

Building Positive Social Connections and Developmental Assets in Children: a Family-Based Prevention Approach

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Abstract

This study examined the effectiveness of a Family-Based Prevention Program on increasing early childhood educators' (n = 219) knowledge, attitudes and behavioral intentions toward building positive social connections and developmental assets in children. This program was developed based on a comprehensive review of the professional literature. The core programmatic elements focused on increasing participants' knowledge, attitudes and skills regarding positive connection building, developmental assets, and positive youth development. A pretest-posttest research design was employed in this study. Participants completed a two-page, 33-item survey that assessed their knowledge, attitudes and behavioral intentions concerning positive connection-building and developmental assets both at pretest and immediate posttest. In addition, a 3-month follow-up telephone survey was administered to assess long-term sustainability of program effects. Paired sample t-tests were performed to analyze the effectiveness of the Family-Based Prevention Program. Mean differences from pretest-posttest pairs were calculated. Results indicated that participants' overall knowledge, attitudes and behavioral intentions toward building positive social connections and developmental assets in children increased significantly from pretest to posttest. Such increases were also found to be maintained at 3-month follow-up. Study findings indicate the importance of providing prevention skills to early childhood educators as a means to build protective factors in children.

Key-words: family, prevention program, early childhood, knowledge, attitudes, skills

Study Purpose

The purpose of this study was to assess the impact of a Family-Based Prevention Program on increasing early childhood educators' knowledge, attitudes and behavioral intentions toward building developmental assets, positive connections and self-esteem in children. Findings could be used to assist prevention specialists and program planners with strategic planning efforts aimed toward prevention and positive youth development.

Prevention and Positive Youth Development

Research indicates early prevention is most effective in reducing risky behaviors among adolescents (Walker, Severson, Feil, Stiller, & Golly, 1998). Prevention programs addressing both risk and protective factors are the most effective approaches in reducing negative behaviors (Emshoff & Price, 1999). For children, comprehensive programs often target schools, educators, parents, and community organizations (Brown University Child & Adolescent Behavior Letter, 1997). Programs are most successful when utilizing a comprehensive approach to prevention (Emshoff & Price, 1999).

Many youth now begin using alcohol and other drugs before the age of 13 (Centers for Disease Control & Prevention, 2000). The onset of earlier drug use increases the importance of early prevention programs (Hahn & Papazian, 1987). Focusing on positive youth development and communication skills while also teaching parents

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Fairytales Characters – Expression Means of Children in Experiential Psychotherapy

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Abstract

This paper deals with the importance of fairytales in the psychotherapy of children. After presenting several directions of using fairytales in psychotherapy, the author describes her personal style of work. The method of creating a personal fairytale is followed by the dramatization with puppets, as a means of expression and psychotherapeutic intervention with children. The approach is based on the principles of experiential psychotherapy. In the end, two case studies are presented, in which one can follow this diagnostic and therapeutic method of intervention.

Key-words: fairytale, experiential psychotherapy, children

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From a psychological point of view, fairytales have great value as an expression of an initiation script. Children, without becoming aware of it, reconstruct the path of the mythological hero who, before entering the world of mature people, is subjected to a series of trials, which check his braveness, wisdom, physical strength, and strength of character. The child might identify with the hero of the fairytale on an imaginary level, but he remains in his childish universe and at the same time, he already sees himself suddenly grown up and victorious.

According to Bruno Bettelheim (1976), one of the most renowned psychoanalysts who studied the role of fairytales in the child's psychological life, through fantastic stories, the child can learn that the fight against serious life difficulties is inevitable

and is an intrinsic part of human existence. He finds out that, instead of hiding, he must firmly face the unexpected and often unjust challenges and overcome all obstacles, ending with the achievement of victory.

The fairytale stimulated the child's "de-centering", offering him the play of perspectives, in which he can put himself in some other's shoes, and find some parts of himself in others. The child can project his fears and difficulties he faces in his life, on the negative characters, and the characters helping the Hero, miraculous beings of objects, give him the chance to activate his inner resources.

