

The Effect of Music on Emotions

Sara R. RING
The University of Virginia's College at Wise, USA

Ilie Puiu VASILESCU*
The University of Virginia's College at Wise, USA

Abstract

The paper reviews how music affects emotions, how it can be studied, and its efficacy in psychotherapy. The methods of research include the Experience Sampling Method (that involves palmtops to carry throughout the time of the experiment to rate musical stimuli), Geneva Emotional Music Scale (GEMS), and Prototypical Emotion-Episode Model (PEEM). It was found that the range of emotions that can be felt is basically restricted to two: whether a musical piece is happy, or sad. Music performed in a major key and music with faster tempo evoked happiness. Music in a minor key and music with a slower tempo elicited sadness in subjects. When mode and tempo gave conflicting cues, tempo had a stronger effect on listeners. The participants who responded with having "chills" evoked by music were not generally thrill seekers and liked less intense stimuli. The patients who daily listened to selected music experienced less pain, depression, or disability and more power than the control participants. Research in the field has suggested that music could potentially play a large role in changing the healthcare world.

Key-words: effect of music on emotions, music in a major/minor key, music with fast/slow tempo, music therapy

*
* *

The Effect of Music on Emotions

A person's emotions are an ever-changing feature. Some studies show that music has a strong effect on these fragile components of people (Gagnon & Peretz, 2003). In contrast, a few studies

find that it is possible that music does not significantly influence emotions in listeners (Juslin, Liljeström, Västfjäll, Barradas & Silva, 2008). However, researchers need to be clear that what they study is music's effect on emotions and not mood. Mood and emotions are drastically different aspects of a person (Meyer, 1956). Mood is more permanent and stable while emotions are temporary and short-lived. According to Meyer (1956), much of the research in this area unintentionally focused on mood instead of emotion. This paper will discuss the effect of music on emotions and the components of music that evoke emotions in listeners. Some researchers believe that music does not have a significant effect on emotions. If music does effect emotions, then why does it do so? A considerable amount of research has shown that factors in music, such as mode and tempo, strongly influence emotional reactions in listeners (Heinlein, 1928; Hevner, 1935). On the other hand, others have found that it is personal memories associated with music that could potentially trigger emotions (Craig, 2009). When researching the effect of music on emotions, most researchers allow participants to self-report emotional reactions. For various reasons, results produced from these measures could be inaccurate (Zentner, Grandjean & Scherer, 2008). Therefore, some researchers are using new and unique methods to test subjects in this area. The data collected from all studies on music and emotion have become important to the health field. If music can evoke feelings of happiness in people, then it could potentially serve as a treatment for depression (Chan, Chan, Mok & Tse, 2009).

* ipv4s@virginia.edu

A Functional Analysis of Inter-Adaptation Dynamics in the Short Process of a Relational Parent-Child USE Therapy

university lector, psychotherapist Michal OMER*, PhD
Carmel College, Israel

Abstract

The relational paradox implies that only finding the courage to honestly approach the **natural non OK-ness** conflict dealing simultaneously with the “non OK-ness” of the child but not less with her own frustrations admitting her own imperfectness (by agreeing to encounter her own inner child), might release the mother’s coping resources to provide the growth conditions for herself and for the child.

Key-words: USE paradigm (which includes the anachronism of Uniqueness, Setting and Equilibrium), the **natural non OK-ness** conflict, progressive scenario, regressive scenario, inter-adaptation, neural-type, neural diversity

*
* *

The key concept of inter-adaptation is at the heart of the **USE** paradigm; this very subtle **Equilibrium** between the main caregiver (the primary **Setting**) and the **Uniqueness** of the child, in their numerous transactions throughout the growth process of the identification and negotiations of the child’s changing needs, is the thread that manages to transform isolated and fragmented steps of any dialogue between the two “partners”, into a coherent stable unit of communication that eventually permits that every child states with confidence (either tacitly through his thoughts and feelings which may easily become obvious when further on they are being translated into relaxed and confident behavior or rather in explicit words which are eventually transformed or combined into conscious actions), the precious empowering

message: “I know I can; I can make a difference in this world – my words / actions do matter to them.”

