in which events are represented.

Studies on development and learning regarding cortical plasticity show that the distribution of sensitivity in sensorial maps is systematically modified on the basis of sensorial events experiences by the organism. The removal of cortical regions responsible for a selective answer to stimuli implies an increase in the number of cortical modules, which respond to those stimuli. The size of a receptive cortical region for sensorial inputs is a great predictor for the organism capacity to differentiate that input.

Stimuli experiences increase the selectivity of cortical neurons, which respond to a certain stimulus (Polley, Kvasnak and Frostig, 2004), thus increasing the precision of available cortical modules. The basic idea is that neuromodulators (especially acetylcholine) freed by the basal forebrain towards cortical neurons increase answers for sensorial inputs by increasing permeability, so that these inputs may generate this potency.

These potential actions facilitate neuronal plasticity and future answers for these special inputs will also be improved. In a collective manner, the neuromodulator effects depends on the experience will increase the capacity of sensorial cortical networks and the efficiency for the processing of relevant behaviour stimuli.

In conclusion, the three properties of cortical modules refer to availability (the number and size of neurons), reconfigurability (flexibility) and personalisation (differentiation). These properties sustain the mechanisms of the Plastic Self.

The following can be underlined as a synthesis for neuronal maps from the Integrative Strategic Model of the Self:

- the Basic Self contains since birth and even from the intrauterine period, excess and mirror neurons; immediately after birth, due to non-verbal stimuli from the child's carers, the neurons of the Basic Self are activate; thus neuronal networks are formed, and through a repetition of stimuli 1 order neuronal maps appear, NM₁;
- NM₁ from the Basic Self belong to internal working models (IWM), genetically predetermined and to neuronal structures; Due to a non-verbal stimulation, from the interior of the curtail activity (inter- and intra- neuronal stimulation) 2nd order neuronal maps are formed (NM₂) in the Basic Self;
- Cortical Modules from the Central Self represent the consequence of NM₂ activation or the expression of IWMs and of neuronal structures from the Basic Self; Cortical Modules from the Central Self are the expression of IWM development, of more IWMs or the interaction or reunion of IWMs. Besides the product of IWM, cortical modules are also the expression of refined neuronal structures (other NM₂) from the Central Self, as ideas, thoughts, central behaviours etc.
- Cortical modules (IWMs and neuronal structures NM₂) interact and are in interdependence through neuronal connections.

3. CONCLUSIONS

The Integrative Strategic Model of the Self proposes and integrative vision on the Self, based on neurosciences, on developmental psychology, on learning theories etc. The basic concepts used by this model are: internal working models (IWM), neuronal maps (NM), neuronal networks (NN), the Basic Self, the Central Self, the Plastic Self, and the External Self.

The internal working model (IWM) is a concept borrowed from Bowlby, who also inspired from the artificial intelligence domain. Unlike Bowlby, the Integrative Strategic Model of the Self considers IWMs as being genetically predetermined. The IWMs are present on each psychological axis of the model.

Thus, taking into consideration methodological reasons, the Integrative Strategic Model postulates the existence of six axes: Biological, Cognitive, Emotional, Psychodynamic, Familial and existential. Thus, if Bowlby mentioned the existence of IWMs for attachment, the IWM conceived, developed, plastic and dynamic immediately after birth proves the existence of genetically predetermined IWMs not only for attachment.

The increase of stimulation from an external and an internal determines a development of IWMs complexity, their processing at the Central Self level, by organizing them into cortical modules. In the Basic Self, besides the IWMs, genetically predetermined, neuronal networks are also observed, which through stimuli repetition are transformed into 1st order neuronal maps, NM₁.

At the level of the Central Self, through the action of internal and external stimuli, NM₁ transform into NM₂, which can also be organized into cortical modules, which interact or can reunite with other cortical modules. Thus, the Central Self is formed of cortical modules generated by the content organizations of IWMs and of NM₂. The products of cortical modules of the Central Self are central beliefs, ideas, feelings etc., products found in a permanent change and which can be functional or dysfunctional, according to the individual's adapting process.

The Plastic Self is conceived, in the Integrative Strategic Model of the Self as a reunion of mechanisms. 3rd order neuronal maps (NM₃), which maintain the activities of cortical modules, also sustain the contents of cortical modules and cortical interactions. NM₃ are feedback clusters generated by external and internal stimuli and by a generated feedback: NM₃ also represent the expression of the three properties or characteristics of cortical modules:

availability, reconfigurability and personalisation. The External Self is the visible expression of the neuronal mechanisms action, of the brain activity and of the Self activity.

Future study and research directions, using Imagistics, on the action of neuromodulators, may develop the architecture and functions of the Integrative Strategic Model of the Self. From this perspective, it would be interesting to study the modifications appeared at a bio-chemical level, of synapses and of neuronal maps as a result of psychotherapeutic intervention.

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THE THERAPEUTIC RELATIONSHIP IN INTEGRATIVE PSYCHOTHERAPY

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ABSTRACT: The way a therapeutic process unfolds is usually influenced by various factors such as the problem or possible pathology of the client, the therapist's skills to analyze and use information in order to guide the client to solve the problem, and also the relationship quality between client and therapist and the inevitable changes that occur during therapy. The hypothesis of this study is to assume that the bond created between client and therapist is the basis for therapeutic success. The objective is to present certain aspects that support the crucial role of the therapeutic relationship, emphasising the essential qualities that lead to positive therapeutic outcomes. Knowing the core components of a therapeutic relationship allows repair of possible ruptures in the therapeutic alliance.

KEYWORDS: therapeutic alliance, integrative strategic psychotherapy, trust, therapeutic relationship

1. INTRODUCTION. INTEGRATIVE THEORETICAL PERSPECTIVES ON THERAPEUTIC RELATIONSHIP

Published works in psychotherapy show that the terms “therapeutic relationship” and “therapeutic alliance” are often used in various contexts. Therapeutic alliance is mentioned in Freud's theories about transfer (Freud, 2010), Freud changing his initial negative outlook on transfer into a different one that considers the possibility of an attachment between therapist and client as a beneficial attachment and not just as a projection.

In 1956, Elizabeth Zetzel-Rosenberg expands the description of therapeutic alliance considering it a relational component that exists between patient and therapist; not a transference or neurotic relation, but one that gives patients the chance to observe the therapist and to understand and use his interpretations. Therefore, the therapeutic relationship can be considered an alliance or cooperation between the two parties, based on reality.

According to data presented, it can be observed that the principle of the therapeutic relationship has always had a tendency to grow together with the development of psychotherapeutic theories, so there is a need to review and integrate some classical

concepts with modern ones which can better represent the current clinical situation.

Thus the objective of this paper has been to corroborate the theoretical perspectives related to the concept of the therapeutic relationship and to link them with the fundamentals of the Integrative Strategic Model of the Self.

The study has started from the hypothesis that therapeutic relationship is by definition a dynamic and ever-changing factor which depends on the therapist as an individual as well as on the methodology chosen by him in order to be used in the therapeutic process, therefore the integrative strategic psychotherapy can take over, expand and reinterpret certain issues in the therapeutic relationship in general and in therapeutic alliance in particular.

Norcross (2000) sustains that therapeutic relationship is composed of the feelings, attitudes and behaviours that the client and the therapist manifest to each other (Norcross, 2000, as cited in Smith and Vișcu, 2016)

The basic factors for a successful therapy can be influenced by the therapeutic process, therefore maintaining a satisfactory connection is extremely important especially for pathologies that require therapy for a longer period of time (O'Brien, Houston, 2009).

Clarkson believes that psychotherapy includes in fact many types of relationships, such as the employment relationship, the transference and counter-transference relationship, the development relationship and the person-to-person relationship (Clarkson, 2003, as cited in Dryden, 2010). In spite of that, Kahn describes the relationship as being singular and the therapist being present, active and also involved (Kahn, 1997, as cited in Dryden, 2010).

Studies regarding the importance of the therapeutic relationship have led to the hypothesis that this connection between client and therapist may be due simply to the development of the therapy, in which case the success of the therapeutic process may be caused by solving the alliance ruptures rather than by a model consisting of a linear increase.

However, the “time” factor is not necessarily the most important; research shows that therapeutic results revealed in the start phase and in the end phase have an increased predictability compared to results from the middle stage of the therapy (Horvath and Symonds, 1991).

Having discovered this valuable information leads researchers to the establishment of two significant stages of the therapeutic relationship:

- the creation and initial development of the alliance during the first sessions, consisting of encouraging cooperation by increasing the trust level, and also by agreeing over the objectives and techniques used;
- the “attack” on dysfunctional thoughts that actually induces the client's problem, with the objective of transforming the behavioural patterns, action which could be interpreted in a negative manner by the client or as lack of support and understanding from the therapist. This is the reason why the therapist must show an increased attention to the way his client perceives the situation.

Consequently, it can be said that a therapeutic relationship actually takes place on different levels: the first level locates the core of the therapeutic change in the link between the internal experience felt by the client and the symbols, his feelings representing the source, place and decision on accomplishing cognitive and behavioural changes.

The second level includes the relationship between the client and his inner state: any individual can activate his own therapeutic process outside of therapy or between meetings, part of the “healing” being accomplished without the help of the therapist. According to Popescu and Vişcu, the most important aspects of this relationship refer to the ability and willingness of the client to overcome barriers and to communicate with the therapist, also to the reason he came to therapy, his goals, the levels of motivation and manifestation of the disorder or problem, his perception on people, on the world and life itself, his previous experiences and also non-compliance (Popescu and Vişcu, 2016).

2. THE RELATIONSHIP BETWEEN THERAPIST AND CLIENT, SEEN AS A BASIS FOR A SUCCESSFUL THERAPY

One of the necessary conditions for developing a stable therapeutic process is represented by the client's confidence in the therapist's capability of helping him and also by the therapist's confidence in the client's resources (Bordin, 1970, as cited in Horvath and Luborsky, 1993). O'Brien and Houston (2009) have had a similar theory stating that the

aptitudes, competences and emotions of the therapist are significant factors in creating and maintaining the therapeutic process.

As a result, it can be stated that the quality of the relationship is very important for the therapeutic result because an adequate relationship is able to increase the acceptance and belief in the established treatment, therefore proving the interdependence between the therapeutic process and the chosen intervention procedures (Horvath and Luborsky, 1993).

O'Brien and Houston believe that an efficient therapist has to move his attention from the instrumental aspects to the fact of being there for the client (Gestalt therapy approach), observing his thoughts, feelings and behaviour in the present context (O'Brien and Houston, 2009).

Person-Centred Therapy describes the two components, the therapist's qualities and the therapeutic relationship, as the most powerful tools for boosting the client's personal development. Thus, it is obvious that the therapist can be a positive role model for his clients especially when he manages to create a healthy therapeutic relationship with them. Seligman notes that the therapist must develop self-awareness and a positive attitude, a good ability to understand people, and also honesty and authenticity (Seligman, 2001). An important aspect is that the therapist's attitude and trust in the client's internal resources contribute to the development of an appropriate therapeutic environment (Corey, 2005). Nelson-Jones points out that people naturally have the need for a sense of belonging, which is why they engage in social relationships, but the essential condition for reciprocity consists of accepting each other's needs and uniqueness (Nelson-Jones, 2000).

Kottler and Brown describe Rogers' faith in the therapeutic power of a relationship based on trust, openness, acceptance, permissibility and at the same time, warmth, qualities that lead to the desired changes in the client's attitude and behaviour (Kottler & Brown, 2000).

According to Rogers, the most important components of the therapeutic relationship are empathy, congruence and an unconditional positive attitude, which he sees as basic aspects of the Person-Centred Therapy. The therapist also needs to be honest, open and authentic, summarizing and highlighting the client's experiences of great importance for the therapeutic process (Rogers, 1951, as cited in Grossmann, 2011).

Among the qualities necessary for a therapist there is also maturity, competence and the ability to maintain a good mental health. Furthermore, it is essential for

the therapist to pursue his own personal growth and to be a role model for the client, Rogers believing that in this way a therapist would influence the client's motivation to improve his abilities.

Thus, a therapist who maintains a positive attitude towards himself and others, towards life and the world, should be more open and mentally healthy, and by communicating this attitude to his clients he should induce the creation of a positive environment which is more likely to reduce resistance.

Being this type of therapist can also influence clients to become more open, allowing them to experience self-understanding and self-directing as change factors, as well as to discover their own potential and to continue their personal development.

Starting with the idea that each individual is unique, that nobody feels, perceives or thinks exactly the same, it is easier for the therapist to become aware of his own uniqueness and to understand the client's qualities and beliefs in order to accept them and to shape them. The personal message often has the power to persuade others and to motivate them to become better, to want to evolve, to make a change and to accept the opportunities that life has to offer (Corey, 2005).

Rogers considers congruence as an important part of the therapeutic relationship, together with empathy which is useful when approaching anxious and vulnerable individuals, thus leading to reduced defence mechanisms (Nelson-Jones, 2000). Brown and Kottler support this idea, adding that the therapist needs to develop its own congruence regarding his feelings and the things he manifests on the outside (Kottler & Brown, 2000). Confidentiality and consent are the basis of creating trust regarding the therapist and the process itself, but there are some exceptional cases that violate this privacy, such as producing a deliberate harm, respecting a court order, also in case of abuse or if a minor is the victim of incest or rape, etc. (Corey, 2005).

According to this author, consent done knowingly also involves honesty and respect, the client having the right to take decisions. Confidentiality and informed consent are viewed by him as an additional factor that induces safety and trust, helping clients to disclose their problems.

Informed consent represents an ethical and legal requirement that supports respecting the individual's dignity, and is connected with the objectives settled during therapy, with the therapist's responsibilities towards his client and also with the client's responsibilities, with the limits and exceptions regarding confidentiality, with various legal and ethical issues, with the therapist's qualification, with

costs and therapy's extent over time, advantages and associated risks, and also with discussing the client's problem with the therapist's colleagues or supervisors if needed (Corey, 2005).

According to Conrad, therapeutic alliance has the role of creating a change in the client's life after his interaction with the therapist (Conrad, 1952, as cited in Popescu and Vișcu, 2016). O'Brien and Houston state that working alliance can be seen as a bridge between being there for the client and doing something together with the client in order to achieve the objectives set (O'Brien and Houston, 2009). Bordin emphasizes the client and therapist collaboration which he sees necessary for the process of overcoming the client's distress and self-destructive behaviour.

Thus, the therapeutic alliance is thought to be composed of three parts: the first one actually represents an understanding of the objectives pursued, the second refers to the established working tasks, and the third includes creating a personal connection based on positive mutual feelings, all of these helping to create an ideal relationship based on the therapist's and client's common beliefs regarding the goal of the therapy (Bordin, 1970, as cited in Horvath and Luborski, 1993).

In the process of becoming a therapist, one learns from experience how to obtain certain dexterity to overcome this paradox. It is a process where, unlike ordinary life, the emotional responses are inhibited, but not the affective perception, this leading to learning how to internalize emotional responses so they can be placed in the service of therapy. If the process fails, the professional ego is unbalanced.

There is also a terminology for this imbalance, through the phenomenon known as "projective identification". This phenomenon has been defined in various ways; the most used perspective regarding the process by which the client's specific affective elements are communicated unconsciously to the therapist. Therapists in turn, may not recognize that what they are facing is primary originated in the client's mind and not in theirs. Therefore, projective identifications, if any, are not recognized as such by the therapist and can have a disturbing influence upon them. Sometimes the client communicates through actions that induce to the therapist the exact same emotional response that the client has had as a child. In other cases, it isn't clear through what means the emotional experience of the client is somehow "placed" inside the therapist.

This uncertainty has led some observers to consider projective identification as an occult phenomenon or a mystic process. Many think it is like a vestige

remained in the adult individual from a preverbal or paraverbal form of communication that has been developed between mother and child.

The main therapeutic approaches, such as integrative therapy, cognitive-behavioural therapy, emotion-focused therapy, Gestalt therapy, experiential therapy, psycho-dynamic and relational models, consider the alliance as a positive affective link between client and therapist, consisting of collaboration on tasks and goals of the therapy (Bordin, 1979).

Therefore, establishing an agreement concerning these objectives turns the therapeutic process into a special collaboration called “working alliance”. Bordin also defines tasks in therapy as specific activities from different approaches having a therapeutic purpose: for example, the technique of free association in psychoanalysis, the homework used in cognitive-behavioural therapy or the “empty chair” technique used in Gestalt therapy (Bordin, 1979). As targets of the therapeutic process, the client and the therapist may seek to obtain a lower level of anxiety, improved self-esteem, precise setting of the client's needs and meaning of life. The existence of a collaboration regarding therapeutic tasks and objectives may lead to consolidating the therapeutic alliance, the same way as the emergence of a failure in creating the agreement between the two sides can lead to an imbalance (Bambling, King, 2001).

However, there have been only a few studies made on the connection between therapeutic alliance and the way it manifests in group psychotherapy. Unlike individual therapy where there is only the therapist-client dyad, when expanding a multidimensional construct to a group of people, the result is having more therapeutic agents: the therapist, or therapists, because there are two in most cases, then the group members and the group taken as a whole.

Consequently, there are more levels on the established relationships inside the group, this resulting in several types of alliance: the individual alliance between client and therapist, the alliance between members, the alliance with therapists across the whole group and finally the group considered as a whole.

Besides these issues that have been discussed, another relevant concept for group psychotherapy is the “cohesion”, often equated with the term “alliance”. To clarify this situation, Yalom (1995) mentions together with the idea of cohesion also a sense of confidence and support regarding the group, which reveals the idea of engagement around common themes and ultimately leads to increasing respect for oneself, reducing the symptoms.

When speaking about alliance, it is important to know that contracting is based more on the idea of a conscious and rational agreement which is useful in creating the alliance. Some authors sustain that this idea includes underestimating the importance of unconscious factors in the participation of the two parties involved in the therapeutic relationship, although this unconscious participation of the therapist in negotiating the alliance is inevitable (Safran & Muran, 2000).

As a conclusion, negotiation involves both emotional and transference components, using the conscious as well as the unconscious side, because the alliance isn't based on a strictly rational agreement. Safran and Muran write that negotiation highlights the transformation of goals and objectives during therapy (Safran & Muran, 2000). Although most studies speak about relational and technical separation factors, the constructivist view sustains that any task can be understood only in the relational context to which it applies (Safran & Muran, 2006).

Usefulness of therapeutic interventions, according to Muran, is often mediated by how these affect the relationship, any attempt to remove the technical and the relational side being difficult to realise other than statistically (Safran & Muran, 2006). Therefore, it would be necessary to include a hermeneutical direction in order to discover and analyze the meanings assigned by the client to the methods used in therapy.

3. THE VALUE OF REPAIRING A RUPTURE IN THE THERAPEUTIC ALLIANCE

According to Safran and Muran (2006), the concept of negotiating the therapeutic alliance involves a process that extends over time. Regarding the temporal context of the client-therapist relationship, there are two therapeutic groups: one that includes short-term changes of the therapeutic relationship and the other showing the global dynamics related to the development of this relationship. For example, it may be composed of a phase characterized by a well-established relationship, which then goes through a stage of decline and is rebuilt afterwards (Horvath, Luborsky, 1993).

The study made by Kivlighan and Shaughnessy describes three essential stages in developing the alliance between client and therapist: the first consists of a stable alliance with only small changes from one meeting to another, the second is characterized by a linear increase (the alliance gets stronger) and the third can be represented as a “U”-shaped model (the alliance is strong, then weak and then strong again)

which has actually showed the best results over the first meetings (Kivlighan and Shaughnessy, 2000).

Taking into account the opinion of these authors, the relationship established between the two sides may change in certain moments of the therapeutic process due to various reasons.

Therefore, the quality of the therapeutic relationship can be considered an extremely important variable, with a high predictability of success, regardless of the type of therapy used. Besides the three models, Stevens and his colleagues have discovered a fourth, a “V”-shaped model, characterized by the emergence of more alliance ruptures and repairs during the middle sessions (Stevens et al, 2007).

Published works usually define therapeutic alliance as a framework that facilitates the therapeutic activity, but which is not necessarily therapeutic itself (Safran & Muran, 2000). Research carried out about alliance ruptures indicates they are an almost inevitable aspect of the therapeutic process, but the alliance recovery leads to positive therapeutic outcomes by strengthening the connection between client and therapist.