Another aspect is that of solving the child's problems, educating the manners in which he copes to crises and stressing events. In order to adjust the numerous psychological problems that mark his growing crises, the child must learn to know himself better and get along better with the others. Even for this, fairytales offer him a vast range of situations he can use as relational models in his real life.

Fairytales can also be used to stimulate social and emotional abilities in children. Fantastic stories can be analyzed function of their structure and content in order to point out the problems faced by the characters, the values they use and with which the reader or hearer is faced in the end. The parent or educator may choose to read to the child a certain story that deals with a theme that would help the child overcome a difficult situation he is facing at that moment. For example, to a fearful and less confident child, one can read a story in which the hero is victorious, courageous, and does not need exterior help in attaining his goal. We expect that the child will identify with the main character and try to copy his behavior (Ch. Vandenlass-Holper, 1993).

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Psychological and Emotional Effects of Workaholism on Family Life

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Abstract

In our contemporary world, many people end up working past their time, or working hard during even weekends; their involvement in working activities reaches the point where they stop interacting with family members or friends, or they do this only on a superficial level. Gradually, work absorbs them completely – they practically get to ignore their family members, with whom they often have open conflicts. The deeper the workaholic submerges into work, the more he distances himself from his family, and the more people lean on someone who is workaholic, the greater their disappointment will be, often leaving them angry, hurt, neglected or without an explanation for the behavior, attitudes and reactions of that person.

Workaholism generates a series of reactions and behaviors that are hard to understand, and even harder to accept by those around; due to the fact that the individual is “seized” by work, he presents great difficulties in his private and social life, and he can lose his friends and family, and thus his loneliness might get deeper.

Key-words: Workaholism, psychological absence, emotional numbness, emotional opaqueness, emotional shield, emotional vacuum, family dynamics

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Hard work is worthy of all admiration, but workaholism, by definition, refers to compulsive work and it maintains the same connotations as any other type of addiction (alcohol, drugs, gambling etc).

Work addiction imbues the interpersonal and social universe of the individual, interfering with his close relations, family members and

friends, and having a devastating effect on them. The deeper the workaholic slips into the mirage of work involvement, the further away he gets from his family, and the more people depend on a workaholic person, the greater their disappointment will be, often leaving them angry, hurt, neglected or without an explanation for the behavior, attitudes and reactions of that person. The more negative emotions he experiments in his close relationships, the more the workaholic person will retreat and bury himself in his work. Thus, a *vicious circle* emerges, in which his relations with the family and close ones will be deeply hurt, and they will gradually deteriorate.

Workaholism *insidiously affects the emotional balance of the individual, bringing with it several psycho-pathological elements like depression, anxiety and even paranoia*. Very frequently, the workaholic will also develop other collateral addictions such as drug addiction, alcoholism, or compulsive eating, all these being a mask, which covers the pain, as in most of the situations, these persons have the feeling that they lack control over their lives and relationships.

Workaholism also marks the physical health of the individual; several symptoms emerge, such as ulcer, migraines, backaches, extreme muscle pains, blood pressure, as well as multiple associated reactions, caused by powerful stress. In some cases, it even leads to the premature death of the person.

Thus, we can state that workaholism can also be regarded as a disorder, even as a progressive illness. Bill Smith (2007) emphasizes **four stages** of its development:

The first stage is that of valorization - a person, who will unavoidably become workaholic, experiments both painstaking work and its benefits; this person will frequently receive positive feed-back

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The Truth in Believing a Lie: False Memories