Whether the child is either neural-typical – not presenting any significant development challenges – or a-typical – as is the case of B.B., a 5 years old girl diagnosed with PDD which will shortly be illustrated further below – he/ she can only advance on the developmental ladder, provided that this advance is adequately facilitated by the caregiver in the frame of a lovely sustaining container of relevant relationships. Only in this way is the unique child eventually enabled to access, and feel the essential competence of adapting itself to the challenging demands of the human setting in which he is gradually supposed to become a substantial integral entity.

This human inter play precondition is so self understood throughout the growth process of most typical children that it is easily taken for granted, whereas in the case of a-typical children it can enhance latent resources of competence only provided that it is being consciously accessed by the socialization agent (primarily the mother), at the service of the child’s functional adaptation to the neural-typical setting, by applying adequate relational interventions, which are carefully tailored to their emotional profile.

As it usually happens with most wonderful theories, putting the USE principles into the testing of the harsh reality behind the clinical container is a demanding mission, which might last throughout one’s lifespan; in some cases unfortunately this might not take place at all.

According to the USE paradigm, **the progressive scenario** implies a continuous active and synchronized adaptation of the caregiver (initially of the mother), to the intricate uniqueness of the child with developmental disorders, no

* m_o_1@walla.com

The Systemic-Familial Evaluation of the Family in a Medical-Legal Expertise

lecturer Alina ZAMOȘTEANU, PhD.,
Psychologist, "Tibiscus" University, Timișoara, Romania

lecturer Zeno GOZO*, PhD,
"Tibiscus" University, Timișoara, Romania

Daniel MURANYI, researcher, Psychologist,
"Tibiscus" University, Timișoara, Romania

Abstract

The systemic approach, that is being used as much with a therapeutically scope as an intervention method (the systemic lecture of the symptom), has proved its time efficiency through its own outcomes. There are domains of the applied psychology where using systemic concepts and methods are helpful, by interconnecting all the elements, for the developing of phenomenon's aetiology. In this paper there are presented the core concepts that are being used in the family therapy and with applicability on the presented case study, emphasizing the structural and contextual therapies. From the systemic lecture approach, a case of a person found in the situation of being declared as able, unable or limited in thinking for the offense done is being discussed and analyzed. The analysis presented, through the methods used (family map, genogram), intends to offer a different perspective, on a case that has medical-legal implications, from a linear perspective to a circular one.

Key-words: systemic reading, structural diagnose, infant killing, the function of the symptom.

*
* *

The systemic approach

The systemic model in Family Therapy had as its starting point the General Theory of Systems, developed by von Bertalanffy. According to the General Theory of Systems, a system is defined as being "an abstract totality, where we cannot talk about summation, meaning that the sum of the parts represents more than the whole, those parts being in interaction with each other". All features of the system are also applicable to families, namely:

- The family is a non-summativ totalit: the sum of its parts represent more than the whole;

- The family is an open system, meaning that the exchanges with the outside environment are accepted, but also a closed system, in order to maintain its integrity and identity;

- The family is characterized by homeostasis, i.e. the balance between two tendencies of a system: the changing and the maintaining of a *status quo*. In other words, homeostasis refers to the tendency of the system to maintain its coherence, stability, security and balance, in the physical and social environment;

- The family respects equifinality: the unpredictable law. This property refers to the fact that, in an open system, two different intermediate states can lead to the same final state; i.e., in an open system, the current state allows us neither to deduce the history of the system, nor to predict its future;

- In a family system, there are some control mechanisms to maintain a stable state (the homeostasis). There are two types of adjustments: linear and circular.

The linear adjustment is based on a theoretical model, which starts from the assumption that an event A, which is the first, causes an event B: A influences B, but B does not influence A. According to this model, human behaviours find their explanation in the past.