Popescu and Vișcu list the following reasons for these ruptures that can occur within the alliance: the therapist is critical or unsupportive, non-directive or cautious, he changes techniques too often, becomes too subjective, gives a wrong diagnosis, has difficulties in managing the issues related to transference or countertransference (Popescu and Vișcu, 2016).

It is said that the progress of therapy involves developing a dynamic alliance with a series of sequences consisting of ruptures and repairs that are designed to strengthen the relationship. It is also theorized that this sequence of rupture-repair is therapeutic for the following reasons: it is necessary for the therapist to empathically fail in adjusting with the client in order to simulate failures in the client's important relationships, and repairing these ruptures helps to gradually increase the client's capacity to control negative emotions, while becoming more aware of the maladaptive states he has experienced (Safran & Muran, 2000). Furthermore, Safran and Muran sustain that negotiating ruptures in the alliance leads to learning how clients can express their needs and affirm themselves without this damaging their relationship with the therapist, helping them to feel independent and more involved at the same time.

Therefore, it can be said that negotiating the therapeutic alliance is not only helpful for therapy, but it is also a healing factor providing an emotional or corrective experience for the client (Safran & Muran, 2000).

4. CONCLUSIONS

For most clients, the therapeutic relationship is a well-guarded sanctuary, a place where they feel safe to express love and hate that cannot be manifested freely within other contexts.

Consequently, the direct expression of love and hatred may pose certain problems for the therapist, because their image materialized in the client's response does not distinguish between ordinary life and the therapeutic context. This creates the possibility of a complementary response despite the idiosyncratic model: the client's hatred, love and, in some cases, sexual arousal, will induce some emotional responses in the therapist. For example, when confronted with the client's rage, some therapists can also feel rage, while to others it can bring anxiety.

At some level of reality, therefore, the two participants are just ordinary people, while at another level which is part of a particular asymmetric setting; it is shown a relationship that has no correspondent to everyday life. Considering the matters described above, it can be stated that the Integrative Strategic Model is a flexible way to establish an alliance according to the specific needs of each client.

A part of the people who come to therapy may require a more structured initial approach in order to understand and clarify the therapeutic tasks and objectives, while others need a collaboration based on trust and safety, relying less on structured approaches.

However, all therapeutic relationships have in common the process of signing a contract at the beginning of therapy, which contains agreed-on items regarding the therapeutic process and relationship (O'Brien & Houston, 2009). Accordingly, it can be said that this agreement on the tasks and goals of therapy facilitates both the therapeutic activity and collaboration with the client, strengthening the alliance and also the client's involvement. Although this initial contracting, together with finding the best way that leads to a collaboration between the two individuals, are vital processes for therapy, it is believed that the concept of building the alliance should focus more on a continuous negotiation of the conditions and terms throughout treatment, and the therapeutic relationship should be maintained and strengthened in each therapeutic session.

The purpose of this paper to corroborate all trans-theoretic aspects of the therapeutic relationship concept and to connect it to the Integrative Strategic Model of the Self has been successfully fulfilled,

thereby adding another brick to the foundation of integrative psychotherapy.

However, as noted throughout the study, the therapeutic relationship, the alliance and the therapist's qualities are closely correlated, and identifying specific aspects characterizing only some types of therapy is extremely difficult because any approach, whether generalized or condensed, must consider both the objective reality of the therapy and the client's subjective reality.

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ATTACHMENT, SELF DEVELOPMENT AND TRAUMA RECOVERY IN STRATEGIC INTEGRATIVE PSYCHOTHERAPY

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ABSTRACT: Attachment is a fundamental safety net for the exploration, development, and evolution of a relationship, but also for the growth and development of an authentic, autonomous, stable self. The premise for attachment is one's need to maintain contact with the significant individuals that surround us considering the vulnerability and complete helplessness that humans are facing since birth. The hypothesis of this study consists in presenting trauma and therapeutic intervention methods from the perspective of the integrative strategic model of the self.

The objectives are: creating a trauma intervention plan on the emotional axis of the integrative strategic model of the self and analyzing the therapeutic relationship in trauma psychotherapy. The data are presented and interpreted in a relationship with the content relating to the basic, central, plastic and external self of the afore mentioned model. From the perspective of integrative strategic psychotherapy, trauma involves a complex assessment of the client who is to be positioned on the emotional axis. The therapeutic relationship aims to create a secure attachment experience with the client.

KEYWORDS: attachment, trauma, emotional axis, strategic integrative psychotherapy.

1. INTRODUCTION

Fonagy (2000, cited in Wallin, 2010, p. 303) considers that trauma and attachment involve the internalization of a “false self” representation as a substitute of the “constitutional” self (the real one), as a consequence of the responses to an abusive attachment figure.

Thus, Fonagy also explains why some people who suffer from active traumas resort to self-sabotage behaviours, even self-mutilation, because of the need to keep the connection with the original persecutor. If there is no one available to assume the persecutor role, the person tends to persecute itself.

Wallin (2010) observes the act transposition phenomenon – in terms of re-experiencing the trauma symbolically, a fact noticed in the behaviour manifested by the victim in ulterior relationships.

From an attachment point of view, trauma is described at this stage, as traumatizing the child's need for attachment. Franz Ruppert (2012, p. 178) calls this phenomenon “attachment trauma”, which he explained as a result of the relationship with an emotionally unavailable mother since attachment is necessary for the child's survival.

The author describes attachment trauma using an eloquent metaphor to show that for a child with an emotionally inaccessible mother it is as if “the wall where the child should hang the emotional rope does not have any hooks and it is smooth and inaccessible.

The attachment trauma occurs when, due to feelings reflected by an insecure attachment, the child develops his own survival strategy, often based on inner withdrawal and the development of his own phantasmal world, hence the incongruity with a reality difficult to accept.

The feeling of inner emptiness and the inability to achieve a genuine contact with another person become central experiences in these individuals' lives.

When associated with traumatic experiences of any kind, these are far more intense and difficult to overcome because the person does not have a solid and healthy attachment basis and is not autonomous and emotionally available to manage the trauma.

The same author considers that other types of trauma related to attachment are existential trauma - the trauma caused by loss and the attachment system trauma.

2. THE EMOTIONAL AXIS: EVALUATION, DIAGNOSIS, THERAPEUTICAL INTERVENTION METHODS EMOTIONAL AXIS - CHARACTERIZATION

On the Emotional Axis, the Basic Self contains internal working models or neural maps for the attachment and emotional structure. Depending on the relationship with one's environment, these IWMS

become active and develop into a set of central beliefs (the Central Self); the Central Self characterizes on the Emotional Axis the attachment style, the repression or expression of basic and primary emotions, emotions categories and value conditions.

These are maintained by the mechanisms of the Plastic Self which is responsible for a certain style of attachment, emotional regulation and a continuity of values. Their related behaviours and emotional expression characterize the External Self.

Inter-subjectivity is an important aspect of the emotional domain. Inter-subjectivity refers to the perceptions and representations that people build when relating to one another and the individual's resources to interpret the meaning of socio-cultural life elements. Inter-subjectivity is a social, cognitive and affective phenomenon that occurs early and depends on how the individual's environment experience is structured from a neurobiological perspective (Ginot, 2007).

Inter-subjectivity is defined as the manner in which a person understands another person and resonates with this other. Wallin (2010, p. 77) defines inter-subjectivity as the "interface between two minds", an innate capacity "to reveal our mind in the minds of others when we turn to others to find out more about our own mind." For children, the ability to inter-subjectivity is innate.

It starts to take shape during childhood, as the child interacts with others and begins to understand thoughts and emotions.

Stern defines emotional relatedness as the process by which we, as persons, have similar feelings as the other and we allow this other person to understand that we felt the same; the other sees this emotional relatedness as the intersubjectivity core, not just as a communication possibility, but as an "interpersonal communion" - being together and sharing without trying to change the other (Stern, 2004, cited in Smith, Vişcu, 2016). It might be useful at this point to develop a general model for the evaluation, diagnosis and therapeutic intervention of a traumatic situation.

As previously discussed, traumas are caused by various factors and fall into different categories.

The common trait is the traumatic process characterized by the existence of a traumatic event, the neurophysiologic changes set (reactions) which occur after the trauma and symptomatically persist and what one could call the potential stimulus trigger (those situations or contexts that recall the trauma and often trigger abnormal reactions even if there is no the threat).

The evaluation and diagnosis of a trauma must imply the analysis of all the psychological axes. The Emotional Axis is special because any kind of trauma will directly influence the emotional Self.

In order to proceed with a therapeutic intervention on the Emotional Axis, it is necessary to make a prior analysis of the trauma implications as per the four domains of the Self.

A possible structured description of a traumatized Self is presented in Table 1.

Table 1 The Emotional Axis in current trauma situations

The Basic Self	The Central Self	The Plastic Self	The External Self
IWM attachment (secure/insecure)	The pattern/attachment style (Building the attachment) Early experiences in relationship with the mother: the mother's response to the child's needs the mother's emotional stability as an emotional adjustment factor for the child. Usually not sufficiently structured!	Mechanisms that maintain the poor attachment style/pattern: There is no IWM for secure attachment, thus the same actions that somehow ensure the "illusion" of protection are repeated.	The manifestation of attachment patterns Congruent behaviours with the attachment style/pattern Dependent or avoidant Insecure / Undecided (Ambivalent)
IWM basic emotions: fear, anger, sadness, joy, surprise Primary emotions Instability and vulnerability in emotion management	Repression / no repression of primary / basic needs Basic emotions / Emotions categories Being centred on sadness, repressed anger, guilt building up inside the circle of devaluing cognition, a negative orientation / a pessimistic view of reality	Emotional disturbance: Neurotic guilt Fear of being left Fear of death Unrequited love Impotent rage Shame General emotional weakness	Emotional expression: Anxious Hyper-vigilant Fearful Sad Emotionally paralyzed (anhedonia, insensitive to others' emotions) Weeping Desperation

The Basic Self	The Central Self	The Plastic Self	The External Self
	The value conditions altered by the incapacity to control the de facto reality so that the trauma wouldn't have occurred or subsequently the incapacity to help oneself overcome trauma	Mechanisms that maintain value conditions Avoidance Assurance and reassurance behaviours	External locus of evaluation Blame, exaggerated response to stimuli that evoke the trauma or are similar to conditions when the trauma occurred The feeling of helplessness
IWM inter-subjectivity /intra-subjectivity	Inter-subjectivity / intersubjectivity: Discontinued contact	Mechanisms that maintain the relational patterns: Withdrawal	The behavioural expression of relational patterns Distrust Repressed social need Blame Renunciation and isolation

In terms of emotional therapeutic intervention on the Emotional Axis, there are several benchmarks that should be taken into account. According to several authors the following interventions may be useful (Vanderkerckhove et al., 2000; Wilkins, 2010, as cited in Smith, Vişcu, 2016, p. 201):

- Managing client incongruence through unconditional acceptance;
- Congruent answers with the client's condition: empathy, the therapist's attention to their own reactions, triggered by the client's confession and the answer they provided to the client;
- Therapist self-disclosure;
- Communicating empathic understanding;
- Restoring the attachment patterns (second order attachment in therapy);
- Recognizing emotions;
- Supporting the client's emotions expressions;
- Supporting the client in adjusting emotion intensity: identifying and labeling emotions, allowing and tolerating emotions, establishing a professional distance, increasing positive emotions, reducing vulnerability to negative emotions, self-adjustment;
- Reassessment: creating a new meaning for the client;
- Positive Imagery;
- Reflecting on emotions: developing new explanatory stories for past experiences
- Corrective emotional experience.

While working with the client, the therapist must go through the following 7 emotional levels (Bridges, 2006 as cited in Smith, Vişcu, 2016):

- level 1: the client intellectualizes and there is no evidence of emotional significance for the events described;
- level 2: the client provides verbal or nonverbal evidence regarding the personal relevance of the material, but does not refer particularly to his or her internal emotions or reactions

- level 3: the client focuses mainly on external events, focusing occasionally on his or her own feelings;
- level 4: the client begins to focus on the internal experiences of emotions in relationship with their own level of comprehension;
- level 5: the client starts to question and explore questions about himself or herself;
- level 6: expressing positive feelings of relief; and
- level 7: gaining a greater understanding.

3. THE THERAPEUTICAL RELATIONSHIP AND THE EMOTIONAL AXIS IN TRAUMA PSYCHOTHERAPY

Siegel (1999, p. 2 cited in Wallin, 2010, p. 99) states that "the genetically programmed growth of the nervous system is shaped by interpersonal experience." The theories concerning attachment show how strong is the influence of the relationship between the primary attachment figure and the child on its socio-emotional development.

Wallin (2010) extends the attachment theories to the therapist-client relationship and shows how the therapist can provide the therapeutic change by cultivating a relationship similar to the secure attachment one, by appropriately containing the client. Mentalization and inter-subjectivity are essential ingredients of a successful therapeutic relationship that aims to fulfil such objectives.

Erskine, Moursund, and Trautmann (1999, as cited. Popescu, Vişcu, 2016) define as the "contact key in a relationship" the basis of the therapeutic process, consisting in the agreement between therapist and client. The authors state that the clients coming to therapy encounter problems whose difficulties reside in a series of "internal contact disruptions".

These may also serve as defence mechanisms that the clients are not aware of, with the potential to hinder

the psychotherapeutic process. The denial, disengagement, desensitization, depersonalization and dissociation may be considered such contact interruptions.

Denial implies memories and emotions repression: the client has issues and cannot find a solution to the problems he or she faces, or they do not see the problem or fail to make connections.

Disengagement refers to the inability to tolerate emotions, especially the painful ones. Desensitization is a loss of contact with the bodily self at a sensory level. Depersonalization describes a psychic abandonment of the body and the sense of self. Dissociation is a defence mechanism in which the consciousness is divided into separate parts functioning separately. Depending on the level where the contact has been interrupted, the therapist must intervene specifically and help the client in a restoration process.

It seems that “the way in which the client perceives the therapeutic alliance and the therapeutic relationship is the most important factor contributing to successful therapy.” (Popescu and Vișcu, 2016, p. 47).

As seen in the previous chapters, I must highlight the therapist-client relationship as a space for emergence and reciprocity at the level of “mind’s theory” and inter-subjectivity; the therapist is taking a leadership role in this process by spotting the key moments and managing them so that the client can feel safe, emotionally connected, and aware of everything that involves his or her own of therapy.

The dissociation phenomenon is defined early by Pierre Janet (cited in Riedesser, Fischer, 2007) as the result of an overwhelming of consciousness when developing a traumatic situation, which has a striking impact. The authors mentioned see the term dissociation as per Pierre Janet’s original interpretation, that is: “the memory of a traumatic experience will often fail to be properly elaborated; it will, therefore, be divided from conscience, cleaved, dissociated, in order to reappear at a later time, either as an emotional state, a physical state or in the form of representations, images or behaviour re-enacting.”(p. 37).

It is also important to recall that “regression is the partial restoration of an individual’s previous functional fixations, thus protecting its own vital economy.” (Stora, J., B., cited. Wildöcher, Braconnier, 2006, p. 377).

Initially, dissociation is necessary in order to cope with trauma. One technique that helps the client to manage dissociation is the “bubble” technique developed by Alden (Popescu and Vișcu, 2016, p.

275). The clients are invited to observe the trauma as if they were inside a bubble preventing any harm. When the person ‘solves the trauma’ by stepping out of the dissociation or regression circle the corrective emotional experience also occurs.

A corrective emotional experience is an action of the therapist that aims to provide the client with a positive experience, corrective because it contrasts with what the clients is used to experience (Knight, 2005 as cited in Popescu and Vișcu, 2016).

From a neurobiological point of view, Wallin (2010, p. 104) specifies that the person who is involved in a psychotherapy process manages to re-evaluate the traumatic experiences and thus generate new connections (associations) in the mind and brain, due to the attachment relation with the therapist. This means that from an integrative strategic point of view, the nervous system, due to its inherent plasticity, forms new schemes and internal action models; these are generated by the safe and deeply transformative relationship created during the therapeutic process: reaching the emotional corrective experience becomes thus possible.

Wildöcher D., Braconnier A. (2006, p. 27) describe the “emotional corrective experience concept” as being more than interpretation and insight, but also an emotional climate described by “neutrality and availability”, both provided by the therapist. The perspective is, however, psychoanalytic.

The authors describe it as “a determining process during the treatment which is based on re-evaluating the object choices and triggered purposes according to the analyst’s feedback”. On the other hand, the treatment or psychoanalytic treatment aims to repair (therapeutic change through the corrective emotional experience) through the he fusion experience of the patient with the analyst (the mother). This emulates the original fusion relation between infant and mother, but in the therapeutic context, this fusion always expresses trust and confidence” through the therapist’s emotional response.” (Wildöcher, Braconnier, 2006, p. 161)

In other words, the therapist generates in the client the therapeutic change (“the idea of repairing”) by confronting them with their own imbalanced drives, in regression stage, while ensuring in their person and role (as an analyst) a secure environment. On the other hand, Judith Lewis Herman (cited in Goleman, D., 2001, p. 258) believes that patients should not be deprived of the feelings related to trauma. The solution does not lie in sparing the victim, but rather in encouraging them tactfully and professionally to express their overwhelming feelings. Dealing with one’s own overwhelming emotionality enables a

recycling process of the trauma until the person can detach from it, being capable to accept the feelings associated with the traumatic memories. The symptoms are gradually reduced and the person can move on to living a normal life as the trauma belongs to the past.

In the “Purdy” case, reported earlier by D. Goleman (2001), an example of corrective emotional experience for children who have chosen to change the theme of the game by killing “Purdy” can be observed, thus returning to the natural order dominating before the incident occurred. This example represents a therapeutic way of dealing with trauma, because the newly discovered perspective releases the victim from the emotional blockage produced by the traumatic event.

Talking about affective adjustment and attachment strategies, David Wallin (2010, p. 137) points out the “primary strategy of attachment” developed by researchers (Fonagy, Main) as a model of safety responsible for how the child learns, by looking into the “adult’s mirror”, how to regulate their emotions and to understand the world.

Regarding the safety model, Wallin states that “emotional adjustment is the process by which the child manages to associate the initial involuntary emotion expressions with the responses of the person who cares for him or her using social “bio-feedbacks”. Wallin explains in the second part of the book that psychotherapy functions similarly: the therapist has the duty to help the client to adjust his or her affectivity in relationship with the trauma, based on the provided safety model (II order attachment).

This model aims to link the posttraumatic Self to resilience, ultimately empowering the Self to a position outside or above the experienced trauma.

According to Riedesser and Fischer (2007, p. 169-170), there are three sequences in the trauma process: the shock phase, the action phase, and the recovery phase. In order to produce effective and lasting results, the recovery phase should include the resilience development act.

Resilience is described in relationship with the idea of *dynamic adaptive process in terms of “resistance to psychological deconstruction” and empowerment in face of significant adversities*. (Turliuc, Măirean, 2014). According to the authors mentioned, resilience can be achieved at an individual, family or community level. Turliuc and Măirean (2014, p. 108) define resilience as “the ability of a person to cope with suffering and continue to develop, the greatest challenge being the ability to avoid passing on the suffering to the next generation.”

David J. Wallin (2010, p. 89) defines the Self as a “relatively stable internal reference point” generated by the interaction of body-brain-mind, where the “part of the human being that lives life but at the same time informs it both unconsciously and consciously” can be found.

Goleman (2001) considers that emotional intelligence is an important factor in acquiring resilience and *developing the posttraumatic self*. The author talks about *re-educating the emotional brain* by learning that life should not be lived as a permanent crisis and that one can gain autonomy and control in fighting the consequences of a trauma.

According to psychiatrist Judith Lewis Herman (as cited Goleman, 2001, p. 255), trauma recovery involves several *phases*. Firstly, it is necessary to focus on ways that calm the emotional neural circuits responsible for the emotional alert. The patient will learn through practice and self-education the nature of the discomfort state relating to the trauma and that it is part of the specific symptoms accompanying traumatic disorders. Thus, knowing where he or she stands, the patient will feel less frightened by their own stormy symptoms.

Another phase consists in helping the patient to develop a supportive and effective control strategy, discarding the impression of complete helplessness caused by trauma.

For example, the person affected by trauma can learn to think positively, stay focused and always look for resources, instead of focusing on the problem, or to involve in his or her life supportive people.

Another support strategy is using specific medication. Drug treatment does not erase trauma consequences but it can help by ensuring a physiologically calm state enabling the emotionally injured circuit to relearn the sense of safety and control existing before trauma.