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Abstract

The paper reviews the main theories, methods of research of false memories, individual susceptibility to that type of memory distortions, their real life impact, and the prevention of false memories. The Fuzzy-Trace Theory and the Source-Monitoring Theory are the main explanatory models in the field. The methods of research considered range from questionnaires, like Gudjonsson Suggestibility Scales, to experimental studies manipulating information, like Loftus' *slides* showing a car accident, or a false story told to participants about them being lost when they were children, and to fMRI recoding of activation of medial-temporal structures and the frontal areas of the brain. Individual differences affecting the susceptibility to forming false memories include age, levels of depression, working memory capacity, intelligence, neuroticism and others. The creation of false memories was found to be a serious problem in some psychotherapeutic interactions, especially, but not only, when hypnosis was used in an attempt to retrieve forgotten memories. Similarly, police-induced "confessions" were proved to have been instrumental in dozens of cases in wrongfully convicting people to jail for crimes they never committed. Means of preventing false memories, like forming a verbatim memory trace of the content, or associating autobiographical memories, are also discussed.

Key-words: false memories, interrogative suggestibility, internalized false confessions, memories retrieval through hypnosis, conviction of innocent people

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The Truth in Believing a Lie: False Memories

Have you ever remembered something and upon telling your story to a friend you realize that your experience never actually happened? I have had such an incident happen to me. I told a friend that when I was younger I went to the beach and accidentally stepped on a jellyfish. I remembered the jellyfish stinging me, and my mother being very upset. However, my mother interjected and pointed out that while I did step on a jellyfish, it was dead and did not sting me. My mother had warned me about being stung by a jellyfish frequently and when I stepped on one, I assumed I had been stung. I had always remembered how bad the sting hurt, and how my mother reacted. Nevertheless, my memory was not completely true.

False memories like the experience mentioned above are common and occur in many different instances. Such memories often go unnoticed or are shrugged off as a funny incident. False memories are beliefs held by individuals that an event has occurred when in reality the event never took place (Brainerd and Reyna, 2005). False memories can be observed in criminal confessions, recovered memories, and childhood memories. There are numerous types of false memories including autobiographical, narrative, and imaginative (Tulving and Craik, 2000). According to research conducted by Elizabeth Loftus (1997), false memories can either be purposely implanted by an external source, or created in a midst of confusion by individuals themselves. Two theories are prominent in the field of false memories, which are the fuzzy trace theory and the source-monitoring theory. Brainerd and Reyna (1995) associated false

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Psychological Stances and Characteristics of Paranoid Personality Disorder

Case study: the fanatic psychopath and his influence on vulnerable personalities

The People's Temple Sect Jim Jones or the Cyanide Messiah

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Abstract

The following paper presents a study of the universe of paranoid personality, by pointing out the extremely thin line between psychological normality and pathology, and through the approach of the different faces of paranoid personality and its ominous influences on other persons, with focus on the People's Temple Sect.

Key-words: psychological normality-abnormality, mature personalities, immature personalities, accentuated personalities, personality disorders, destructured personality, paranoid personality disorder, paranoia/ delusional disorder, sect leaders, vulnerable personalities

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Criteria for establishing psychological normality. Personality disorders – general description.

Psychopathic personalities hold a middle position, between the psychological normality state and the great psychopathological disorders, and it is a field that has given rise to many controversies and disputes.

Normal personality is defined, in an individual, as the result of the integration of his different drives, emotional and cognitive

components (J.D. Gulefi, P. Boyer, S. Consoli, R. Oliver Martin, in M. Montreuil, 2009). Montreuil proposes three models of normal personality: **Statistic normality** – normal individuals are average individuals, and the abnormal ones (deviating from the average) are considered *deviant*; **Ideal Normality** – describes a state of perfection one aspires to; any behavior that does not go along the ethical and social norms (according to the socio-cultural model) is considered to be pathologic; **Functional normality** – corresponds to the state that is closest to the psychological functioning model per se.