The circular adjustment is based on a theoretical model, which starts from the assumption that the events A, B, C, influence the event D, which in its turn will influence them, that leading to a circle-like relationship, without beginning or end. A, B, C, D mutually influence themselves.

* zenogozo@yahoo.com

Manipulation of Spouses: Causes and Manifestations

Cristian CIUPERCĂ* PhD,
National Intelligence Academy, Romania

Abstract

The present study tackles with the manipulation of marital partners which has become a usual habit nowadays no matter the characteristics of the relationship. Among the main causes of this situation were: the changing of sex roles, the differentiated expectations of the marital roles, changing the structure of power and authority within the family. Because of the emancipation process, the women changed the family cultural model, its lifestyle and values. But women and men are not aware they have different needs and this is another reason to amplify the latent dissatisfactions and grieves which are often nourished because of the manipulation of the partner. All these caused a lot of conjugal conflicts and led to a raising divorce rate and deflation of natality.

Key-words: manipulation, feminism, sex role, authority, victimization

*
* *

Since the early twentieth century, Simmel G. (1906, *apud* Barnes, 1998, 316) has said that lack of candour may be accepted more easily in conditions in which it was manifested by persons who had not established a strong or stable emotional relationship with the other. Recent studies argue, however, that people are willing to be forgiving especially towards close people and not to the unknown (Werth & Flaherty, 1986, 293-

311). We react differently to the manipulation included in our interpersonal relationships, whether they are spontaneous or lasting, intimate or professional.

However, while the persuasion of the others affects us less, those of the family members can raise serious marital problems, both from a theoretical perspective and a pragmatic point of view. Often, we try to understand why our life partner is trying to lie to us and to find that answering this question is more and more difficult. Often, we search in vain to find ways to counter the manipulation conducted by our life partner and end using the same currency, and we manipulate our partner being more or less conscious. Fact is, the manipulation in the intimate relationship has become increasingly used (Ciupercă, 2000), and this is explained as follows:

1. The modification of sex roles structure after decades of relative stability and stiffness was a dramatic change, driven in particular by the process of emancipation of women. This change has induced many implications, both in the psychosexual identity and in the family as a functional entity. Before going in depth explanations, we have to answer a few questions:

- a. Was that change inevitable?
- b. Were the women ready for the change?
- c. Were the men ready for the change?

Having the sociological perspective relying on the polarity of "community/society" as a landmark, which was proposed by F. Tonnies

* ciupercacristi@yahoo.com

Character Psychology: Directions of Study

Eugen AVRAM*, PhD,
University of Bucharest, Department of Psychology

Abstract

In the present study we intend to make a foray in the psychology of character, from the perspective of positive psychology, by mentioning the modern directions of character study and the contributions of various personality models in the description and the explanation of the moral profile. There five tendencies outlined in character psychology are: 1. the general personality psychology perspective, 2. conceptual, theoretical analysis (character, ethics, morality); 3. elaboration and research check of character models; 4. the study of separate character structures (traits, values) and its relationship with other behavioral dimensions; 5. character research in applied psychology fields (educational, organizational, clinical, social psychology etc.). The author describes a new profile of character, resulting from a research that brought to light a structure based on 17 factors, grouped in 4 super-factors: *Being Civilized* (Discipline; Decency; Self-Control), *Kindness* (Profoundness of Involvement; Commitment; Generativeness; Availability; Moral Support), *Determination* (Adaptability; Staunchness; Firmness), *Goodwill, Egocentrism* (Selfishness; Profitability, Abhorrence; Immorality; Upstartness).

Key-words: character, factor, personality.