In another phase of trauma therapy, by talking about the trauma and reconstructing it, the patient learns to experience the memories without experiencing the associated horror or strong sensations. In other words - in the therapist’s company- that is in a safety environment the patient verbalizes and gradually gets used to evoke the trauma, which is consequently removed from the conscious present (dissociated) and transformed into words. Thus, the emotional circuit changes by understanding that safety, not horror, can be felt in tandem with the traumatic memories.

Referring to trauma, Tedeschi and Calhoun (1996, as cited Turliuc, Măirean 2014, p. 200) identify three change areas: the clients acquire a new self-perception and a high self-esteem; then redefine their interpersonal behaviour in a positive way and another

change is related to the life philosophy and the meaning attributed to aspects related to world and life. Basically, the clients acquire a posttraumatic Self in the light of a new existential understanding, where a new spiritual knowledge invested with power and self-responsibility intervenes.

Apparently, an essential role in acquiring resilience and developing the posttraumatic Self consists into developing a “mentalizing capacity,” in the terms suggested by Wallin (2010). For a person who is right in the middle of trauma, in dissociation state, trauma therapy seems almost impossible. Once the person is assisted and taught to reflect, to see new perspectives, to actively seek solutions and give up its helpless victim position, an improvement and a favourable therapeutic outcome can be observed, which remains effective on the long-term.

Mentalizing represents a “conversation about conversations”, that determines a reframing of those IWM (Internal Working Models) helping the traumatized person to “live” their world (initially caught between dissociation and suffering). Furthermore, mentalizing allows or unveils “more than just a single perspective on existence” in a context where the therapist invites the patient to self-monitoring their own states of mind, thoughts and actions, and thus bringing the patient into the present moment – an objective and potentially different one (Wallin, 2010, p. 259).

It can be thus understood without a doubt why the posttraumatic Self, that is the new Self- the one which is formed during the therapeutic process, becomes resilient: because it obtained a new skill: the capacity to mentalize or reflect outside the traumatic experience! On the other side, “the hurt aspects of the self are formed as an answer to trauma and negative relationships with abusive, neglecting, rejecting or over involved role models” (Frederick, 2005, apud. Popescu, Vișcu, 2016, p. 216).

According to John Bowlby, “the therapist’s role is analogous with the role of a mother ensuring for her child a safety base to explore the world” (1988, p. 140 apud. Wallin, 2010). This explains why a quality therapeutic relationship has the capacity to dislocate the person from their traumatic blockage by creating that secure, non-invasive environment where the person affected by trauma can grow, holding on to the therapist’s wing until they learn how to fly by themselves and manage to lift up and encompass the trauma.

From a strategic integrative perspective, resilience and the posttraumatic Self can be reflected by several changes: psychosomatic problems disappearing (biological axis, External Self), acquiring control

over trauma related dysfunctional thoughts, a change of perspective through a consolidated set of decontaminated beliefs (cognitive axis, Central Self), a restored emotional balance (Emotional Axis), emerging out of some psychodynamic blockages (psychodynamic axis), interaction and social life, as well as renewed interpersonal contacts, a new life meaning and purpose (family and existential axis).

4. CONCLUSIONS

Trauma is to be put in relation to a series of factors and potentially traumatic events, the person’s pattern for understanding and representing oneself, life and the world, as well as with a process like development. One aspect with a special importance is dealing with trauma through a strategic integrative approach, structured into two components: dealing with trauma through the modelling of a therapeutic relationship, followed by analysis and working with trauma from the perspective of the plural approach described by psychological axes and the four domains of the Self.

The first aspect – the therapeutic relationship makes possible the recovery from trauma by rebuilding a safe attachment, developing self reflection skills and an enlarged point of view, centred on resources and facilitating emotional corrective experiences, recovering self-esteem and confidence in the other persons.

In order to build a favourable therapeutic relationship, the therapist must express empathy, accept the objective reality lived by the client, their defence mechanisms developed as a reaction to the problem the person is fighting with. But the therapist must also pay attention to their own supervising needs.

A positive therapeutic relationship offers the emotional support necessary to the client in order to detach them from the past and recover their hurt Self. The client must have the conviction of not being rejected but accepted as they are. In creating a therapeutic relationship there a few elements that matter: the degree of therapist involvement, the honesty, non-verbal communication, their capacity to mentalize / reflect, the consciousness in repairing possible or even necessary disruptions in the therapeutic process.

The second component is represented by a rigorous study framework for the trauma, involving evaluation, diagnosis and specific intervention. This framework should have as benchmark the internal reference system of the client, which in a trauma situation becomes rigid, blocked and dysfunctional.

From an axial and multifaceted perspective, trauma can be analyzed and comprehended into a much more complex way, which leads to an elaborate therapeutic intervention.

It has been seen that the integrative-strategic model of the Self integrates the psychotherapy theories accepted nowadays about the Self, as well as neurobiological research about the human brain and the interaction between the two cerebral hemispheres, neuronal plasticity and the mapping of information into neuronal networks. The integrative-strategic model also integrates research on attachment theory – the basis on which therapeutic relationship and second order attachment are structured.

Integrative-strategic psychotherapy is based on the theory of a Self in continuous development, starting in early childhood to adulthood, through internal working models connecting the nervous system plasticity with the individual's environment, where they live their own life experience and give it a subjective meaning.

The Self evolves under the influence of multiple factors: biological, cognitive, emotional, existential, psychodynamic, and cultural as well as factors concerning family attachment.

The integrative-strategic model of the Self defines these factors, and the way in which they are interconnected to the Self according to the six psychological axes concept. With regard to the Self, there are four aspects through which it manifests, functioning on a verbal and non-verbal level, in continuous interdependence and resulting into a personal way of understanding one's life experience and of acting accordingly to the beliefs of this standpoint.

These four aspects are defined as the Basic Self, the Central Self, the Plastic Self and the External Self. The Basic Self hosts the non-verbal experience domain, assimilated into an early stage of life; at this stage, pre-established neuronal networks are in a state of expectancy, as a series of potential software, waiting to be accessed and activated by experiences.

Depending on the degree, quality and intensity of received stimulation, the individual may develop certain patterns of behaviour and understanding of life experiences. The Central Self is the host of beliefs or "laws" resulting from the Basic Self's experiences. The Plastic Self is the territory of action, containing mechanism meant to sustain and support the central set. The External Self represents the interface, which is expressed through our behaviour.

An integrative strategic psychotherapeutic intervention based on the internal working model of the Self and framed according to the six

psychological axes offers the therapist an approach finely tuned to the specific needs of the client.

When synthesizing the ideas exposed in the paper, it should be remembered that in approaching trauma from the perspective of integrative strategic psychotherapy, the following aspects are essential: a complex client evaluation (not just as life history but also including the psychological aspects involving biology, cognition, family, the emotional, psychodynamic and existential spheres), as well as building a quality therapeutic relationship and maintaining it at a high quality standard which guarantees the achievement of the psychotherapy objectives.

It is compulsory for trauma evaluation and diagnosis to take into account an analysis of all psychological axes. The Emotional Axis is particular as trauma of any kind affects in a direct manner the emotional Self. It has been seen how important it is the manner in which the attachment internal working model and its implications get structured throughout life in relation to trauma.

While a safe, secured attachment represents a resource in working with trauma, an unsafe attachment can provide us some reasons for understanding the traumatized self and the resilience deficit. In relation to the attachment type is also developed the capacity for emotional regulation, as well as the contact with the self and the world, which is translated into the inter-subjectivity concept. During the therapy process it is necessary to develop for the client facing a trauma those reaction models activating resources and not blockages. Confrontation and the emotional corrective experience describe the key element in the therapeutic process of overcoming trauma; these use as a resource the dissociation state, which further enables the access to resilience.

In the light of the above elements, one can conclude that integrating all the available trauma knowledge in the context of strategic integrative psychology is more than welcomed; this permits a valuing of the emergent self model and elaborated from the axial point of view.

The integrative strategic schema in the trauma treatment must include a specific work done on every axis and at different levels of the self, without neglecting the importance of the therapeutic relationship and the main axis profoundly affected: the emotional one.

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THE RELATIONSHIP BETWEEN BIRTH ORDER AND PERSONALITY

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ABSTRACT: The study presented in this paper underlines personality dynamics according to birth order, with an accent on differences between the first-born and the second-born child in a two children family, regarding the big five personality traits and the development level of professional competencies. The answers of 60 participants were analyzed, of which 30 first-born children and 30 last-born children, aged between 16-62 years ($m = 25.78$, $sd = 10.034$), which agreed to fill in, online, the Decas personality inventory. Their answers were analyzed using the t test technique for samples of natural pairs. The results of this study show important differences regarding the conscientiousness personality trait and neuroticism, accompanied by differences at the level of the leadership professional competency development and of the ability to motivate others, which seemed to be higher for first-born children, compared to their siblings.

KEYWORDS: birth order, personality, experimental, journal, psychology

1. INTRODUCTION

The importance of birth order in the child's personality development was first mentioned by Alfred Adler in 1928, who considered personality as being described by motivation; where human motivation represents a struggle for perfection and the main factors in the influence of the personality early development are: parental behaviour, family constellation and birth order.

Parental behaviour contains the actions and attitudes of parental figures towards their child. Adler (1928) mentioned three types of parental models: hyper-tolerant (characterized through indulgence, excessive tolerance, emotional support, protection, the insurance of a safety feeling); rejective (characterized by ignorance of the child's needs through indifference); and adaptative (characterized through a relation based on respect, love, trust and independence). Each parental type shapes the child, determining his future adult adaptability to environmental demands and challenges.

According to Adler's theory, birth order imposes environment constraints through the parents'

expectations or to feedback styles or fraternal competition on the basis of the parents' attention investment in the delicate child (Eckstein et al., 2010).

Because first-borns enjoy a longer period of exclusive parental attention, being later forced to share this attention or even to feel the lack of this attention and lived this loss most probably before acknowledging that their place in the family has been firmly established, they will always seek approval and appreciation from others, especially from those occupying powerful positions, respecting order and highly keeping this external order (Alder, 1991). By trying to please, first-borns will accept order and the rules imposed by order, thus developing conservatism and a “silent” affective life (Costa & McCrae, 1992). Children develop personal characteristics based on their position inside their family (Toman, 1969). Frank Sulloway (1996), the author of the book *Born to Rebel* sustained that personality represents a repertory on stages that brothers use to enter in competitions to each other in order to win their place in the family environment.

Even if the physical characteristic can be similar for the two siblings, due to a genetic similitude, their personality traits and their development rhythm vary according to the un-common factor of the family environment (Daniels & Plomin, 1985).

Besides this concrete genetic constitution, there is no doubt that no other factor is as important as the effect parents had on the shaping of their child's character (Blair, 2012). Regardless of the children birth order, studies show that each child receives affection in a non-discriminatory manner from his/her parents, the only meaningful difference regarding the treatment received from their parents, being connected to the parental control exercised with a higher intensity in the case of first-borns in comparison to their other child (Mofrad & Uba, 2014).

This situation appears because fathers tend to have greater expectations from their first-born, who is often seen as a paternal model in interaction to his

brother/sister, frequently playing the role of surrogate parent for the other and is often delegated to care for his/her brother/sister. When one loses something, the natural tendency is to try to offer oneself that thing, as much as possible; the same situation also appears in the case of first-borns who sense the birth of their sibling as a dethrone (Adler, 1928).

They seek to occupy positions associated to higher power, as managerial positions, thus explaining the conclusion, that from a statistical point of view, most American presidents and Britannic premiers, general managers of most companies and organizations in this category are all first-borns. In developing the leadership competency, the role the first-born has and the parental behaviour observed, encourage him in this direction.

The last-born child, being surrounded by family members who can help him in times of need (a larger number of family members than in the case of the first-born) is not forced to face problems for long periods of time. Thus, his childhood environment encouraged him to remain in a dependency state, expecting for the others to take care of him and to treat him with indulgence, to automatically know what he desires, and in general, to be willing to satisfy his needs (Blair, 2012).

On the other side, as long as a person is nursed, instead of being encouraged to take care of himself, his chances to feel disappointed by others are increased and to ask himself if the others really care, thus affecting his emotional stability.

A dangerous consequence of this type of attitude is sufficient to blame others when things don't go as they desire, them not being able to assume responsibility. In order to obtain the benefits offered by the people surrounding them, last-born children inhibit their aggressiveness, cultivate gentleness and kindness, and are preoccupied with the others being sensitive to their needs; all of these features contributing to a high level of agreeableness.

Concerning the connection between the position offered by birth order and intelligence, proper proofs to sustain this idea are lacking, which would suggest that the guidance offered by elder brothers would lead to an increase of the smaller child's IQ, even if this aspect can be suggested (Sulloway, 2007). Zajonc (1979), when speaking about the effect of the tutor's position, explains how the first-born can overpass his sibling, when starting to teach his sibling things he knows; thus a proper organization of ideas and the expressing of thoughts, like a teacher for the smaller sibling, brings a greater benefit for the educator.

2. OBJECTIVE AND HYPOTHESES

2.1. Objective

The present paper has as purpose the confirmation of a dynamic between personality development and birth order, the latter, together with the family environment, influencing the shaping of personality traits and the development of certain competencies; each person, who is not an only child, can't remain indifferent to this natural relation built with a brother or sister.

2.2. Hypotheses

In order to investigate the existence of a dynamics, pairs of siblings were selected, born not more than 10 years apart, to investigate their level of conscientiousness, openness, agreeableness and of the leadership competency development. Thus the hypotheses of this study are: 1. first-borns have a higher level of conscientiousness in comparison to last-born children; 2. first-borns have a lower openness level in comparison to last-born children; 3. first-borns have a lower agreeableness level than last-born children; 4. first-borns have leadership competencies, more developed than last-born children.

3. METHOD

The present study is a comparative non-experimental research. Its participants were chosen from an initial sample of 37 pairs of siblings, respectively 74 persons, who initially accepted to fill in the personality psychological test.

Eligibility criteria for this study were: (a) the pair must be formed of natural siblings coming from the same family; (b) the age difference between them not be more than ten years; (c) the first-born's minimum age to be 16 years, or the equivalent of a minimum of ten grades education, this being a compulsory condition for the test applied. If necessary, both brothers could be included in the test, not just one of them. Thus, in the end, the results obtained from 60 participants (81%) were analyzed due to the fact that 14 were excluded after one of the siblings refused to participate.

Demographic characteristics for the 60 participants indicate a higher proportion for the feminine gender (66,66 %) with ages between 16 and 62 years ($M = 25.78$, $SD = 10.034$).

The instruments used were:

The DECAS personality inventory (2008), coordinated by Prof. Florin Alin Sava PhD and his collaborators from PsihoProiect SRL, contains a

number of 97 dichotomic items, 3 validation scales, 5 personality dimensions built according to the Big Five model and 16 secondary scales which can measure the development level of useful competencies in HR, as the leadership competency, the ability to motivate others, integrity, interpersonal abilities, motivation for self-development etc.

The internal consistency coefficient alpha Cronbach is of .72 for Openness, .75 for Extraversion, .66 for Conscientiousness, .70 for Agreeableness, and .81 for Neuroticism. The main advantages are represented by the three validation scales, which show the respondents' tendency towards desirability, casual answers or towards approval; and the standard representative national sample. The filling in process demands a minimal education obtained after graduating ten grades and analyses only the Big Five personality Traits, without their facets. Participants filled in the DECAS Personality Inventory in its online shape, after receiving their email address, where an invitation to complete the test was sent. A business rapport was generated which would contain all five personality traits and the development level of some professional competencies.

Data obtained were processed with the help of the SPSS software, 20.0, by using the t test for siblings' samples, comparing the scores obtained, for the traits of conscientiousness, openness, agreeableness and the leadership competency belonging to first-born children in comparison to last-born children. Besides these items, neuroticism as personality trait was also exploratory analyzed together with the level of the competency to motivate others.

4. RESULTS

One of the dimensions aimed at was conscientiousness. The results confirm the first hypothesis, indicating a statistical meaningful difference, thus being able to indicate a higher level of conscientiousness in first-born children ($m = 11.3$, $sd. = 3.57$) in comparison to last-born children ($m = 9.47$, $sd. = 4$), $t(29) = 2.11$, $p = .04$. When analysing openness, the results didn't sustain the hypothesis proposed, which stated a lower level of first-born than for second-born children, thus no significant statistical difference was obtained, the averages being equal for the openness level of first-born, ($m = 9.03$, $sd. = 3.45$) and last-born ($m = 9.03$, $sd. = 4.09$), $t(29) = .00$, $p = 1$.

Agreeableness represents the inventory dimension which shows a non-meaningful difference, thus rejecting the hypothesis according to which first-born children have possess a lower level of agreeableness

($m = 8.67$, $sd. = 2.97$) than last-born ones ($m = 8.27$, $sd. = 4.12$), $t(29) = .526$, $p = .60$.

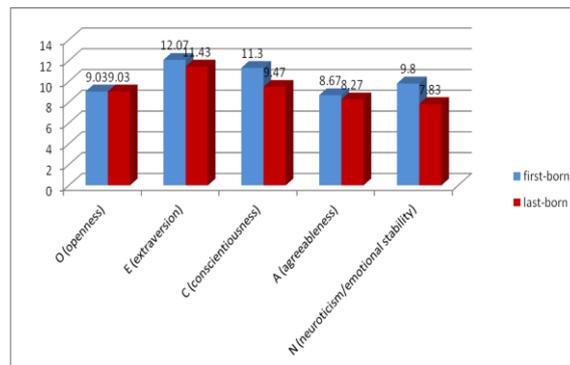


Fig. 1. First-born and last-born average for the Big Five personality traits (DECAS)

When analysing the development level of the leadership competency, the results indicate a significant difference, thus confirming the hypothesis, thus first-born children ($m = 52.59$, $sd. = 16.96$) possess a more developed level of leadership competency in comparison to last-born children ($m = 45.46$, $sd.=14.56$), $t(29) = 2.123$, $p = .04$.



Fig. 2. First-born and last-born children average at the development level of the leadership competency (expressed in percentages).

Besides these dimensions, the personality trait was also analyzed from an exploratory point of view, and the results were unexpected and interesting. It underlined significant statistical difference [$t(29) = 2.06$, $p = .048$], first-born children being more stable from an emotional point of view ($m = 9.80$, $sd. = 3.98$) in comparison to last-born children ($m = 7.83$, $sd. = 3.82$). A possible explanation would be that first-born children, according to a birth order, one dethroned by the apparition of siblings, no longer benefited from a full attention from their parents during each less pleasant moment, thus creating learning mechanisms for an auto-protecting resilience and creating an emotional stability in connection to self-trust as being sufficient.

The results obtained at the conscientiousness level, confirm the hypothesis established, thus first-born possess a higher level of conscientiousness than last-born children. Tasks delegating, taking care of their smaller brother or sister or the fulfilment of a household tasks, being invested with trust, all represents aspects that contribute to the strengthening of a sense of duty, a respect for parental authority, a tendency towards conservatism and all contribute to a higher level of conscientiousness in comparison to last-born children who benefit from more freedom, not having a smaller brother or sister to take care of in his/her turn. Another explanation would be that first-born children used adults as role models, thus desiring to reach their development level, to be able to fulfil expectancies, to build standards and higher expectations, which demand perseverance and self-discipline in their achievement. Leadership represents a professional competency which was supposed to demand a higher level of development from first-born children in comparison to last-born children, the results confirming this idea. The explanations would be that the fist-born possesses a higher development level of the leadership competency, because, during his/her childhood “he/she was the one who was attributed power and wisdom, so that he/she would become helpful and capable to supervise the smaller ones” (Alder, 1991). Thus the fist-born becomes a defender of the existent order and the fact that he/she received the tutor position (Zajonc, 1979), he/she is seen as a paternal model and often resembles a surrogate parent for his/her smaller brother or sister, thus developing a tendency to search for management position during adulthood.

5. CONCLUSIONS

In conclusion, the details of each individual’s position inside one’s family contribute to the knowledge of that person, according to aspects of his/her personality, and of competencies level, their development being influenced by this naturally formed connection. First-born children are more conscientious and more emotionally stable and have a higher development level of leadership competency and of the ability to motivate others in comparison to last-born children.

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THE MORENIAN THEORY OF PERSONALITY IN THE CONTEXT OF HUMANISTIC PSYCHOLOGY

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ABSTRACT: This research has the task of relating two personality theories based on motivation and creativity, namely two models of therapeutic intervention, the main research instrument being the interpersonal relationship therapist-client based on positive effectiveness and stimulating auto-observation and the self. Even if the therapist is not a contemporary magician who brings happiness to his clients, through the therapeutic relationship he can open doors to their wellbeing, helping them escape alienation and loneliness.