Ellis and Diamond, in Tudose, F., Tudose, C., Dobranici, L., (2002), set the following normality criteria: **the clear conscience of the personal self; ability to self-orient in life; high level of tolerance to frustration; self-acceptance; flexibility in thinking and auctioning; realism and anti-utopian thinking; taking responsibility for one's own emotional disorders; practicing creative activities; moderate and prudent involvement in risky activities; the clear awareness of social interest; realist thinking; accepting ambiguity and ability to adjust to it; and combining immediate pleasures with long term ones.**

Taking into account the criteria for psychological normality, one can establish several adaptive versus maladaptive types or levels of personality, such as:

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The Management of a Psychiatric Case, That Is Under 114 C.P. Article Jurisdiction, Through Family Therapy

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Abstract

Psychiatry raises more medical, ethical, as well as legal controversies than any other field. The paper presents the case of a 28 year-old patient who, in an aggressive burst killed his father. The patient comes from a family in which there was much violence generated by the father, who was a heavy consumer of ethanol, but the father had never been treated. His deed was covered in 114 C.P. Article (C.P. = romanian penal code). The further evolution of the case showed that frequent, chronic psycho-trauma, the family dissolution, the lack of an efficient intervention of a specialist in a mental health area or one from the social-assistance field at the right moment were responsible for the trauma. The psychiatrist deals with many ethical problems in a case like this one.

- How is it ethical to see the case from a professional point of view?

- How is it ethical to see it from a human point of view?

- Things psychotherapy would have changed in the lives of these people and this family

- What is the ideal therapy, why that therapy was chosen, what were the factors that influenced the decisions, from a general and a particular point of view.

Conclusions: The mentally disturbed patient represents an eloquent example of physician – patient relationship. Therapeutic handling of the case summons biological, psychological, familial, social, legal aspects. Family, this important factor in the life of an individual, is the basic unit of experience and evolution of the individual, of the progress, failure, and at the same time disease and mental health of the individual.

Key-words: medical-legal expertise, Article 114, Family, Family Therapy, Ethical Principles

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Psychiatry was criticized from the very beginning for abuses of ethical origin. Apart from other specialties, the psychiatrist has the power to decide on the freedom of a person. The psychiatrist has the right to hospitalize and also treat a patient against his/her will. The psychiatric diagnosis is the one that decides the fate of a person – by taking away one's freedom, by exposing him/her to the treatment, the patient risks to be stigmatized for life. The psychiatrist has a double role, that of therapist and protector of society and entourage.

The thin line between mental health and mental disease is a problem of subjective appreciation. Mental health can have many more forms than the disease itself.

According to the Penal Code of Romania, the situation of a mentally disturbed person who has a legal problem after committing a criminal act, goes under 114 C.P. article (compulsory medical admission) and the measure included in the 113 C.P. article (compulsory medical treatment).

Medical hospitalization is a security matter than means that the person is hospitalized in a mental health facility until the full recovery of the doer who has mental problems or who is addicted to drugs and who represents a real threat to society. The existence of the mental disease and the drug addiction, that lead to the alteration of the psychical capabilities must be dwelt with by the specialists.

The safety measure has a double finality – removing the person who represents a threat to the society from the midst of normal persons, stopping the person from doing any other deeds that are against the law, on one hand – and on the other, to remove or, to alleviate the cause that created the danger, by giving the individual the right treatment to get well or better.

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Transgenerational Unification Psychotherapy of the Patients with Sensitive Delusion of Reference

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Abstract

The paper presents the results obtained within a group of patients with sensitive delusion of reference as a result of the transgenerational unification psychotherapeutic intervention. Our intention is to pay attention to the fact that ill persons considered to be hard or at all responsive to psychotherapy can benefit from the effects of an intervention oriented toward unification, too. In addition, the paper also highlights, in close relation with the obtained psychotherapeutic effects, a series of transgenerational aspects with a greater incidence among the patients with this diagnosis, as well as the experiential profile of the patient with the sensitive delusion of reference.