*
* *

1. Introduction

Character is at the centre of current research in positive psychology (Seligman et al., 2005; Pawelski, 2006). Character psychology promotes the study of wellness, virtues, values, character traits, ethics and morality. The researchers dealing with both personality and

character have been interested in discovering new descriptive and explicative models (the discovery of the ensemble of tendencies and concepts which can offer the possibility to describe and explain the personality profile, just as it is), but they left unsolved the prescriptive approach of personality and character (which shows how the behavior-attitude profile should be, according to the demands that people generally have with respect to the peers' behavior).

Character studies focused on evaluative and appreciative behavior criteria. In a hierarchical order, starting from the most general social level and getting to the more particular psycho-behavioral levels, the behavior criteria or the regulating structures of behavior are presented in the specific literature on the matter as follows: moral values, legal and social norms, ethical principles, ethical codes and standards, moral norms, virtues, good manners precepts, interpersonal behavior standards (in terms of implicit or untold expectations and explicit and demanded expectations, set in connection with certain attitudes and behaviors considered appropriate or positive) (Hill, 2004). These analyses stay highly general and cannot gather an ensemble of normative value traits. In other words, they do not show the character profile or behavior that one expects and wishes to see manifested in and by his peers.

2. Character – Definition

Character is the self-adjustment and value-related side of personality, with a view to balance time-and-society-produced general expectations (cultural beliefs, social norms) and personal

* eugenavram@yahoo.com

The Therapeutic Power Paradigm and the Contemporary Romanian Context

Oana BENESCU MIHAI*
physician (ophthalmologist), psychologist, psychotherapist
Bucharest, Romania

Abstract

The therapeutic power is inherent to any therapeutic interaction (psychotherapist-client, doctor-patient), and the therapeutic relationship is all about power. Within this moment and historical context of mutations and transformations inside the space of our country, the understanding the intimate therapeutic power mechanisms is very important for preserving an adequate hygiene of the therapeutic relationship, and differentiating the therapeutic power of some other types of socially exercised power is vital for any therapist's honest self-analysis, be it doctor or psychotherapist. The experiential psychotherapies succeed in finding the optimum therapeutic power management, in comparison to other therapeutic schools and methods. Due to its specific concepts and techniques, the Unification Therapy (PEU) holds a flexible, fluid and efficient manner of exerting the therapeutic power and specifically and creatively responds to the tribulation of the Romanian actual society and the challenges of the future of a globalized world, in which Romanian society is looking for its own path and identity.

Key-words: therapeutic power, therapeutic relationship, experiential therapies, Experiential Unification Psychotherapy

*

* *

The therapeutic power represents one of the socially exerted power types and is indispensable for the therapeutic healing/change and is inherent to any therapeutic relationship (psychotherapist-client, doctor-patient).

Obviously, an imperative question is: what is the path of the therapeutic relationship, and what

is the formula the therapists could find in exerting the therapeutic power, taking into account this autochthon peculiar context: an anomic society, still searching for its own identity and its own direction, still marked by the traumas of totalitarianism, with visible uncured traces in the dysfunctional inter-human interactions, and in the pathological management of social power?

A Queensland University study regarding the evolution in time, of the clinical interaction, concluded: the therapeutic relationship has never been constant and immutable along the epochs, but is changing all the time, determined by the historical, institutional and cultural context of each epoch (*Sally Wilde, 2005*).

Can the present, economic, cultural climate and the recent history of public life induce deep transformations in the clinical relationship? Can a post-totalitarianism society context of transition change the therapeutic relation, and thus, the manner to manage therapeutic power, and, if so, how and to what extent does this occur?

What is obvious, in fact, but mostly minimized, is that any psychotherapist-client, doctor-patient relationship is a power-based relationship. In order to be a functional and healing relationship, the therapeutic interaction must be a power-based relationship.

This is a sensitive problem and the problem of therapeutic power may cause unsettlement because of the indigestible association with other types of socially exerted power: the political power, public power, institutional power, the economic, informational power and so on.

In my opinion, now is more than necessary to come up for a non-hypocritical, non-apprehensive discussion on the therapeutic power. We now live in

*oanabenescumihai@yahoo.com