Both models described, the Morenian theory and the humanistic approach on personality, were introduced as an important element in describing the personality creative potential and creativity. It is important to note that both theories give creativity a key role in overcoming stereotypical and predictable social behaviour. Both Moreno and Maslow believe that the main dynamic factors dynamic of personality are its motivators. The two experts disagree, sometimes with serious consequences for personality development.

KEYWORDS: personality theories, role, personality dynamics

1. INTRODUCTION

The ancient semantic complexity of the personality concept determines the difficulty for framing a strict definition, widely accepted by specialists. Attempts to answer the question: What is the human personality? Is a question that ignited passions and controversy among scholars? From a diachronic point of view there were two major approaches for the personality concept:

- The systemic approach, where the personality is bio-psycho-social, with dynamics and a purposeful adaptive organization,
- The functionalist approach, which emphasizes its role in different theories without defining it in a certain way.

Analyzing the Morenian theory of roles, it can be noted that personality is approached in a unified way, from a systemic and functionalist perspective. The systemic approach - that apparent from the

personality and the way of being points of view is the product of an evolutionary bipolarity, consists of a real roles system and an imaginary roles system, of an undifferentiated world both united in the identity matrix. The functionalist approach is clear in structure and personality characteristics that can be defined as a type of interaction between the real world and the imaginary world of the individual. As an operational concept, human personality “correlates the human being consciousness to the genuine self, which has a unique destiny and can be described as a bio-psycho-socio-spiritual structure” (Lazarescu, Nireştea, 2007, p. 95).

Personality is considered the result of an evolutionary process, of a bio-somatic resultant interaction between social and cultural influences assimilated (modelling, learning and social control) and objectified through social integration. The social status becomes visible through integrating systems, as well as its corresponding activities. In other words, it externalizes the individual’s actions, i.e. behaviour, many of which are generated by prescribed social statuses. Thus, the identification of values, norms and cultural patterns is manifested through games of social roles and individual relationships within institutions, organizations, groups and other stakeholders.

D. Cristea (2001, p.134) stated clearly that “The role is defined as the actual method by which a person meets statutory requirements. The role has a value expression for the person occupying a certain status (...). The character is the result of a synthesis of statutory requirements and behavioural patterns of the subject’s personality and originality, which give a distinctive form to the behaviour role.” Thus, what are visible are the character and the role. These are analyzed mainly because they are currently considered ways of externalizing behavioural manifestations of one’s personality.

As Zlate M. (2002, p.233) stated in 1970 “the entire personality traits are not as important as their value”.

It seems that the specialists' interest for behavioural characteristics is generated by the consumer society; the focus is on the professional role.

It is believed that this current exceeds behaviourism which debuted with psychology as a science in that it took into account the results of the other three revolutions in psychology: psychoanalysis, the humanistic stream and transpersonal psychology.

The emergence of organizations, multinationals or transnational companies has led to the establishing of important centres of scientific interest in management and labour groups. Perhaps that is why in Bales' theory (1970) interpersonal personality has become so popular.

The role of a group or of interpersonal personality "reflects just one facet of the individual's personality, generated by some particular group, the individual's structure and role within the group, the expectations they have from him" (Bales, 1970, p. 11).

It seems that the interpersonal personality model is based on oppositions: dominance and submission, conservatism and radicalism, sociability and isolation, containing important information about the individual's role and thus about the interaction between personality and status.

Even if the social role is generated by the individual's statuses and from particular social structure in which it is performed, it widely mediated personality elements: affectivity, personal experience, skills (especially general intelligence), creativity, personal constructs, self-image and the level of aspiration. Because roles "regulate social relations (...) and ensure personality integration" (D. Cristal, 2001, p.135) these are particularly important for the individual's social and personal life.

2. OBJECTIVES AND HYPOTHESES

The first objective of this research is to analyze the relationships between roles introduced by the Morenian theory and the humanistic perspective on personality.

The second one is to analyze the relationships between the Morenian theory and the personality theory developed by Maslow.

The first hypothesis is that there is a link between the basic concepts of the personality theory developed by Jacob Levi Moreno and the principles of humanistic psychology.

The second hypothesis suggests that there is a link between the basic concepts of the theory developed by Jacob Levi Moreno personality theory developed by A. Maslow motivational factors.

3. RESULTS

The humanistic perspective on personality interprets man as "a being endowed with freedom, creative potential, self-consciousness, able to play a role so that he/she cannot be reduced to a sociological automatism" (Petroman, 2003, p.146-147). This goal can be achieved only when conditions conduct to the development of the person, as exposed by Carl Rogers (cited Petroman, 2003, p.147) "Treat them with respect, trust, sympathy, and unconditional consideration, empathy and accurate congruence in interpersonal relations".

The use of the phrase noteworthy role in the interpretation and explanation of one's personality: if humanists consider only real roles, Moreno (1985, as cited in Vulcu, 2004) expand roles types, considering that the personality is the product of evolutionary bipolarity and consisting of a real roles system and of an imaginary roles system, from an undifferentiated world both united in the universe of a psychosomatic identity matrix.

For Moreno, the personality structure and particularities are dependent on the situation control, on how to live simultaneously in the real world and in fantasy, the ability to pass from one to another (Moreno, 1985, as cited in Vulcu, 2004). This transition is mediated by the spontaneity factor and disclosed the individual through the perception to feel alive, the willingness to mobilize his intellectual, emotional and physical energies, and to establish a proper ratio (which takes into account both the intrapsychic requirements, as well as the environmental ones), which represent correct 'inventing' responses to the situation (Vulcu,2004).

The psychodrama theory postulates that the individual's potential development and his creativity are catalyzed by the spontaneity factor; spontaneity and creativity being intimately linked. "If the status lacks spontaneity, creativity, the human being remains inert, its potential being hidden" (source: www.Psihodramaclasica.com). But if humanists have an optimistic view of human nature and believe that all people can fulfil their creative potential, psycho dramatists believe that all this spontaneity and creativity are present in newborns and appear only occasionally in most adults.

Besides different ways of activating creativity: humanists speak of an exogenous triggering factor (interpersonal relationships), while psycho-dramatists of an "appropriate experience" coming from "vitality,

mental and physical energy” (Source: www.psihodramaclasica.ro), which would provide a permanent connection to the state of spontaneity.

Also, humanistic psychology believes that the human being:

- is and must be a real being, capable of developing aspirations and desires, convinced of his potential because the human being is by no means a being dominated or blocked by instinct;
- has the capacity to choose, create, and auto-actualize, despite some external stimuli acting against him;
- is required to remain a value in that he is able to adapt to constructive and active change to start a relation inside social groups and in the society in which he lives.

By analyzing the above theses, stipulated by the American Association for Humanistic Psychology in 1961 (cited Petroman, 2003), one can say that the psychological model proposed by Moreno in 1934, was a precursor of this guidance, considered to be the third revolution in psychology. One cannot fail to notice the commonalities of the two psychological approaches:

- The human being’s libido for independence, understood as an accumulation of instincts;
- Creativity is the driving force of human progress;
- The main therapeutic tool is called *tele* (positive) by Moreno and sympathy or empathy by humanists, generating congruence in interpersonal relations.

“Tele emerges as the simplest unit of feeling transmitted from one individual to another. It is the expression of the human being’s natural tendency to build emotional relationship with others. Emotions quality that exists in this connection offers an invisible attraction or rejection, in a graduated manner, from a maximum to a minimum, to indifference (which expresses the absence of *tele*). A relationship involves a tele positive attraction and a rejection-negative feeling. The term tele includes what is commonly expressed in different words: mutual empathy, emotional two-way communication, sensitivity to various emotions, emotional warmth, and emotional bridge” (Source: www.psihodramaclasica.com).

Among the aims of humanistic psychology, a concern for important issues one the position of human beings in the world is taken into consideration, including understanding and conflict, (Maslow) and becoming a solution to present human problems: how to live a life

of success and how to build more satisfying relationships between people (Buhler).

But if humanists did not specify what the success of a person is, Moreno presents, in an original manner, a vision about what is a full and satisfying life. This means neither more nor less than the opportunity for everyone to impersonate God, to highlight creative forces in the synthesis called psycho-dramatic and poetic truth, thus a subjective interpretation resulting.

A humanistic psychotherapeutic methodology requires the therapist to refrain from hasty interpretations or biased assessments and assist the client in the process of awareness, thus in self-knowledge and self-esteem. Starting from the definition of psychodramas, a psychotherapeutic method that explores issues through individual action states that the “individual meets resources, doubts, desires, fears and dreams which he explores in a secure

environment” (source: www.psihodramaclasica.com). Based on these considerations the first hypothesis is confirmed, because both theories seem to be similar.

In the personality dynamics, Maslow says that understanding human personality is based on the concept of experiential identity. The theory of Morenian personality is believed to be generated at the centre of one’s experience, because the role, as conceptualized by Boria (1997, as cited in Răducan, 2008, p.115) represents an experiential unit that is “perceptible, observable and modifiable interpersonal relationship and situation”. For Moreno (1964, as cited in Răducan, 2008, p.115-119), the role is a unit of pre-existing experience of the Self, which needs a long time to structure the roles that will get to form, the identity matrix of the individual and considers each as an individual personality structure based on three types of roles:

a) Physiological roles or psychosomatic structured roles are based on the complementarities of structures scheduled inside (all the needs and roles of each individual, e.g. the need for food, thermal stimuli, kinetic, tactile, audible) and external (all the information provided child by environment, under specified conditions, to meet the child’s needs). The resultant interaction between the two types of genetic structures is scheduled as mnemonic traces from which (proto) psychosomatic roles appear. Only after the child begins to mentally represent objects and persons as external realities and perceptions, he can have a relationship with others, then one can speak of a role. Starting from the first meeting with the mothers, until the meeting of two distinct individualities that create each other in an alternating

fusion and individualization, a new psychological dimension is created. The identity global matrix is first of all undifferentiated and then differentiated the roles emerging in the psychosomatic child by gradual transition from undifferentiated to differentiated. Chronologically, the identity matrix or the universe comprise the first period of intrauterine life and extends up to three years.

Full configuration of these (proto) roles (the ingesting role and the role of those who defecate and who urinate) produces both psychosomatic self and ego nucleus, which cannot be modified directly. While the feeling of ego and self-awareness appears as the main event – reflection the Self, in the minds of Moreno, becomes the coagulation point of subjectivity and provides a feeling of well-being and of insecurity in the world. The Ego has a double task: to integrate information from the nucleus of ego and those from the social structure. From now on, the ego can intervene on the core defence mechanisms in order to avoid confusion and encroachment by anxiety.

b) Psychodrama roles can only be provided by a relationship, the child manages to distinguish the real and imaginary experiences transitioning into the Second universe. The perception of the relationship is the cornerstone on which psychodrama roles will be gradually and psychosocially built.

The gradually begin to divide the universe into real events and fictional phenomena, thus into a social world and a fantasy world (Moreno, 1964, as cited in Răducan, 2008), specific child who is older than three years. In the personality is formed and organized in a system that works for fantasy (Moreno, 1964 as cited in Răducan, 2008). It generates the emergence of a system that links child roles to people, objects and purposes that imagines him outside them. Psychodrama roles - as a form of role playing - are rooted in mental representations of the child and can be transformed into action (Boria, 1997, as cited in Răducan, 2008).

Psychodrama roles as mental constructs (e.g., roles elf, magician, fantasy princess or other appropriate roles of predominantly intra-psychic requirements) will be grouped in a psycho-drama group himself as amateurs. Parallel to the Ego actor, this role makes its appearance and inner observes and records participant stepping events involving ego actor. This internal observer assumes this role in relation to the subject's agent, becoming an observer.

c) shock-essential roles are forms of role play that put the child in relationship with people, objects and purposes, in an outside context (Moreno, 1964 as cited in Răducan, 2008). "Social roles seen as real

phenomena are rooted in the real objective world and can be represented and activated. The transition from the first to the second universe brings a total change of socio dynamic universe, the child passing from the dyad (mother-child) to a triangular relationship (mother-child-father) and then to a circular relationship (child, parent, child - Other children, child-other adults)" (Moreno, 1964 as cited in Răducan, 2008, p.117). During his evolution, the child will be able to relate simultaneously with individuals who will represent counter roles and experience different kinds of relations born of the social roles system and of the social self.

With the entry into adolescence, with the evolution of thought and the ability to relate and physically mature (reproductive capacity), with a psychological maturity (the ability to be free from psychological dependence to parents seeking independence and self-sufficiency; identifying independent genitors internalized figures - parents) and social maturity (ability to maintain socioeconomic), social roles will gain a collective aspect (axiological) along with the individual.

"The collective appearance and at the same time, axiological of a social role (as father, mother, friend, employee or other derivative forms of the crowd and the specific social groups that the individual is engaged in) is readable and shared by all members of a specific group. This form is a result of overlapping types of expression belonging to a specific culture of the individual's social roles" (Moreno, 1964 as cited in Răducan, 2008, p.118).

Starting from the ability to see and to say something about oneself, i.e. the separation between ego and ego actor observer - witnesses the change agent in relation to the subject - a new dimension is structured in the experiential vertical field. At the maximum vertical dimension the ego ideal observer capacity to evaluate, to judge, the power to shift understanding to complex logic corresponding to existential questions about the meaning of life and death are defined.

Both the psychosomatic (physiological) Self and psycho-dramatic Self alongside the social self that are part of global Self, will be integrated over the years. "Operative links and contacts will gradually develop between the group's physiological role, psychologically and socially until a whole is identified: called ego" (Moreno, 1964 as cited in Răducan, 2008, p.118).

By summarizing, one can say that the genetic structure interacts with external programs, resulting into mnemonic traces from which (proto) psychosomatic roles appear, along with the core ego which emerges into the global

undifferentiated identity matrix; roles that are picked and then social psychodrama, ultimately turning it into a global differentiated identity matrix, which includes the global Self (psychosomatic Self, the psycho-dramatic self and the social self) and the ego. As Moreno stated, with individual maturation and thus with the structuring of roles and of social psychodrama, the original identity matrix is formed, then the social and, finally, the transpersonal one, made up of value roles. It is thus believed the Morenian theory of personality has as main factor a more dynamic personality development and a dialectic mobility consisting of fusion - individualization - otherness. Moreno believes that the human being, from the first days of life is dominated by the satisfaction of two contrary needs: the merger and the individualization.

The need for fusion is by definition the loss and the dive of two people in one entity, while individuation refers to how to differentiate them. Moreno (1964, as cited in Răducan, 2008) believes that before birth and immediately after, the child lives in an undifferentiated universe - called identity matrix - he cannot draw boundaries between his internal needs and his external reality and cannot meet other needs. Therefore, the newborn needs nutrients and support functions provided loving persons (Boria, 1997, as cited in Răducan, 2008). These functions are those that provide individual sensation of well-being in the world or that generate a feeling of insecurity, functions which also coagulate subjectivity to the point that Moreno called the Self. During the child's evolution, from a psychological and characterizing point of view, the first months of life, the fuse phase is only a temporary phase as the need for separation and individuation gradually emerge as important motors, pleasure generators, but also anxiety generators. An invisible network of empathetic perceptions between mother and child, which permeates the undifferentiated identity matrix, will be gradually penetrated. These are structured as the child focuses on one of the two poles of action: on himself or on his mother, delimitation and its abstraction of context being the first results. Basically, perceptions generated by two separate existences lead to the formation of the differentiated identity matrix when an optimal crystallized symbiosis need to know him appears, to make a difference between the individual environment and the real environment.

The need for fusion that guides a person towards another being, along with the need for individuality that separates a person from another, do not disappear with the transition to the second universe. In fact, all

life forces remain dynamic and acting, mobilizing the person to develop relations.

An alteration of roles capable of meeting these needs causes discomfort to the person (Boria, 2005). Balance leads to a new fundamental need that meets the need to search for a person other than himself: the need for otherness. This manifests every time a person gets into a new situation, the perception of safety (or relative certainty), to be part of everything and be an autonomous entity: such a perception seems capable of opening the gate access to the universe of the new, the unknown, the realm of non-experience, according to different names that have been given by psychologists, philosophers and poets (Leonardis, 1994 as cited in Boria, 1997).

The need for otherness can be understood as the need for growth and change into something else, it springs from the curiosity of discovery, wanting for new communication and relationships that generates an active search and autonomy for the pleasure of discovering the new and the unknown.

Like Moreno, Maslow believes that the main factors are the personality motivational dynamics. In Maslow's view, a need is a tension linked to a necessity, geared to a category of objects. As in Morenian explanation of the personality dynamics, the individual is driven to seek a state of equilibrium. Maslow's opinion is that the structure and functioning of these necessary conditions are responsible for personality development.

If Moreno believes that the emergence of fusion needs, individuation and otherness is made during a period of time, in Maslow's view, dynamic personality necessities, as structures, are organized into a hierarchical pyramidal structure with five levels, called the pyramid of needs. These needs are physiological, safety, affiliation, esteem and self-actualization.

Both Moreno and Maslow, considering that occurrence of necessities is achieved gradually, draw, of course, the principle of emergence and consider it as a motivational need that does not appear unless the "lead" has been satisfied, in theory this situation only applies to the Morenian need of otherness.

In addition, both Moreno and Maslow believe that needs, through specific behaviours, reduce body tension and balance forces, generating positive emotional

experiences (principle of homeostasis). The Morenian theory refers to taking and playing roles (satisfactory) in terms of the merger, individuation and otherness. From the perspective of Maslow,

behaviours of satisfaction, even if not mentioned specifically, are different.

The two experts disagree on the issue of unmet needs, in which case the tension is maintained, sometimes with serious consequences for personality development. In addition to the above similar principles, Maslow (cited Răducan, 2008, p.71) makes a number of other principles governing the operation of these necessities pyramid:

- “The more satisfied and continuous a need is, the less voltage it generates;
- Higher order needs of self-realization can be satisfied only through specific behaviours (reception and production of moral values, intellectual, artistic, scientific, etc.) are accompanied by decreased blood flow;
- the need for self-actualization and fulfilment of the human ego is a fundamental need, which leads to behaviour that demands its satisfaction, to personality development”.

Physiological necessities - located at the basal level of hierarchy include biological needs of hunger, thirst, sleep or sex. Absolutely necessary for survival and development of normal people and animals, these needs are highly energetically charged, their satisfaction leading to a voltage discharge. The safety need - located on the second level of the pyramid, refers to creating individual sense of security or safety. This can be achieved by transforming the unknown into known (familiarity situations, events, objects etc. generating safety), especially accented by satisfying the human tendency to make existence predictable. It may refer to physical, emotional, organizational stability, creating a sense of control over situations etc. The need for affiliation - which is the next level, it is the force that drives behaviour networking, it creates the individual's desire to belong to a group, motivates the initiation and reception of friendship and intimate relations. A poor satisfaction of these needs, in Maslow's view, represents the source of serious personality disorders. The need for esteem - can be dominant only when the human person becomes a social partner. The satisfaction of this need mobilizes the person achievement behaviours in some areas, based on ability and results. The need for self-actualization - called need of self-realization, refers to the momentum of growth, development and fulfilment of native potentialities, turning into a real attitude, focusing on personal growth.

Outside these needs, Maslow (cited Petroman, 2003) believes that the needs of Self motivating can also be added. The supreme need of the human being

is the longing for self-realization and self-actualization, which entails creation.

By analyzing the necessities described above, one would be tempted to think that the need for fusion could be equated to the need of affiliation, but it is more than that, while the concepts of individuality and otherness do not they find their counterpart in Maslow's pyramid of needs. Based on these considerations one can consider that the second hypothesis is confirmed.

4. CONCLUSIONS

Both models introduced an important element in describing personality with a creative potential and creativity. It is important to note that both theories give creativity a key role in overcoming stereotypical and predictable social behaviour, which turns the individual into what is called the crystallized psycho-dramatists schema and the sociologic humanist automatism.

It can also be considered that the Morenian models formulated in 1934, represent a precursor for the entire humanity, his theory being considered the third revolution in psychology through concepts common to the two psychological approaches: one's independence against instinct, creativity as a propulsive force in human progress, affectivity being the main therapeutic tool generating congruence in interpersonal relations.