Key-words: transgenerational unification approach, sensitive delusion of reference, experiential profile

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Introduction

The apparition of a symptom, in fact, confronts us again with our own **Shadow**, offering to us the opportunity of development, of maturation, on condition that we should want to unravel the message beyond the suffering. The illness confronts us not only with the individual shadow, but also with the **familial shadow**, which is an opportunity of unification and integration of all the things left "unsaid", of secrets, of fears, of exclusions, etc. In fact, what does disease mean in transgenerational context? According to the transgenerational patterns of the family therapy, the meaning given to the

disease gets richer through generations. Sometimes, the disease represents something preserved and transmitted to the next generations by means of unconscious testamentary way, most of the times by family loyalty. "A disease can be a chance of maturation. The affected persons noticed that the serious disease can put them into contact with their needs neglected until that moment, it can put them in contact with themselves." (Godeanu, C. D., Godeanu, A. S., coord. Iolanda Mitrofan, 2009, p. 69).

The grid of transgenerational «decoding» of the diseases and symptoms, as well as the messages from beyond these, is also applied to the psychic diseases. The doctoral research enabled us and, at the same time, offered us the context of analyzing the message from beyond the diagnosis of the sensitive delusion of reference, as well as the opportunity to make a transgenerational-unifying intervention upon these patients.

The delusional disorders have always made the psychiatrists face the therapeutic and clarifying problems since the beginning of the 20th century. In Germany, Kraepelin (1909-1915), Gaupp (1910, 1914) and Kretschmer (1918) were among the first who dealt with the special aspects of these disorders and brought important contributions to their classification.

In 1927, Ernst Kretschmer, (in opposition to the idea of the claiming delusion with evolution towards a rigid and paranoiac scheme of Kraepelin), brings to the foreground the notion of **the sensitive delusion of reference (sensitiver Beziehungswahn)**, underlying the aspect of the instability of the delusion, its sensibility to the context, to the situation, its variability along time, as well as the fact that it is accessible within the psychotherapeutic relation.

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New Questions on the Concept of J. Piaget*

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Abstract

At the 2009 Congress, we presented a study showing that the perceptual-evaluative work of the young children involved a series of psychosocial factors, such as, for example, social status and emotional-affective status of the person holding the objects evaluated. We asked ourselves, when we reexamined the research, to what extent the intervention of such factors was taken into account, in the "Piaget-type" experiments. Consequently, in addition to the fact that we reapplied a part of the tests we built, we have reproduced some of these experiments as closely as possible and checked whether our hypothesis is true or not. The results we obtained (our subjects were children with ages between 3 and 6 years) were more than encouraging, exhorting us to further investigations. Although the tests were applied on a large number of children, we are aware that maximum caution must be taken, given the fact that one of the widest and most accepted conception in Psychology is in our target.

Key-words: young children, cognitive development, perceptual evaluation, J. Piaget's theory, specific tests, social status, emotional-affective status

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Introduction

For several years, we have also dealt, in our research activity, with the evaluation of the psycho-behavioral development of young children.

We conducted such activity at several kindergartens in Bucharest, the tests being applied by students belonging to the Master Program "*Psycho-diagnosis and Psychotherapy*". Thereby, we had the opportunity to discover the existence of "masking behavior" phenomenon (Mitrofan, 2008), which affects the level of objectivity in the evaluation made by the teachers regarding the behavioral acquisitions of the young children. It was also found that, in the perceptual-cognitive assessment activity of stimuli, children are influenced by particular psychosocial factors, such as social status and emotional-affective status of the person holding the objects that are being evaluated (Mitrofan, 2009).

THEORETICAL ISSUES

We have initiated an investigation to another kindergarten, using carefully selected tests, to see to what extent this phenomenon exists. The conclusion we reached, and which was already communicated, led us to J. Piaget's theory and conception on the characteristics of the stages or the psycho-cognitive development phases of children. The famous experiments done by one of the greatest representatives of the cognitive psychology, which demonstrate, for example, the lack of the capacity for the conservation of quantity (Piaget, Inhelder, 2004) are worldwide known.

We were surprised to discover that, at the question which of the stimulus objects, that in reality were absolutely equal, was bigger, some the children showed one of the two objects, either from the right side or from the left side. We realized that they did not act in the cognitive plan regardless of the role-status of the person which gave them the

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