An important similarity between psychodrama and humanistic psychology is that used as working method and self-observation as theorized Moreno. The manner in which psychodrama essentially occurs in relationships and “produces a restructuring of dysfunctional ways of” being “over others” (source: www.psihodramaclasica.com), lead to the idea that both methods have the same therapeutic relational purpose. Even more than that, both guidelines are intended for the person to become an autonomous spontaneous being.

Both Moreno and Maslow believe that the main dynamic factors of a personality are its motivators. Genesis of necessities and needs is achieved gradually, after the “lead” one has been satisfied. The satisfaction of needs through specific behaviours reduces body tension and balance forces, generating positive emotional experiences (the principle of homeostasis). The two experts disagree on the issue of unmet needs, their conclusions leading to serious consequences to the theory of personality development.

Like any other research, the present one has its limits. The first theorized concepts were analyzed by

two specialists, without taking into account the social and historical context in which they were formulated. We do not know if Moreno was familiar with the concepts Maslow or if Maslow developed his own theory without knowing the Morenian concepts. Given that the pattern is a difference of nearly 20 years and the Second World War, one can only assume that the social environment in which these theories were conceived underwent changes and generated necessities / needs described by two specialists. Perhaps after the Second World War, human needs were more diversified than when Moreno spoke about fusion, individuation and otherness. In addition, Jacob Levi Moreno was essentially a practitioner who has worked with people in distress, and he identified that three needs were the basis of dysfunctional relationships which he centred in psychodrama. This research has the merit to relate two theories of personality, in which the central place is occupied by motivation and creativity; namely two models of therapeutic intervention where the central instrument used is the interpersonal relationship therapist-client, based on positive affectivity and on stimulating auto-observation and an observation of the self. Thus it is believed that these core principles remain in therapeutic practice and in the contemporary Romanian cultural space, even if technological developments have been on the formation and dynamics of the clients' therapeutic personality therapeutic. An excessive focus on careers, social networking mediated by technology have done nothing but generate superficial interpersonal relationships, emotionally poor, intrapsychic and unsatisfactory relationships. The excessive society

emphasis on cognition and consumption led to the formation of behavioural stereotypes of people who have lost their spontaneity, autonomy and contact with emotionality. Even if the therapist is not a contemporary magician to bring happiness to his clients through a therapeutic relationship he can open doors to their wellbeing to help his clients escape alienation and loneliness.

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RELATIONSHIPS AND COUPLE COMMUNICATION STRATEGIES

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Abstract: The paper presents certain aspects of a couple's life, more exactly issues related to the communication between partners (satisfaction within a relationship, perception on the quality of communication concerning the sexual relationship, perception of affection, communication regarding the financial aspect, satisfaction in communication, confidence and communication in case of conflict). The aim of the research is to build a measuring instrument, able to test some of the dimensions chosen as relevant for the couple. The study starts from the following hypotheses: 1. a high level of communication concerning the sexual relationship tends to be associated with a higher level of satisfaction within the relationship; 2. there is a relationship between satisfaction in communication and affection perception; 3. there is a positive association between a high level of satisfaction in communication and the relationship; 4. there is a positive connection between the communication related to the financial aspect and the degree of confidence; 5. there is a difference between men and women in terms of the affection perceived by the couple.

All these research hypotheses were confirmed (except hypothesis 4 which could not be validated), thus significant links between the dimensions of a relationship and differences between men and women in terms of the affection perceived are observed.

KEYWORDS: communication within a couple, conflict within a couple, satisfaction within a relationship

1. INTRODUCTION

Our emotional needs are in constant change: we want a partner to answer our desires and our status, to appreciate our qualities, to love us for the "right" reasons, to support us, to help us become the person we want to be. A partner who meets our needs in case of weakness, who amplifies our strengths, who loves unconditionally, is what everyone wants from a relationship. The reality is that few relationships develop at such "standards". A couple's life and the events in one's life are the most important sources of satisfaction and dissatisfaction. Studies on romantic relationships show that all couples have discrepancies and misunderstandings on various topics: money, friends, sex, spare time, affection expression, children, confidence, etc. A longitudinal study,

involving couples presenting a high level of satisfaction, and couples who divorced, revealed the fact that, conflict and even satisfied couples, have misunderstandings on the same topics and moments of intense dissatisfaction (Gottman, 1991).

This paper presents the problem of communication within a couple, more exactly the strategies of communication used within a couple and their role in perceiving the quality of such a relationship. An interesting aspect is presented by Iolanda Mitrofan (1989), in her book *Cuplul conjugal-Armonie și dizarmonie (Conjugal Couple-Harmony and Disharmony)*, where she states that "The conjugal couple is deeply marked by the freedom of making choices, having love as essential criterion, with the corollary of rupture, when the conjugal union loses its reason of being, due to the disappearance of love".

In his book *Speak to me, I have so much to tell you*, Jacques Salome (2002), reports on human interaction, the game of giving and receiving, on the exchange that represents the union of two beings who are in a relationship, an exchange which is done only through communication. The exchange has as finality change, the personal growth within a viable relationship. The author states that this exchange occurs when the partners have the opportunity to speak on the three essential levels of communication: realistic, imaginary and symbolic: "The utterance at all these levels allows you to reach a healthy relationship" (Salome, 2002). For any problem within a couple it is better, for the two sides, to focus primarily on issues aiming at improving communication between them. Any conflict would better be addressed directly, not avoided or ignored.

The problem must first be identified and then solved together with the partner. For example, a behaviour that pleases the partner may be adopted. It is recommended for the adopted behaviour to offer satisfaction to the other. Psychologists believe that the degree of satisfaction in a couple is given by the number of positive interactions between partners. Those who do not get along, have more negative than positive interactions. Negative interactions generate

hostile and contradictory feelings. In terms of therapy perspective and conflict prevention, psychologists and sociologists' investigations, when talking about communication, have generally referred to: a. Rules on the exchange of ideas, information and privacy; b. Rules concerning the conflict – both kinds of rules assuming confrontation and declination (avoidance) of responsibilities within human communication. When the members of a couple are able to listen to each other, to question and comment on issues related to their desire to understand each other, to use proper words, or to decide on in order to get informational consensus, they can work together and properly interact, so that both could be stimulated to grow and experience satisfaction (Mitrofan & Mitrofan, 1993).

2. OBJECTIVES AND HYPOTHESES

The scope of this research is to build a measuring instrument, able to test some of the dimensions chosen as being relevant for the romantic relationship. The specific objectives refer to the highlight of the presence or absence of correlations between the dimensions of the research and to analyze whether there are differences between men and women on a particular dimension related to the couple

The hypotheses are:

1. A high level of communication concerning the sexual relationship tends to be associated with a higher level of satisfaction within the relationship;
2. There is a relationship between satisfaction in communication and affection perception;
3. There is a positive association between a high level of satisfaction in communication and the relationship;
4. There is a positive connection between the communication related to the financial aspect and the degree of confidence;
5. There is a difference between men and women in terms of the affection perceived by the couple.

3. METHOD

The present research is an experimental research. The participants are represented by 112 subjects (of which 56 women and 56 men) and were randomly chosen. The subjects are students from different faculties from Timisoara, with ages between 19 and 26 years. The questionnaire was carried out within three days and the subjects were chosen from students' dorm from Timisoara.

The questionnaire used was realized for this research. The questionnaire that evaluates couple satisfaction and communication consists of 59 items, which

measure seven dimensions, presented from a theoretical point of view. This type of questionnaire was chosen, because, so far, no such questionnaire was built to measure the degree of couple communication and satisfaction, strictly on the dimension chosen for this research. The 59 items were divided into dimensions as follows:

A) Relationship satisfaction: it refers to the subject's degree of relationship satisfaction. The goal was to see whether the subject is satisfied or not by his relationship. The items for this dimension were:

1. I am satisfied with how much time I spend with my partner.
2. I am satisfied with the way in which we express our feelings to each other.
3. Generally, I am satisfied with my relationship.
4. I feel safe within my relationship.
5. I feel I can easily communicate with my partner.
6. I feel I am respected within the relationship.
7. I feel we can have fun together within this relationship.
8. I feel well in this relationship.

B) Perception of the communication quality related to the sexual relationship: the intent was to observe if the two easily communicate about their sexual life and how this communication takes place. The items for this dimension were:

1. I do not feel good when speaking about sexuality with my partner.
2. It comes easy to me to tell my partner what I like about him/her when we make love.
3. It comes easy to me to tell my partner what I do not like about him/her when we make love.
4. I cannot speak about sexuality with my partner.
5. My partner speaks to me about things related to our sexual relationship.
6. We talk openly about our sexual relationship.
7. We share each other sexual fantasies.

C) Perception of affection: it was intended to see whether the subject feels that the partner meets his/her needs, whether the latter supports his/her weak points and amplifies the strong ones, whether he/she feels is loved and accepted by the partner. The items for this dimension were:

1. I feel that I receive enough affection within this relationship.
2. I feel my partner can make me happy, in this relationship.

3. I feel my partner is attentive to my needs.
4. My partner shows he/she loves me.
5. I feel that my relationship is better by the day.
6. My partner pays enough attention to me.
7. My partner encourages me.

D) Communication on the financial aspect: this dimension was intended to observe whether partners were talking about that aspect of their couple life and whether the decisions regarding the financial side were made in common or separately. The items for this dimension were:

1. We make decisions together regarding how we spend money, within our relationship.
2. Each of us makes his own decisions.
3. Most often we do not agree when it comes to money.
4. Before going out, I decide with my partner how much money we spend.
5. We have disagreements when speaking about money.
6. Within our relationship we talk about how much money we should spend together.
7. My partner lets me know when he has financial troubles.
8. Before spending our money, we talk about it.

E) Communication satisfaction: this aspect was intended to observe whether the subject could communicate freely and whether he could be capable to listen to his partner talk at his/her turn.

1. I feel I can communicate easily with my partner.
2. Within our relationship, there are moments when I feel I cannot communicate what I am thinking about with my partner.
3. Generally, communication in our couple is satisfactory.
4. I can share the most intimate thoughts to my partner.
5. When expressing my opinion, I feel I am understood.
6. I feel my partner does not tell me what he/she is thinking.
7. My partner tells me his/her most personal thoughts.
8. My partner takes my opinion into consideration.
9. I am satisfied with the extent we can openly behave with each other.

F) Confidence: was intended to observe whether within the relationship the subject is confident that he/she can rely on the other, whether he/she can have unlimited trust in his/her partner or not, or whether

the exchange of faith their relationship is based on meets the subject's needs and expectances. The items referring to this dimension were:

1. I consider my partner is honest with me.
2. I consider my partner is faithful.
3. I believe that my partner will be close to me in difficult moments.
4. I feel comfortable when my partner pays attention to a person of opposite sex.
5. My partner gave me reasons to doubt him.
6. I am totally trustful in my partner.
7. My partner has the habit to flirt with persons of opposite sex.
8. I am thinking about testing my partner's faithfulness.

G) Communication in case of conflict: this dimension is intended to measure the extent in which the partners communicate in case a conflict occurs in their relationship. First of all the subjects were asked a filter question: Were there situations when you had different views than your partner's related to a certain subject? If they the answer was YES, they had to solve the following items:

1. We discuss later about what we feel.
2. We get along in no time.
3. My partner sustains his opinion.
4. We do not talk to with each other for a certain period of time.
5. We take into consideration the other's opinion.
6. I sustain my own opinion.
7. We arrive at a consensus.

If the answer was NO, the subjects had to approach the items referring to their school level, workplace, and their occupational status. At the end of the questionnaire, the subjects had to fill in with their gender, age and the university attended. The questionnaire was ranked on a scale from 1 to 5, as follows: 1. Very little extent; 2. Little extent; 3. A certain extent; 4. Large extent; 5. Very large extent. The first step in validating this questionnaire consisted on the evaluation offered by experts from the academic environment.

For this purpose, another questionnaire was realized, with questions on the item importance scaled from 1 to 5 (1. Very little relevant; 2. Little relevant; 3. Relevant in a certain extent; 4. Relevant; 5. Very relevant), to observe the extent in which an item from a chosen dimensions was relevant or not. The experts' answers were used to construct an average for the items of each dimension. The second step consisted in calculating the internal consistency of the scale. Therefore, the Alfa Crombach coefficient was

calculated for each of the items of the seven dimensions.

4. DATA PROCESSING, ANALYSIS AND INTERPRETATION

The correlative analysis was used to check the research hypotheses, in order to observe the measure in which changes of a variable are accompanied by changes of another, according to the results of the “t” test for differences. As shown by Table no. 1 (with references to the first hypothesis), the correlation between the communication concerning the sexual relationship and relationship satisfaction is of 36. The result is as follows: $r(110) = 36$, $p < 0.1$, thus resulting a significant positive relationship between

the communication on the sexual characteristic and the one referring to the satisfaction obtained within a relationship.

Thus, these data confirm the hypothesis established, according to which a high level of communication referring to the sexual relationship tends to be associated to a higher level of satisfaction. This first hypothesis is also confirmed by other studies showing the connection between sexual satisfaction and satisfaction within such a relationship. More precisely, men and women who said they were satisfied both from the sexual and from communicational points of view, registered high levels of satisfaction.

Table 1

EX	RELS		EX	RELS	SATREL
		Pearson correlation	1,000		,358
		Sig (1-pas cu pas)			,000
		N	112		112
EL	SATR	Pearson correlation	,358		1,000
		Sig (1-pas cu pas)	,000		
		N	112		112

Even if the hypothesis of the study according to which a high level of communication related to the sexual relationship tends to be associated to a higher level of satisfaction, it has been also confirmed by both the data acquired and by previous researches. Other researches based on therapeutic interventions stated that future researches should develop through more complex models than those used in the past as regards these variables. The results presented in

Table no. 2 (for the second hypothesis) are as follows: $r(110) = 71$, $p < 01$, the data obtained confirm the second hypothesis and there is a significant positive relationship between the satisfaction in communication and the perception of affection. It seems that subjects consider a good communication between partners helps them better understand and perceive feelings expressed.

Table 2

OM	SATC		OM	SATC	PERFAECT
		Pearson correlation	1,000		,709
		Sig (1-pas cu pas)			,000
		N	112		112
PERAFFECT		Pearson correlation	,709		1,000
		Sig. (1-pas cu pas)	,000		
		N	112		112

A possible explanation was that, when women felt attention and a positive affection related to their men’s communication behaviour, they began feeling better, with themselves and the others. In conclusion the research hypothesis was confirmed by both statistical data and by other studies, subjects considering that a positive communication offers satisfaction within the relationship, being associated with their perception on the idea of affection.

When analyzing hypothesis no. 3 (table no. 3), the idea suggested was also confirmed because $r(110) = 77$, $p < .01$, a significant positive association existing

between a high level of satisfaction in communication and the satisfaction obtained within that relationship. The conclusion is that the present subjects consider that a good communication within a couple produces a higher satisfaction. In particular, the association between both variables offers the explanation according to which this positive association is valid only in the case of couples who communicate efficiently and might be associated as being negative in the case of unhappy couples, which lack abilities of a positive communication.

Table 3

		OM	SATC	SATREL
OM	SATC	Pearson correlation		,774
		Sig. (1-pas cu pas)		,000
		N		112
EL	SATR	Pearson correlation		1,000
		Sig. (1- pas cu pas)		,000
		N		112

Hypothesis no. 4 couldn't be tested, because the Alpha Crombach coefficient was not statistically significant for the two dimensions to be tested. Very few researches took into consideration couple communication on subjects as the financial aspect. In order to test hypothesis no. 5, a parallel was drawn between the two groups of subjects.

Thus, one can notice, in Table no. 4, a significant difference between the two groups of subjects as regards their gender.

In Table no. 4 the "t" value represents the difference average (3,9464) divided with the standard difference error (1,0550), a division that produces the value – 3,741. The significance value (Sig) being smaller than 0,05, the information on the second line had to be used. As shown, the variants are significantly different because $t(100,32) = - 3,74, p <.05$. The result is statistically significant, the research hypothesis being confirmed. Therefore, there is a difference between men and women on the perception of affection within the relationship.

Table 4

	N	GE	N	Mean	Std Deviation	Std Error Mean
PERAFECT	Feminine		56	500 30,7	6.3910	0 ,854
	Masculine		56	964 34.6	4.6355	4 ,619

Various studies have tried to emphasize the existing differences between men and women, starting from differences from the brain level up to differences connected to self-image. The basic idea is that there are major differences between men and women, these being neither good nor bad; but just differences. According specialty literature experts, women are more suitable than men to have as primary responsibility their family, thus women who work and have familial responsibilities, have to make different decisions in order to manage such responsibilities.

Quantitative analysis

In order to evaluate the internal consistency of items presented in the questionnaire used for this research, the alpha coefficient was employed. For the items related to the seven dimensions, the items fidelity average was calculated, the result being: for the items related to the dimension *Relationship Satisfaction*, the alpha coefficient is .89; for the items related to the dimension *Perception of Communication Quality regarding the Sexual Relationship*, the alpha coefficient is .77; for the items related to the dimension *Perception of Affection*, the alpha coefficient is .91; for the items related to the dimension *Communication Regarding the Financial Aspect*, the alpha coefficient is .52; for the items related to the dimension *Satisfaction in*

Communication, the alpha coefficient is .73; for the items related to the dimension *Confidence*, the alpha coefficient is .41; and for the items related to the dimension *Communication in Case of Conflict*, the alpha coefficient is .36.

Besides checking of the items method, appreciations of some experts in the field were also used. The hypotheses of this research were checked by calculating the correlation index r (hypotheses 1, 2 and 3) and the "t" index, used to compare the two groups of students , regarding their gender (hypothesis 5).

Hypothesis 4 could not be checked because the alpha coefficient for the two dimensions was not significant. A pilot study should be performed in the future in order to avoid such problems. There are few studies in the field to emphasize communication regarding the financial aspect or other variables that might be correlated with it. In generally, regarding this aspect, it is considered that discussions related to money can produce conflicts and the key to solving them would be communication.

An important characteristic would also be the partner's financial independence, without being forced to justify to each other, thus avoiding the conflicts. The authoress of the book *Conscious Spending for Couples: Seven Skills for Financial Harmony*, Deborah Knuckey (2002) thinks that each

person should explore his/her own money personality, a personality which develops through education and personal experience. Thus this aspect should be studied in detail and requires a more minute research. All the hypotheses of the present research have been confirmed (except hypothesis 4 which could not be validated), existing both significant connections among the relationship dimensions, and differences between men and women on the perception of affection. The dimensions that didn't obtain a satisfactory Alpha Crombach (Communication on the Financial Aspect, Confidence, and Communication in Case of Conflict) could not be validated and their role within the relationship could not be found out.

5. CONCLUSIONS

The present research brought new information on the romantic relationship. The results acquired (on a smaller scale) can be a starting point for a more elaborated and attentively supervised research on the multiple dimensions of the relationship. When talking about the hypotheses to be tested, it can be concluded that communication within a couple, satisfactory or not, plays an important role and especially influences the relationship in a positive or negative way. Thus communication in any dimension connected to a couple, is a decisive factor for all aspects of the present process.

Besides the confirmation of hypotheses, a confirmation on the difference between men and women concerning at least one dimension of the relationship, was produced. It would be interesting to study the differences between the two genders for most important dimensions and factors related to a couple. The conjugal couple has been an attentively studied "phenomenon" for many years, and aroused much interest for researchers throughout time. Solutions for settling down problems occurring during the relationship, have always looked for, and one of the solutions proposed was the efficient communication between the two partners.

It is advisable for the partners to consider their relationship as a progressive process. Generally, couples in strife have a static view regarding their relationship ("Nothing more is to be done!"). For example, the two partners can be suggested to first focus on the positive aspects of their relationship. Recollection of the moments when they met, of the pleasant situations lived together, of the decision to live together, might help them surpass the present conflict. Re-establishing the feelings of affection and improving communication between the partners, represent the best techniques of solving conflicts. It is

never advisable to wait for the other one to change! Conflicts within a couple should be solved together and require effort from both partners. One should ask one's partner what pleases him/her day by day to find out new facets of his/her way of being. At the same time, one should try to analyze negative thoughts regarding the partner's behaviour. Are these thoughts much different from one's reality? If he/she did not kiss you when he/she came home does it mean he/she is cheating you? In many cases a tendency to exaggerate appears and to interpret the behaviour of one's partner in a catastrophic manner.

Thus, new methods related to both the person and the couple or family appeared and were improved – with the purpose of offering models for acquiring abilities to allow the subjects prevent and minimize such an issue. Multiple studies were performed on the consolidation of harmonic non-stressful relationships – by identifying and adapting a high level of satisfaction and competences. At the moment, there are various textbooks and papers which teach the human subject how to learn by himself/herself to protect his/her person (teach – yourself manuals) and therefore to avoid the stress within the family.

Other methods with the purpose of enriching the subject with proofs of self- knowledge, for a better understanding of the couple and family, with pieces of advice for those experts who suggest solutions regarding friendship, family foundation, counselling in case of religious issues, respect for vicinity, consolidation of likes, etc. are also available.

These methods act, in fact, on a private interrelationship level by helping at the same time acquire learning abilities at professional level and becoming competent within the relationship. Methods of learning and treatment for intercommunicative relationships, can be given as example: psychotherapy; acquiring social abilities; pre-marital advice; marital advice; therapy for marital behaviour; family therapy; maximization of couple interrelationships; and self-support for single parents, divorced persons etc.

In recent decades, family psychotherapy aims not only to cure unsuitable patterns of communication, but to make them more aesthetic, by promoting interpersonal harmony within the family core. For such a reason, communication models that prevail in families must first be identified, as well as their significance for their balance and development.

The idea is that people have to learn how to cooperate with the nearby person, thus to develop ourselves as sensible beings to the needs of others and the compromises made by partners will help a more balanced life. "A successful relationship starts

with auditions, goes on with rehearsals and daily shows and depends on the casting and the manner the team perform together under the management of a reliable director – the unconditioned love” (Littauer, 2004).

Although life in two is a definite matrix of human existence and is carried on as a dialogue and as an erotic, sexual, procreative, interactive, valuable, moral and educational communion, it continues to engage the attention of researchers from different fields of activity (medical, demographic, psychological, social, juridical, etc), being a little known issue and, as a consequence, with a consistent degree of impudence in evolution.

Iolanda Mitrofan (2002) considers that the main elements of success, stability and satisfaction within a couple are represented by a certain “correspondence and complementarily” when speaking about ideas, attitudes, conceptions and aspirations, but also when approaching communication, erotic and sexual behaviour. This sexual, affective and ideational correspondence assures the interactional balance within a couple, by offering partners the possibility for a mutual satisfactory adaptation.

It seems that one of the “secrets” of relationship happiness is the couple’s capacity to steadily create and recreate, as a dual entity, in the core of which “the two engaged personalities assert, develop and satisfy each other, assimilate and psychologically

condition each other, this conferring sense and value to the conjugal union” (I. Mitrofan, 2002). Within a couple, everything evolves, depending on the ideal kept by each partner. A relationship doesn’t only unify two persons, but also transforms them.

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THE EDUCABILITY OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS (SEN) – BEHAVIOUR INTERVENTION PLAN FOR DYSLALIA

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ABSTRACT: Human beings are dependent on the activity carried out with the others. The special educational needs – SEN – represent the requirements of certain categories of people from an educational point of view, as a result of intellectual, sensory, psychomotor, physiological dysfunctions or deficiencies or which appeared as a consequence of some psycho-affective, socio-economic background or otherwise.

This paper aims to demonstrate that every child, even the one with an intellect deficiency, is trainable with patience and by using specific methods, that this is a challenge from a psycho-pedagogical view and that nothing can eventually prevent the his progress when assessed from his own performance perspective. The results obtained refer to progress as far as the development of the phonetic-articulator apparatus is concerned, in terms of being able to issue clearly and accurately affected sounds, to pronounce correctly words containing the affected sounds, to form sentences containing those sounds, to read, to tell stories, to carry free discussions on any topic which would, why not, ultimately increase his self-esteem and become aware of his own abilities and skills.

KEYWORDS: educability, specific education needs, learning difficulties, dyslalia.

1. INTRODUCTION

Many people are reticent when talking about people with disabilities, because of misconceptions. Still it must be understood that they are people just like the others, being the unique product of their heredity and of the environment.

These special educational needs ask for an educational approach starting from the state of deficient student's capacity or who needs to understand and improve the content of learning, and not from the teacher or educator's perspective, who performs educational activities in front of a homogeneous or pseudo-homogeneous class. Every child has the constant need to communicate and cooperate.

Special educational needs represent those requirements or special needs in education which are additional and complementary to the overall educational goals for the child (Verza, 1999.)

Without a proper approach of these special needs one cannot speak about equal opportunities, participation and social and school integration.

Every child has particular features when taken individually or interacting with the environment, features which require a personalized assessment and a customized approach. These children with deficiencies have special needs and requirements in their development as persons. Children, even if they share the same type of deficiency, are different in terms of behaviour, motivation, skills and abilities (Ionescu, 1998).

Educability or inclusive school utterly implies the overall development of the school and of the society, in order to receive and properly respond to the involvement of disabled people in custom schools and in social environments, as components of the natural human diversity, with its specific differences (Radu, 2002).

It appears that many students have academic failures due to limitation in processing certain types of information, which determines various difficulties: lack of organization, difficult socialization, accident-prone, difficulty to adapt to changes, hyperactivity or lethargy and lack of attention.

Although they have skills for certain areas, these students perform inconsistently and are often not included in custom classes. The phrase *Learning Disabilities* refers to a very heterogeneous group of students.

Recent studies show that they can be divided into three categories, depending on the difficulties of visual-spatial perception, language and attention (Treaty of school pedagogy, 1996). Verza listed some characteristics of students with SEN (Verza, 2002):

- they often lack maturity and develop a narcissistic and egocentric behaviour;
- they are often scared of school, but peers can help them overcome this fear;
- they have the ability to understand, but lack the ability to show what they know;

- they are sometimes overwhelmed by the tasks they have to perform.
- they may know how to solve a problem, but they cannot actually solve it.

These issues can be successfully dealt with when detected at an early stage. There are two main criteria for detecting learning difficulties (Radu, 2002). The first is the exclusion criterion.

With its help, one can determine if a student has a specific learning difficulty or if the difficulties are associated with other dysfunctions. Learning difficulties don't always have clearly defined causes. A common feature of students with learning difficulties is the gap that exists between the skills and their achievements. For example, a student may have superior skills in spoken language, but present serious deficiencies in written language.

This gap is the second traditional criterion for tracing down learning difficulties. The gap is generally taken into consideration in order to establish the student's profile, when analyzing the most important differences between students who have learning difficulties and those who have other problems (Verza, 1988). For example, students with mental disabilities generally have low skills in all areas; instead, those with learning difficulties are challenged only in certain areas (Verza, 1973).

If a student meets these two general criteria, the teacher has the responsibility to study deeper learning difficulties and to determine changes in the student's program, for it to meet its requirements (Musu, 2000.)

A brief reflection on a parabola is demanded, which dates back from the thirteenth century: *I was walking. I saw a leaf at my feet. It was half dry, but spreading a very pleasant smell. I picked it up and smelled it with great pleasure ... "You, that spreads such a pleasant smell" I asked, "are you a rose?" "No", it replied, "I'm not a rose, but some time ago I used to live near a rose. There's where the smell I spread comes from"* (Barrau, in Radu, 2002).

These beautiful words reveal that any genuine educational approach occurs as a result of a unique meeting between the teacher and the learner. To evolve, the child needs a model, a point of reference to guide him on the right path in life. It is known that a person can be appreciated not only for his/ her actual deeds, but also for what he/ she could have done should he/ she have met and be influenced by other people in certain periods of his/ her life...

By dyslalia or language disorder one could understand all deviations from normal standardized language, from standardized verbal events,

universally accepted in the common language, both in terms of reproduction, and in terms of perception, starting from the disorder of the components of the word and to the total impossibility of oral or written communication (Gutu, 1975).

Language disorders differ from the peculiarities of individual speech; the latter represent variations of language in the normal range. Language handicaps occur as a result of complex processes in the intrauterine period of the development of the foetus, during childbirth or after birth.

Causes of language disorders can appear during pregnancy (e.g. different poisoning and infections, toxic pregnancy, with vomiting and frequent fainting, infectious diseases of the pregnant woman etc), during childbirth (heavy and prolonged deliveries, leading to injuries of the central nervous system, suffocations, which can cause bleeding in the brain crust, prolonged bleeding during pregnancy etc.), causes occurring after birth (postnatal) (organic, functional, psycho-neurological, psychosocial, other causes).

A classification of language disorders is presented by E. Verza (1982), who takes into account several criteria simultaneously: anatomical and physiological, linguistic, etiological, symptomatically and psychological: the pronunciation disorders (dyslalia, rhinolalia, dysarthria), disturbances of rhythm and fluency of speech (stuttering, logoneurosis, tachylalia, bradylalia, apthongia, chorea disorders), voice disorders (aphonia, dysphonia, phonasthenia), read and written language disorders (total disorders - agraphia and alexia and partial disorders - dysgraphia and dyslexia) polymorphous language disorder (aphasia, alalia), language development disorders (psychogenic mutism and retardation or delay in the general development of speech) and language disorders based on mental dysfunctions (dyslogia, echolalia, bradyphasia).

Any deviation from the default pronunciation is situated in the pronunciation disorders area, of which dyslalia (commonly known as "pelticia") is the most common and represents 90% of total language disorders (Pânișoară, 2007).

The therapeutic operational objectives for language disorders are the following: unlocking of phonetic-articulator apparatus; development of the phonetic-articulator organs for pronunciation; child's preparing for receiving speech by focusing on the speaker and training his auditory attention; learning language components: phonetics, vocabulary, grammar structure; development of motor coordination; learning how to coordinate oneself in space and the body scheme.

At the same time the acquisition, organization and language development involve a series of steps:

- the phonemic stage consists of strengthening the already existing sounds, imitation of new sounds, emission of onomatopoeia;
- the naming stage, in the case of motor alalia, implies the pronunciation of words made up of double syllables: *mama, baba, papa*, words with double syllables where the consonant is repeated with different vowels: *mami, pipa, pupa*, words with one syllable starting with a vowel and ending with a consonant: *am, an, ac* etc. In the case of sensory alalia, the therapy begins with the words designating concrete objects, around the subject, forming part of his life: body parts (head, eyes, nose, and mouth), family (mother, father), toys (cube, ball) foods they eat, poultry (chicken, duck), animals (cow, horse, cat), furniture (table, chair, closet). The name is taught using toys, pictures etc.
- the synthesis stage consists of structuring the speech into sentences (after the child has learned about 30 words);
- sentence extension stage involves learning the sentence structure: the subject – predicate – object.
- the extended expressive language stage refers to learning prepositions, personal pronouns, nouns, verbs, with the dialogue stage, storytelling after pictures, filmstrips and free conversation as other key phases in the treatment of the children suffering from alalia

Specialized literature provides general and special recovery techniques namely (Golu, Verza & Zlate, 1992):

- Exercises for understanding speech meaning (pointing to the parts of the body, pointing to certain objects, performing simple tasks etc);
- Identification of sound stimuli (recognizing after hearing – without facing it – the source of the sound, the voice of someone familiar, the direction where the sound comes from);
- Phonetic structures – exercises with vowels (height, intensity, duration), exercises to differentiate between the voiced and the voiceless vowels, exercises to differentiate between the confusing sounds: c-t, p-f, s-t etc. These exercises may be accompanied by clapping or music and they adapt to the children's needs;
- Non-inhibition and motor training consist in mobility exercises of the mouth, tongue and face, exercises to practice the simple useful

gestures, gymnastic exercises of the limbs and the trunk. (Cerghit, 2002)

2. OBJECTIVE AND HYPOTHESES

2.1. The objective of the personalized intervention plan

General and specific therapies represent the hypothesis of this study and determine the general objectives – reference, cognitive and attitudinal objectives.

The general objective refers to the development of the child's capacity to pronounce clearly, through correct articulation of the phonemes, syllables, words, simple statements while paying attention to the accent and intonation.

Reference objectives for breathing could be: increase of lung capacity; training of breathing and of the exhale and inhale rhythm; and a compliance with the phases and the normal respiratory rate.

Objectives regarding the overall motor capacity of the phonetic-articulator apparatus:

- Improvement of the overall motor capacity disorders of speech organs;
 - Creating opportunities for proper articulation of sounds; jaw movement are needed, using of the palate bone for processing nasal sounds. Development of phonemic hearing, training of attention, auditory and visual memory;
 - Correct perception of sounds, as well as their identification in different verbal structures and their storage.
- Correct articulation of sounds:
- Understanding the articulation of sounds as well as the means of its production;
 - Visual and auditory recognition of sound in words;
 - Reproduction and production of words with the sound pronounced correctly.

The cognitive objectives of this study refer to:

- Knowledge of the optical, acoustic and movement particularities of the phenomena and their differentiation;
- Knowledge of the semantic role of the sound in the communication process;
- Knowledge of the techniques used for a correct utterance in terms of phonetic, lexical and grammatical aspect.

Attitudinal objectives refer to:

- Forming a correct attitude towards their own language development and to verbal communication in general;
- Reasoned involvement in the correction process;

- Obeying correct pronunciation rules in all shapes and communication situations.

All these objectives, as mentioned above frame, reference, cognitive and operational, provide a personalized intervention plan, explicitly for speech disorders therapy (dyslalia)

2.2. Personalized intervention plan

The child involved in this study is named: SM and he was born on 23. 12. 2008. he attends the R. School, being registered in the 2nd grade. His teacher of Special Psychology is DLN and his teacher CN.

Problems the child / student is facing (resulted after a complex assessment):

- instrumental disorders; learning disorders; speech disorder
- development of skills to express himself/herself grammatically correct as well as vocabulary development;
- development of reading and writing skills;
- development of numeracy skills between 0 and 100, with or without concrete support.
- development of general psycho-motricity;
- correction of speech disorders.

The fields/areas of intervention were: cognitive, psycho-motric, language.

2.3. Hypotheses

As hypotheses, the development and further operationalizing of a personalized intervention plan in the case of a child with speech disorders can cause the correction to a greater or lesser degree of the speech disorder is demanded.

The assumptions that determine the intervention plan are therapies with a general and specific nature, both leading to improved speech and recovery of the concerned student. The two types of therapies are detailed as follows:

General Therapy refers to the following:

- development of mobility - general gymnastics;
- involvement of all body parts; phonetic-articulator mobility development - articulator gymnastics;
- training and development of a correct breathing, of a balance between inspiration and expiration - respiratory gymnastics;
- development of the phonemic hearing; and the development of abilities of correct pronunciation of sounds and words.

Specific recovery therapy refers to:

- sound emission strengthening and differentiating of the correct sound;
- the introduction of the sound in syllables; the differentiation of the sound in syllables;

- the introduction of the sound in words;
- the development of the ability to produce correct sentences that contain words with the corrected sound;
- automation of the sound, correct pronunciation and the introducing the correct sound in everyday speech.

3. METHOD

A range of methods, means and tools that will provide the plan of intervention with the desired results have been used and studied during a period of a number or years.

In terms of methods and means of achieving the following were applied: conversation, explanation, demonstration, exercise, and as a means of intervention worksheets, chips, syllables game, words game, mirror, books, various objects.

All of these were evaluated throughout the intervention by means of: practical tests, worksheets, chips, game with rules, syllables game, observation and answer assessment.

The exercises were applied to other children with the same type of problem, usually over a given period of time (several months) and were later repeated until the correction of the affected sound (sounds) was obtained.

3.1. Instruments

The instruments, stimuli and materials used for the recovery of children were numerous and different, according to each child personality, still a few are presented:

- Gymnastic exercises;
- Motion games accompanied by speech (imitating the actions of washing, playing the piano, rhythmic walking);
- The swelling and the simultaneous withdrawal of cheeks;
- The alternative swelling of cheeks;
- Passing the air from side to side, suction of the cheeks, mimicking laughter, mimicking forehead wrinkling and un-wrinkling;
- The opening and closing of the mouth freely and with strength.
- Pushing forward and then pulling the lower jaw from right to left, lowering and raising of the jaw, imitating the animal ruminant, biting;
- Sticking out of the tongue followed by the withdrawal of the tongue, shovel-shaped tongue, arrow-shaped tongue, moving the tongue over the teeth and upper and lower lip;
- Whistling, blowing;

- Contraction of the lips and blowing the air powerfully;
 - Swelling of the lips and retention of air in the mouth, mimicking the snoring of a horse;
 - Mimicking yawning with the withdrawal of the tongue and the lower jaw;
 - Imitation of cough, snoring, horses' trot, swallowing;
 - Non-verbal respiratory gymnastic exercises;
 - Blowing the lit candle, blowing in a handkerchief, with a straw in water, blowing the trumpet, blowing the ratchet, blowing on the back of the hand, inflation of a balloon, fogging the mirror, smelling of a perfume bottle;
 - Alternately inhaling and exhaling through the mouth;
 - Blowing of pieces of paper;
 - Verbal respiratory gymnastic exercises;
 - Slow, rhythmical and prolonged pronunciation of vowels, rhythmic pronunciation of consonants, pronunciation of groups of vowels in a single exhalation, pronunciation of groups of sounds (vocal and consonant in a single breath);
 - Exercises of recognition and imitation of the sounds found in the environment (onomatopoeia), pronunciation in a hushed then loud voice;
 - Exercises of recognition and pronunciation of a series of opposed syllables taken from paronyms or of simple opposed syllables;
 - Exercises to distinguish the sounds produced by different objects;
 - Exercises of transformation of words by replacing the sounds or syllables;
 - Exercises of phonetic analysis indicating the first or the last word;
 - Word completion with the first syllable pronounced by the speech therapist;
 - Emphasis of an omitted sound;
 - Rhythmic pronunciation of riddles and poems;
 - Exercises before issuing sounds - hissing of the serpent and of the drake, silence request, flying insects, the movement of leaves, the sound of the wind, the sound of cutting with the scissors, the sound of mice;
 - Exercises for auditory and visual recognition of the sounds;
 - Demonstration exercises of correct pronunciation of the sound in front of a mirror;
 - Exercises of pronunciation of a sound by imitation and then independently;
 - Exercises of pronunciation of a sound by increasing the pitch of the voice;
 - Self-correcting exercises by reference to the provided acoustic model.
- The correspondence between letter and sound was carefully verified during the application of these exercises (Cerghit, 2006).
- ### 3.2. Procedure
- The actual procedure for the correction of dyslalia is made for each particular sound, by means of specific exercises, as for example: For the R sound:
- Lips slightly open;
 - The tongue takes the form of a teaspoon, its tip being raised to the upper incisors and the edges rest on the upper molars;
 - The tongue vibrates when expelling warm air jet;
 - The vocal cords vibrate;
 - One can start from the sound "Z" and during pronunciation short pulses will be given under the chin;
 - One can get the "R" also by quick pronunciation of "td" then proceeds to "tr". Then certain direct and indirect syllables are pronounced, and syllables containing voiced and unvoiced consonants are formed and pronounced.
 - Syllables are associated forming mono, bi, poly syllabic words in which the sound is situated in different positions (initial, middle, final): Rama-ocRotit –jaR;
 - The pronunciation of words where the sound is preceded or followed by a consonant;
 - The determination of the place of a sound within a syllable or a word;
 - Examples of words that contain the impostor sound;
- New words are formed by omitting, adding or replacing the sound learned, exercises are realized using the list of paronyms.
- Simple sentences are being created, which contain words with the corrected sound in different positions: „*S-a trudit sārăcuța de ea, s-a învățat singură să citească și să scrie, ca să ne poată învăța și pe noi puțină carte.* Stories were also used, retold following pictures, paintings, texts read, dictations, copying, memorizing of verses and riddles; content-rich stories; self assessment on the story; free discussion or dialogue on various topics.
- ### 4. RESULTS
- The results that were visible, achieved in time were the following:
- the child properly performs the exercises specific for the development of mobility;

- he/she performs appropriately specific exercises to develop phonetic-articulator apparatus;
- he/she performs appropriately the specific exercises for the respiratory gymnastics;
- he/she identifies the audible signals and reproduces various sounds without help;
- he/she performs correctly the proposed exercises;
- he/ she issues clearly and accurately the affected sounds;
- correctly pronounces the sounds and words that contain the affected sound;
- he/she makes up simple sentences with words that contain the affected sound;
- he/she reads stories, narrates after the pictures, memorizes poems and riddles; retells a read text, gets involved into free discussions on any topic.

The conclusions obtained after a study applied during many years, by means of generalizing an intervention plan useful for a child, suggest that this approach is also helpful for a category of children, helping them to develop, to develop their language, cognition, affect and motivation, thus resulting the development of skills in general and their later development in becoming reliable individuals in particular.

The pedagogical work with children with learning difficulties must present and even imposes a double effect:

- Having a corrective – formative aspect, it has as its main purpose the reduction and correction of the deficiencies occurred during the development process;
- By maintaining and stimulating non-intellectual factors of the personality such as learning motivation, interest, sense of competence, verbal communication skills, etc.

Through games, children with SEN can express their abilities. Thus, in the context of a game, the child receives information about the world in which he lives, gets in contact with people and objects from the environment and learns to guide himself in space and time.

Because the game is mostly conducted within a group, it provides socialization. Social games are needed for people with disabilities, as they give them the opportunity to play with other children, any game demanding at least two people to be carried out.

But games need to be tailored for the child's deficiency. Thus, children with behaviour disorders should be constantly under observation and for those with ADHD games must be as varied as possible.

From a psycho-pedagogical point of view, children with SEN need a differentiated planned curriculum, linguistic therapy programs, therapy provided by a specialised speech therapy specialist, specific programs of teaching, learning and assessment, tailored for their skills in reading, writing and numeracy, therapeutic programs for motric disorders. They also benefit from school and vocational counselling both individually and within their families. The teaching style should be as close to the style of learning as possible, so that a larger volume of information is collected within the same period of time. Also children need extra help from their teachers and peers, being necessary to receive during their school activities simplified content and tasks.

These children are not special; they just need a personalized approach regarding the steps undertaken in their education process.

Inclusive education (following the definition given by UNESCO) is an education adapted and customized according to the needs of all children within the groups and classes that are equivalent in terms of age, where one can find children with very different needs, skills and competence levels.

Inclusive education is a worldwide approach based on basic human rights. According to the human rights principles, every child, regardless of their origins or their level of skills development, is entitled to a good quality education, leading to the greatest extent in improving their cognitive and social integration abilities.

Behind these problems lies also the inefficient functioning level of the cognitive processes, aggravated by the fact that neither within the family nor in school, they do not receive a proper cognitive stimulation.

Cognitive deficit arisen from inadequate education is still reversible and can be compensated even in the case of organic disorders, provided that the child's potential is properly activated.

5. CONCLUSIONS

In conclusion, according to the teaching experience, the proposal regarding the use of expository methods (story-telling, presentation, explanation, description) as well as active – participative methods (brainstorming, group work and pair work, etc.) that stimulate their growth and development, following some minimum requirement, during teaching activities with these children is underlined:

- To use language appropriate for a level of verbal communication;
- The presentation should be clear, precise, concise;

- Ideas should be systematised;
- Rely on intuitive processes and materials;
- Train students with the help of control questions, to check their level of understanding the content and to intervene with further explanations when appropriate.

Simulation methods (game, role-playing) have a very important role in the education of children with specific educational need; they must and can be successfully applied both in terms of content of certain subjects and in terms of the training and development of communication in the case of the students with mental and sensory deficiencies.

Their involvement in simulated life situations awaken the students' motivation and active and emotional involvement, thus becoming a means of socializing and relating with the others. The demonstration method helps students with disabilities to understand the basics of a phenomenon or process. Along with the method of demonstration, the exercise is a method with broad applicability in special education, particularly during the activities meant to reinforce the knowledge and to develop the skills.

During the educational activity of the children with special educational needs cooperative learning can be used with maximum efficiency.

Certainly, students with learning disabilities need help to adapt, integrate and develop as other pupils - with successes and failures, achievements and non-fulfilment but also with encouraging results. (Oprea, 2009)

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MOTIVATION OF HIGHSCHOOL GRADUATES FOR MILITARY SERVICE ENROLMENT

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ABSTRACT: This paper presents a study on the motivation of high school graduates who want to join military service. The goal of this study is to emphasize the importance of the youth's decision to join military service and to identify the motivating factors found at the basis of this decision. I tried to find correlations between the intensity of the desire to pursue military service and a few necessities (assessed with the SMP questionnaire), to identify some personality traits (assessed using the CPD questionnaire) of young people who want to join military service, if these differ from those who do not.

The army is one of the state fundamental institutions, in terms of managing legislative relationships between members of the society in the domain of national defence. Study motivation allows finding explanations for facts and why a person realizes a specific action. Usually, any behavioural act is motivated and the individual's personality defines his personal style and influences his interaction with the environment.

This paper attempts to answer questions such as: Do high school graduates want to join military service? How strong is this desire? Which are the personality traits that differentiate those who desire to enrol from those who don't?

KEYWORDS: motivation, personality, alumni, military training, behaviour

1. INTRODUCTION

1.1. Motivation-definition and functions

No behavioural act is able to appear and manifest on its own itself without excitement, without guidance and energetic sustainment (Golu, 2000).

Due to the fact that humans adapt to the environmental, they need information from the external environment for processing. Humans' response to this information, his adaptation doesn't represent a simple effect, but a complex cognitive product of the person, depending on the features, characteristics and goals of the person.

Humans act according to their needs, but especially according to their reasons. The term of motivation includes “all internal conduct drivers, whether innate or acquired, conscious or unconscious, simple

physiological necessities or abstract ideals” (Rosca, 1943).

1.2. Psychological particularities of the military environment

The army represents a social institutions within which specific activities different from those from civilian institutions are realized. Within this institution one could different activities, each of them demanding the subject (military) to act in several areas: his thoughts, his action and adaptation skills (Andreescu, 1999).

Moreover, according to national legislation, military are assigned a certain status, which generates certain rights and obligations, supplementary restrictions in comparison to civilians. Thus, the relations of the military's behaviour inside the institution are strictly specified (when and how he salutes, he addresses others, how he dresses) in regulations, orders or instructions, freedoms are restricted (military cannot be politically involved, cannot participate in certain activities, or leave his garrison or his country under certain conditions) (Burbulea, 1994).

A key issue that occurs in the transition from the civil environment, the family or the school environments to the military one is the youngster's adaptation and integration in the military group. The adaptation process is implemented whenever a situation entails new items, non-familial or simply unknown ones. In this case the following can be distinguished:

- assimilating adjustment, when new data are integrated in previously established behavioural patterns;
- adaptation, when new data transfer behavioural patterns or schemas to make them compatible with the exigencies of the situation (Burbulea, 1994).

Integration implies, besides adaptation, taking possession of a role and status within a human community, bringing parties together into a coherent whole.

Integration is defined as participation inside the belonging group, as a matter of an active, conscious and solitary contribution to the achieving of common goals. Integration is the process by which the young are involved in group activity, with all his physical and mental capacity (Tudoran, 1996).

The intensity of the adjustment process is an objective result of the manner in which the military institution conceives recruit's activity during his initiation: isolation from his civilian life, of his former group partners, the strict control of a large number of links, the initiative governed by the hierarchical position (Andreescu, 1999).

The military group integration process must be conceived as a social action, the essence of which is represented not by the subject's mechanical and passive comply with environmental demands, but the creation of all the objective and subjective conditions for the integration to refer, first of all to his employment. All activities are ordered, nothing is realized on the subject's own initiative. Affective relationships are suddenly interrupted or the youngster's information is strictly controlled, having a significant influence on his behaviour.

Military education is a component part of the general adult education. In other words, the military has an explicit educational function.

Assimilation and accommodation are constitutive and inseparable conditions of adaptation, together with necessary, so that on an education plan this could aim, as a unified concept, to the creation of proper conditions for both processes to take place.

After presenting to his unit, the youngster is placed in a subunit, he dresses his military uniform, he complies with a rigorous program, and he is forced to respect the rules of conduct and language, which introduce a note of austerity in his life. Most of his previous relationships are interrupted. All his past events influenced his life at a certain point. These built his intellectual and moral beliefs, his convictions and his feelings. The absence of his family, friends, school, a separation from his girlfriend, all these influence him on an affective plan (Burbulea, 1972). Every institution has certain objectives for the adoption of various organizational structures; it proposes behaviour patterns, various systems of rewards and punishments.

The military institution is, by excellence, an institution with a high degree of formalization, all activities being precisely circumscribed, rigorously established, in order to fulfil the aims, purposes, which may not be consistent with those of the people who compose the organization. The system of norms, values and of specific regulations to the military

institution, make the military service to be conducted under the required conditions, which require great adaptation resources from the youngster, when the process of his personality maturation is not finalized. Sometimes, the characteristics of a transition society can act towards the obstruction of the personality maturity process, on the basis of psychic vulnerabilities and conditioned by a multitude of other factors (Mark Loyd, 1989). so at the proper age for enrolment many young people present themselves as being emotionally and psychologically immature (Pitariu, Sinton, 2003).

1.3. Personality in terms of motivational factors

Despite its huge importance in the construction of personality, motivation has been insufficiently studied in this domain. The motivation concept is vague and ambiguous, the assigned meanings being very different. The most appropriate approach of motivation refers to behavioural terms. This means starting from the manner in which humans act in different environments. Behaviour becomes a way to operate objects, a relational function; in other words a subject acts on a given situation to modify its direction towards an expected state or a desired outcome.

The basic motivational aspect of this behaviour resides in that the effect registered is not given from the start and it isn't remain indifferent to the subject: some effects (results) are empowering (positive) and desired, others are actually disruptive thus avoided. Thus behavioural characteristic demands subjects to be preferentially oriented in relation to certain situations and objects (Golu, 1993).

Maslow believes that the main dynamics personality factors are the motivational factors. Then motivational domain disposes of the wholeness and of the emergence of the personality system to which it belongs. The differentiation of motivational structures has a stage character, the system functionality thus imposing a level, hierarchical structuring of needs. From this point of view, interpersonal differences have a psycho-physiological intrinsic foundation (Macsinca, 2000). When explaining the mechanisms and factors of personality development, the changes and transformations suffered during the evolution process, Maslow describes an image of an updated personality. This idea represented the subject of widespread criticism, the main reproaches being linked to the needs pyramidal structure, to the strict relations between them, to the manner in which needs and meta-motivation are described and explained.

Personality functions as a filter for specific needs: those belonging to a general orientation are retained, while opposing ones are rejected. Depending on these needs personality types can be identified. *The need for achievement* characterizes individuals with a strong orientation toward a goal, an objective linked to the endeavour of achieving tasks.

All humans possess this need, but feel it with different intensities. Young people with high achievement needs exhibit a strong desire for success and show no interest for situations where luck determines success. *The need for affiliation* plays a complex but vital in people's behaviour. Social contact, in various forms, is essential for a normal physical development of a young personality. We all need relationships with others. People with a high need for affiliation think about: friends and friendships. They like to help them, to teach and develop others. *The need for power* translates into a desire to exercise control or influence others. There are two kinds of power: positive and negative. The negative use of power is associated to personal power, with no positive consequences on the group. Those with a low need for power tend to avoid being supervisors. Individuals are unique and group rules differ from one organization to another. What may motivate a group, can have the opposite effect on another, motivational factors may vary depending on the individual (www.presamil.ro).

2. RESEARCH OBJECTIVES AND GOALS

The study was started from the premises that motivation may be one of the determining factors for teenagers' military service enrolment. The differences between how each individual sees the army according to one's personality is one of the reasons for this research. The aim was to find some explanations for the different ways in which high school graduates consider and understand military service.

3. RESEARCH HYPOTHESES

The hypotheses used as starting points for this research are: 1. There are significant differences between the personality profiles of young people who want to pursue military service (highlighted by the CPD questionnaire) and of those who don't; 2. the motivation for military service is not directly related to the need for performance, the need of belonging, the need for autonomy and the need for rational domination.

4. RESEARCH METHODS

4.1. The sample of subjects

In order to obtain relevant results for this research, the subjects chosen were boys, graduating the 12th grade, who will be forced to pursue military service, if the army will be compulsory. The research was conducted in May-June 2003 using a sample of 38 subjects from the Shakespeare and Tudor Tanasescu high schools in Timisoara and Traian Vuia High School from Resita, from different study profiles: the study of humanistic, scientific, industrial and economic disciplines. The age of subjects was of 18 and 19. They were divided into two categories: those who want to serve in the army (arm) (N = 13) and those who don't (noarm) (N = 12).

4.2. Instruments used

The following research instruments were used: 1. the Personality Questionnaire for Motivation Structure (SMP); 2. Personality Questionnaire CPD 3. Inventory of pathological tendencies SP 13-85: Scale of motivation. Subjects were also asked: - To answer the question: "How much do you want to serve in the army?", Indicating a rate between 1 and 100 – to measure the intensity of the desire to enrol (IDA); - To write three reasons for wanting to serve in the army or three reasons the opposite reason.

4.3 Study procedure

The study method chosen was applied to each classroom. Each pupil was handed both the CPD protocol test and an answer sheet, along the instructions needed. For the SMP questionnaire the procedure was the same, the instructions being different. Finally subjects received a sheet with 10 questions extracted from the motivation scale of pathological tendencies Inventory SP 13-85, where they were asked to answer honestly with "Yes" or "No". On the same sheet subjects had to answer the question: "How much do you want to serve in the army?" with answers scaled from 1 (meaning very little) to 100 (means a lot). adding three reasons, for wanting to join the army and three reasons for not wanting it.

5. PRELIMINARY RESULTS

After filling in the reason for wanting to join the army or not, a hierarchy of these reasons was established according to depending their frequency in a descending order. This hierarchy is presented in Table 1.

Table 1 Frequency of reasons for joining the army

No	Reasons for joining the army	Answer frequency
1	Discipline, responsibility, respect	16
2	New experiences, new things	11
3	“Becoming a man”, becoming mature	9
4	Obligation towards one’s country, patriotism	6
5	New friends, relationships, accountancies	6
6	A job easily obtained	5
7	Learning how to fight, to defend	4
8	Obtaining affirmation, a statute	3
9	Physical exercises, physically fit	2
10	Other reasons	2

Table 2 Frequency of reasons for not joining the army

No.	Reasons for not joining the army	Answer frequency
1	Being away from one’s family, from friends	12
2	Subordination, control	8
3	Strict schedule, strict regulations, dress code	7
4	Miserable existence conditions	6
5	Difficulty to adapt, to integrate	5
6	Loss of time	4
7	Lack of intimacy	3
8	Other reasons	3

Thus it can be observed that the desire to join the army is closely connected to dominance, belonging, autonomy and performance. This assumption was formulated as a hypothesis and was later verified by using the SMP scales.

The subjects’ answers, summarized in the two tables, lead to an extrinsic motivation (young people are forced or are required to do certain things or actions) and an affective motivation (young people want to feel good in the company of others, to obtain recognition).

The number of each scale question is presented on the horizontal line from the figure below, on the vertical the percentage of the subjects’ positive and negative responses (N = 38). Thus Figure 1 presents the results of the SP13-85 pathological tendencies motivation inventory. Teenagers consider that the army will not develop their personal qualities and skills, thus the military service won’t bring them satisfaction, even if they will be able to face all environmental obstacles.

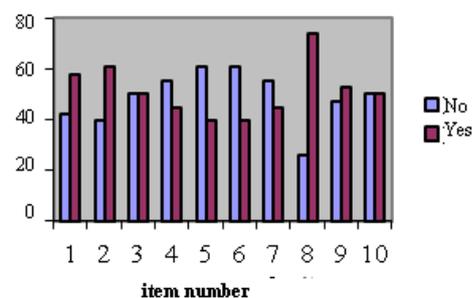


Fig. 1 Responses percentage to each item of the motivation scale

6. DATA ANALYSIS AND RESULTS INTERPRETATION

A. The results obtained after comparing the CPD scales scores of young people who want to serve in the army (G arm) and of those who don’t (G noarm) using the t test for independent samples are presented in Table 3

All differences between averages obtained for the two groups, except the scale of communality (Cm) are meaningless to a materiality threshold of $p = 0.05$. Those wishing to join the military offer usual, custom answers, by assessing the extent of the conventional and unconventional degree,

youngsters consider the army a duty, which must be realized, which makes them “men”
The t percentage was calculated for the Garm and Gnoarm groups, in order to realize the teenagers’ psychological profiles, shown graphically in Figure 2.

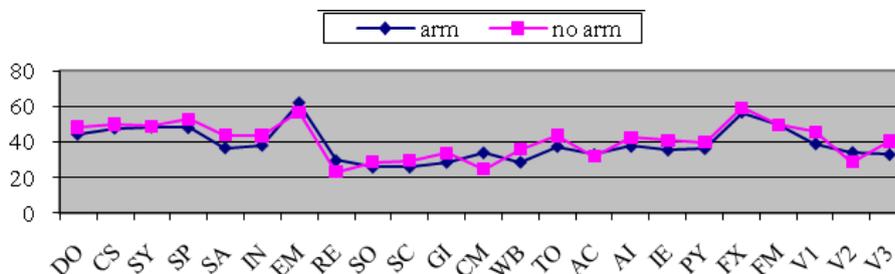


Fig. 2 The CPD resulting psychological profile for the Garm and Gnoarm groups

The scales from the psychological profile with very low for averages scores for both groups were the only ones interpreted: Responsibility (Re). socializing (So). self control (Sc). good impression (Gi). health (To) and acceptance of social norms (V2). Subjects seem to be: unruly, nonconformist, rebellious, impulsive, and nervous, with tendencies towards individualism, easily offended and irritated and not complying with social norms.

B. After correlating the scores obtained with the help of the motivation scale of the pathological tendencies inventory SP 13-85 with the intensity of the desire to enrol (IDA). with the need for performance, the need of belonging, the need for autonomy and the need for rational domination, the correlation coefficients presented in Table 4 resulted.

As shown in Table 4, all correlation coefficients are insignificant at $p > 0.05$, excluding the linear correlation coefficient between the SP 13-85 motivation scale and the intensity of the desire to enrol (IDA) which is highly significant at $p = 0.01$ (as motivation is increased, the intensity of the desire to enrol is also increased).

The data shown in Table 4 present a direct, highly significant correlation between the motivation scale and IDA. It can be assumed that these results are due to the fact that young people who want to join the army are motivated by the opportunity to get some advantages: their families will appreciate them for their results, they will learn new things, and they will be recognized by their superiors. On the other hand, however, the authority exercised by the army may undermine the individual's authority. Thus, the need

for autonomy, performance and for rational domination will implicitly be reduced.

The motivation to join the army does not correlate with the following needs: performance, belonging, autonomy and rational dominance. Subjects with high scores on the performance scale are people who want to achieve something, to win competitions, but who consider that in the army they won't be able to prove their values and their competition capabilities.

Subjects with high scores on the need for belonging scale are people attracted by the society, the environment, who are closely connected to relatives and families, who belong to a group, but who consider they won't feel good in the army, they won't be comfortable with changing their belonging group with the military one.

Subjects with high scores on the need for autonomy scale, are independent and nonconformist persons, but who consider that as military they won't be able to develop the need for independence, of self-will and action, the military environment being an institution with strict rules.

Subjects with high scores on the need for rational domination scale are people who try to dominate others through various means, but who consider that in the army they won't be able to develop the need to dominate others, to lead and guide, them being subordinates and forced to obey rules.

The intensity of the desire to enrol in the army or not, as a comparison between the two groups is presented in Figures 3 and 4.

Table 3. Averages c comparison for the CPD questionnaire scales between groups Garm and G noarm

CPD Scale	G arm (N=13)		G noarm (N=12)		t	p
	m	σ	m	σ		
Do	13,231	5,403	13,000	3,516	0,125	0,901
Cs	12,846	3,955	11,750	2,454	0,824	0,418
Sy	12,615	3,572	11,083	3,655	1,060	0,300
Sp	12,154	4,356	12,500	4,167	0,203	0,841
Sa	10,602	5,633	12,083	4,738	0,665	0,513
In	10,692	4,131	11,250	3,841	0,349	0,730
Em	12,385	2,399	10,500	3,205	1,673	0,108
Re	14,846	3,826	12,000	4,023	1,813	0,083
So	20,000	5,276	20,083	6,431	0,036	0,972
Sc	11,000	5,759	11,917	6,802	0,365	0,719
Gi	9,692	4,956	11,417	5,680	0,810	0,426
Cm	17,769	2,803	14,750	3,519	2,382	0,026
Wb	11,462	4,841	13,250	7,689	0,702	0,490
To	8,462	3,503	9,500	4,421	0,654	0,520
Ac	12,923	2,985	11,417	3,630	1,137	0,267
Ai	14,538	3,929	15,000	3,045	0,326	0,747
Ie	14,385	3,404	15,333	5,123	0,550	0,588
Py	13,231	4,400	13,083	3,579	0,091	0,928
Fx	5,692	2,097	5,500	3,317	0,175	0,863
Fm	8,000	3,266	7,083	2,746	0,756	0,457

Table 4 Linear correlation coefficients between the SP 13-85 motivation scale, IDA and SMP scales (N = 38)

Scale	Correlation with the SP 13-85 motivation scale	
	r	p
IDA	0.626	p<0,01
The need for performance	0.255	p>0,05
The need of belonging	0.258	p>0,05
The need of autonomy	0.058	p>0,05
The need of rational dominance	0.065	p>0,05

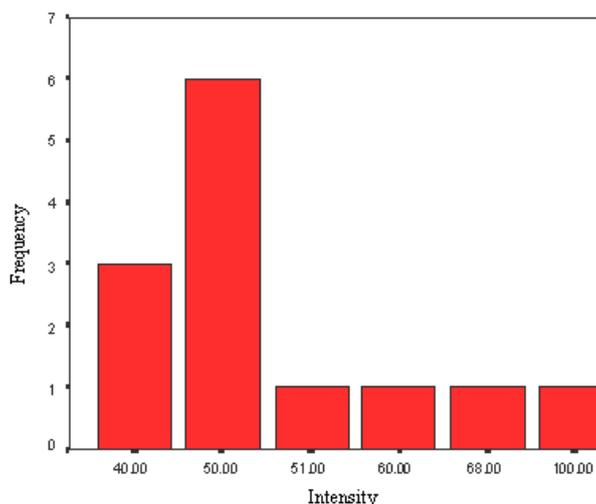


Fig. 3 Intensity of the desire to join the army.

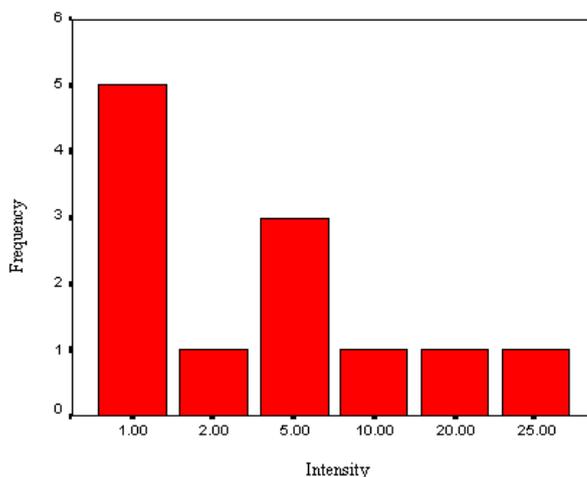


Fig. 4 Intensity of the desire for the group who doesn't want to join the army

On a scale from 1 to 100, it can be observed, that the majority of subjects who wish to serve in the army ($N = 13$) is registered with the highest frequently of 50. It can also be stated that the subjects who stated that they want to join the army, don't offer sure answers.

The fourth image presents on a scale from 1 to 100, the fact that the majority of subjects who do not want to join the army ($N = 12$) are registered for the lowest frequency of 1. The youngsters that don't want to join the army are certain about their answers and have offered very persuasive responses, with many very small rates.

7. CONCLUSIONS

The research results can be summarized as follows:

A. Hypothesis 1 is invalid. In other words there aren't any significant differences between the personality

profile underlined by the CPD questionnaire for young people who want to join the army and for those who don't. More precisely, the option to enrol is related to personality factors assessed by CPD (with the exception of the communality scale).

Subjects who gave positive answers are usually conventional people who respect social norms and offer common answers.

B. Hypothesis 2 was confirmed. In other words there is no direct correlation between the intensity of the desire to join the army and the need for performance, the need for belonging, the need for autonomy and the need for rational domination. This is due to the fact that young people do not want: to affirm themselves in the army, to belong to a different group, to be independent and to dominate others, needs that cannot be achieved while serving the army. The limitations of this research may come from the fact that a small number of subjects were used, from

two demographic locations, students of final high school grade, from three high schools, and the period during which the study was applied (spring 2003). Further research on a larger number of subjects, from different locations and not just pupils, could change modify the results obtained. Another problem for the application of this type of study would be the period during which it has been applied, because the present legislation regarding the army is now different, the military service being now voluntary and becoming an employer, since 2007, the situation is a different one and the youngsters' motivation to join the army has also modified.

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WOMEN'S SEXUALITY AND FEAR OF INTIMACY ACCORDING TO THEIR MARITAL STATUS

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ABSTRACT: This research mainly seeks to find out if there are significant differences between married and unmarried women, but in a relationship. Self-esteem, fear of intimacy and sexual motivation were underlined in this study. The method: the total range is of 60 women, divided into two equal lots. The first lot of 30 married women, and the second lot of 30 women in a relationship, but unmarried. Their age is between 18 and 40 years.

The inquiry was used a research method, and the tool is the questionnaire. The tools we used are: the Rosenberg scale, indicating the level of self-esteem, the fear of intimacy scale (Descutner and Thelen, 1991) indicating the level of fear of intimacy and the sexual motivation questionnaire (Neston and buss 2005) indicating types of sexual motivation.

The results didn't confirm the hypotheses, which stated the existence of significant differences between married and unmarried women, but in a relationship.

By analysing the four hypotheses, one can draw the conclusion that there are a number of advantages given by the choice of being a married woman, but one cannot draw conclusions that may be accepted by everyone, because all the variables analysed are also influenced by other factors that weren't introduced in this study.

KEYWORDS: relationship, marriage, self-esteem, fear of intimacy, sexual motivation

1. INTRODUCTION

The subject of this study refers to women who naturally enter relationships, without major difficulties on approaching "the other one" and women who, on the contrary, don't succeed in establishing satisfactory relationships. As a consequence, there are women who obtain a level of intimacy and a satisfactory motivation in couples without special efforts, transforming them into deep relationships, even marriages, and women who, in spite of all effort, cannot get satisfaction from this type of romantic relationship

There are women who are prepared to take the "big step" – marriage, but there also are women who from different reasons keep postponing this step endlessly. "Life in a couple" represents a deeply discussed subject, especially for women, because most of them

are interested in finding a partner in order to form a couple. And often what really matters isn't the way one finds his partner, with whom one can establish a relationship, but what one does to take care of, to maintain this relationship.

Self-esteem is based on the persons' choices of exterior norms, which the latter finds achievable or not. It can also come from comparing more self images coexisting in the same person. On the one hand the proper Self, on the other hand the ideal Self, the Self that should be the image the person supposes others have of him. A way of expressing self-esteem as a source of personal energy is the following: "When I have a good opinion about myself and I like myself, I am likely to face the events of life with dignity, honesty, force, love and realism". This is a high self-esteem. (André, Lelord, 2003).

On the other hand, if someone thinks low about himself, describing his limits, disgust or any other negative opinion, energy gets diffused and fragmented. The self weakens and becomes a victim defeated by life: "If I don't like myself, then I depreciate and punish myself. I face life from a position of fear and helplessness, thus creating the attitude of a victim and acting consequently. I punish myself and I also blindly punish the others. I am at times a tyrant, at times a servant. The others seem, in my opinion, to be responsible for my actions". (André, Lelord, 2003).

On a psychological level, such a person feels completely unimportant, constantly fears rejection, cannot look at people and events in perspective. This is a low self-esteem. A person who doesn't appreciate himself will expect the others – wife, husband, son, and daughter – to be responsible for giving him his real value. The consequence is a long series of manipulations that usually have a negative outcome for both parts.

Good human relations and proper and warm behaviour come from persons that have a strong sense of their own value. Or else, persons who love themselves and appreciate themselves are capable of

loving and appreciating the other ones and of having a proper attitude towards reality. A strong feeling of self-esteem is the solution for becoming fully human, healthy and happy, for the establishment and maintaining of a satisfactory relation, being proper, efficient and responsible.

Strenberg and Grajek (apud Mitrofan, 1996) considered that intimacy, along with passion and self knowledge and knowledge of the other one are the couple's components of harmony and longevity, and Jacque Salome (2002) puts the development of intimacy on top of the hierarchy of aspects that contribute to the development of an erotic couple. For J. Salome (2002, p.237-255) the development of intimacy can be achieved by a real preoccupation of giving value, esteem and appreciation to the other one. Intimacy lived, opened, supposed overcoming mistrust, closure and aggressiveness. Intimacy refers to an equality that has nothing in common with wiping out the differences. "Intimacy is perceived by an understanding far beyond words, without making a specific request". (Salome, 2002, p.240).

Morrie & Arrleach Shechtman (2007) consider that in order to be satisfactory, relationships suppose the existence of essentially identical values for both partners. "Love means a lot of wonderful things, but it isn't a solution. When a marriage gets stuck in destructive patterns rooted in the deep past, common values are the ones that push you further, to a happier present" (Shechtman, 2007, p. 46). In addition, the best relationships are maintained with little effort and lots of intimacy. And true intimacy needs clear cut boundaries and constant challenges. "In order to have authentic intimacy you have to set boundaries, to mark borders, to challenge your partner and to express requests" (Shechtman, 2007, p. 108).

As a consequence, intimacy plays an essential role in the existence and development of a couple, as it is the tie that maintains this strong bond, but also the aspect favouring the revitalising of their passion. Intimacy can be considered a constant supply of affectedness for the couple, a long term supply, assuring the affective well-being of the couple even in its most difficult moments.

Intimacy in relationships is sometimes mistaken for sexuality, at least in phrases such as "private life", "intimate relations", both of them referring to the couple's sexual life. But intimacy is different from sexuality; still this doesn't suggest the lack of connections between the two relational fields, even if these differ in their essence, in what defines each of them.

Intimacy supposes establishing an emotional close connection, openness, safety and trust between two

persons, and sexuality is made up of the feelings and behaviours belonging to two persons, connected to the sexual field, whether they are part of some kind of relation or not. Sexuality usually is a fine detector of the relationship quality, and sexual difficulties usually are symptoms of relational problems. "In order to have a healthy and fully functional sexual relation, partners must have a certain level of mental, emotional and physical trust in each other.

Sex means vulnerability: it is an act that can be carried out only if reciprocal trust exists". (Graw, 2003, p.275). Consequently, a quality sexual life supposes creating a relational pattern that should reflect and satisfy the needs of each partner. One has to ask "why there is no intimacy in some couples" or "why a fear of intimacy appears, stronger than the fear of sexuality" (Sternberg 1994). A lot of couples that try to reach a higher level of intimacy end up by growing apart instead of growing together. Intimacy produces anxiety, thus leading to the partners growing apart.

Each couple tries to impose a series of behaviours that sometimes tend to distance or bring them together, succeeding in maintaining, by means of continuous arrangements, an ideal distance, in one direction or another, between the members of the couple, assuring an optimal state of intimacy and thus avoiding anxiety. Why can intimacy generate anxiety? Because intimacy implies the capacity of full trust in the other one, abandoning one's own measures of defence, "showing one's true face", without the fear that the other one would take advantage of these "moments" or "weaknesses" (Sternberg 1994).

Creating and maintaining intimacy in couple relationships supposes the existence of individual psychic characteristics, and their development leads inherently to a lower fear of intimacy, as well as to shortage in the functioning of psychic and behavioural mechanisms of avoiding intimacy.

A low capacity for intimacy supposes not only an insufficient development of specific abilities contributing to the development of intimacy in couple relationships, but also the interference of mechanisms of avoiding intimacy, related to an existing fear of intimacy. In most cases these two aspects are closely related, which means that the fear of intimacy leads to an insufficient development of some characteristics necessary to the development of intimacy, and the insufficient development of those characteristics can represent the basis for fear of intimacy.

Fear of intimacy, mostly unconscious, puts into action psychic and behavioural mechanisms of avoiding intimacy in couple relationships.

Consequently, fear of intimacy and the capacity of intimacy can be considered as functioning in opposition to one another: a low capacity of intimacy supposes a strong fear of intimacy and vice versa, a high capacity of intimacy is correlated to the absence of the fear of intimacy. "In the heart of any fear of intimacy there is fear of loss" (Welwood, 2006, p.118) fear of losing somebody (fear of being abandoned) or oneself (fear of invasion).

"Those of us that couldn't relate profoundly to their beloved parents or that couldn't separate themselves completely from them, remain with deep wounds in these areas. People with fear of being abandoned often feel ashamed and powerless when they want to contact others. Because they don't think they can express their need of contact, so as to trigger a positive reaction, they express it in indirect, distorted, or compulsive ways.

More than that, they are afraid to admit their complementary set of needs – the need of independence, of their own space. The same situation is also confirmed for the ones who are afraid not to lose their individuality in a relationship. Due to their childhood experience with invasive or suffocating parents, they are ambivalent in respect of their impulse to be separate individuals and they lack faith in their autonomy." (John Welwood, 2006, p.118). Psychosexual behaviour which appears during puberty metamorphoses the have been studied by de H. Ellis, St. Hall, Maranon, S. Freud, Marro etc., who noticed specific psychosexual differences according to sex.

Thus, the young woman is first of all seducing. The feminine sexual desire for partners of the opposite sex manifests itself through a provocative defence. The erotic defence instinct is related to physical integrity, especially when it comes to the first sexual experience, implying the loss of one's virginity. For girls, sexuality is doubled by a maternal feeling.

The grown up woman expresses herself through "erotic closeness": total physical participation together with a moral participation in the sexual act. "An indissoluble combination of eroticism and celebrity, fixing the woman's destiny." (A. Hesnard, 1933) has been observed.

By consenting to the consumption of an erotic-sexual act, a woman gives up most of her intimate personality. That is why any woman needs a compensation of this submissive defeat attitude, a compensation or consolation of "her psychosexual wound". This compensation comes through tenderness, from the partner, which is formal and temporary, and not from a long-lasting and a

profound feeling that women desire and expect (Hesnard, 1933).

More than men, women depend on the good will of partners. They possess a polygamy tendency to seduce men, by giving a special value to every "conquest". "The need of affective stability, based on tender closeness" is shown (Hesnard 1933), dispelling restlessness, removing uncertainty, mistrust and routine among the partners of the couple. Affective and sexual complementariness between a man and a woman is realised and enriched inside the couple, starting from a long term erotic bond. Reciprocal sexual satisfaction is an important aspect and one of the essential ties in the life of a couple, even if there also are other indispensable elements for ensuring the endurance of a harmonic marriage. Sexual motivation is determined by the interaction of internal, organic, innate, genetic, neuro-hormonal conditions with external, acquired conditions depending on the socio-cultural socialisation environment of the person. So, the so-called "sexual need" of men, appears, due to a directional component, more as a desire than a simple sexual need.

Desire is a complex entity, into which biological and psychological, emotional and relational elements come together. Desire is not an impulse, a blind urgent rush, being oriented to a specific object that triggers, by its simulative power, a certain psychosexual motivation, of certain intensity, with every subject.

2. OBJECTIVES AND HYPOTHESES

2.1. Objectives

In the context of addressing issues related to young adulthood, a problem that particularly stands out and acquires a central role is the perspective of women involved in relationships. As stated by literary works, women can be found in couple relationships, either formalized or unofficial.

The main objective of this research is to check whether there are significant differences among unmarried women, but in a relationship compared to married women, in terms of the following variables: self-esteem, fear of intimacy and sexual motivation.

The research has the following objectives:

1. Identification of a difference between the fear of intimacy of married women and the fear of intimacy of unmarried women;
2. Identification of a link between low self-esteem and fear of intimacy of women who are in a couple relationships;
3. Identification of differences in sexual motivation of unmarried women and married women;
- 4.

Identification of a link between the fear of intimacy and sexual motivation of women who are in relationship.

2.2. Hypotheses

The main hypotheses regarding the objectives of the research results are:

1. Differences between married women and unmarried women regarding the fear of intimacy.
2. Is there a correlation between low self-esteem and fear of intimacy in women who are in a couple relationships?
3. There is a difference between married women and unmarried women regarding sexual motivation.
4. Is there a correlation between the fear of intimacy and sexual motivation in women who are in relationships?

3. METHOD

This research type is comparative quantitative / differential and co-related. The research method used is the inquiry, and the instrument the questionnaire.

3.1. Participants/subjects

The total range is of 60 women, divided into two equal lots. The first lot of 30 married women, and the second lot of 30 women in a couple relationship, but unmarried. The requirements for subjects participating in this study were: age between 18-40 years is the relationship, for at least 2 years, and the first batch of women do not have children and get but are in a relationship for at least 1 year 6 months before marriage. Subjects come from urban areas. Women are explained how to fill in questionnaires, namely that the data they provide are anonymous and the results are confidential, being used only for the purpose of scientific research.

3.2. Instruments used

In the research each subject received 3 questionnaires: *The Rosenberg Scale (1965)*, indicating the level of self-esteem. The Rosenberg self-esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment. A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self.

The scale is believed to be uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. Five of the items have positively worded statements and five have negatively worded ones. The final score is obtained by summing the ratings assigned to all the items after reverse scoring the positively worded

items. Scores range from 10 to 40, with higher scores indicating higher self-esteem.

Fear of Intimacy Scale (FIS) (Descutner and Thelen, 1991). In the current study the FIS was used to measure an individual's fear of intimacy in romantic relationships. This 35-item self-report questionnaire is rated on a scale from 1 (*not at all characteristic of me*) to 5 (*extremely characteristic of me*). Items were based on the definition that fear of intimacy is the "inhibited capacity of an individual, because of anxiety, to exchange thoughts and feelings of personal significance with another individual who is highly valued" (Descutner & Thelen, 1991 p. 219). A total score is produced from the sum of all the items with a higher score reflecting a higher fear of intimacy. Participants are asked to imagine that they were in a close dating relationship when answering the items; but for the current study phrases were slightly modified so that participants who had a partner were asked to answer all items in regard to an existing partner. An example of an item is "I would feel comfortable expressing my true feelings to my partner". The FIS was found to have good construct validity, excellent internal consistency (alpha of .93) and stability was demonstrated with a one-month test-retest correlation of .89 (Descutner & Thelen, 1991). In the current study the Cronbach's alpha was .89.

Sexual Motivation Questionnaire (Neston and Buss 2005). In 2005 Neston and Buss Sexual developed the Motivation Questionnaire, to assess the reasons for which a person engages in sexual activity. This questionnaire consists of 237 items and includes four factors as follows: physical, emotional, goal achievement and insecurity. Physical factors include: reduce stress, reduce pleasure, physical desirability, searching experiences. Emotional factors include: love, involvement and expression. Factors of goal achievement include: resources, social status, revenge and utility reasons. Insecurity factors include: low self-esteem or the need for increased self-esteem, assignment, pressure, "treasure" the partner. Evaluation items of the subjects is on a Likert scale of 1 to 5, where 1 means none of experiences and 5 means a lot of experiences, depending on how much characterizes every statement.

4. RESULTS

The analysis of the first hypothesis was started from the premise that unmarried women, but who are in a relationship, have a higher fear of intimacy than married women. The results have rejected this hypothesis, since there were no significant differences; therefore the fear of intimacy was similar

between married women and unmarried women, but who are in a relationship. The second hypothesis claimed that there is a correlation between low self-esteem and fear of intimacy of married women and unmarried women, but who are in a love relationship. The obtained results supported the hypothesis. Therefore as the self-esteem of women increases both fear of intimacy decreases. The third hypothesis claimed that unmarried women, but are in a couple relationship have a higher level in terms of sexual motivation than married women. Results have disproved this hypothesis, since there were no significant differences; therefore sex motivation was similar between married women and unmarried women, but who are in relationship.

The fourth hypothesis sustained that there is a correlation between the level of intimacy and the fear of sexual motivation of women who are in a couple relationship. The results obtained have disproved this hypothesis, therefore there is no correlation between the fear of intimacy and the females' sexual motivation, and thus any correlations between the fear of intimacy and women's sexual motivation who are in a relationship couple are due to hazard.

5. CONCLUSIONS

By analyzing the four hypotheses the following can be identified: The conclusion of the first approach is that self-esteem is not influenced by the fact that women are married or unmarried, but in a relationship. The conclusion of the second hypothesis is: the more self-esteem women have, the less fear of intimacy they have. The conclusion of the third hypothesis is that sexual motivation is not influenced by the fact that women are married or unmarried. The conclusion of the fourth hypothesis is that there is a link between fear of intimacy and the sexual motivation in women who are in a relationship.

By analysing these hypotheses, one can draw the conclusion that there are a number of advantages given by the choice of being a married woman, but these conclusions may not be applied to an entire population, because all the variables analysed are also influenced by other factors that weren't introduced in this study, even if for the present research, conclusions were covered by findings presented.

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