The Emotional Regulation and the Significant Emotional Relationships – to a theory of emotional disturbance

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Abstract

The aim of this article is to present the importance that the significant emotional relationships, especially in early life have in the building and strengthening of good emotional regulation, which then will influence the overall development of the individual. The main theories of emotional regulation, the neurobiological bases and the most important areas of the brain areas involved in the management of emotions are also presented.
Recent theories that emphasize the parents' failure consequences on the future emotional development of the child are outlined, offering, at the same time, solutions about how to avoid emotional illness.

Key-words: **emotional relationships, emotional regulation, emotional disturbance**

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I. Introduction

The emotion regulation study has a very rich history, the first theories about emotions can still be seen in the second half of the nineteenth century, with the theories of Charles Darwin (1872), Sigmund Freud (1899), William James (1884), but also earliest in philosophical works of Aristotle. However, it is only later, in the early 80's that the psychological research has begun to focus explicitly on emotion regulation. Recognizing that emotional regulation has many implications in maintaining physical and mental health and also in one's personal development, interpersonal relationships and social interaction, led this area of human development to a higher increase. However, we cannot discuss about and understand the emotional regulation if do not understand what emotion is (James J. Gross, 2004). Regarding a definition of emotion, there are different opinions. While some definitions exclude emotional regulation, others refer to it. A perspective on emotion, which refers to emotional regulation study, is that of the psychologist William James (1884), which regards emotions as adaptive behavioral and physiological responses that are required by the situation in terms of evolutionarily significance. The theory was later supported by Carl Lange, who believed that our sensory systems send information to the brain, which in turn sends information that induces body neural-vegetative modifications, thus changing which sensations are experienced as emotions.

Latest concepts considered emotion a basic, biological reaction, which serves to organize responses of an individual who faces an important event. (Arnold, 1960; Ekman, Friesen, & Ellsworth, 1982, Frijda, 1986; Levenson, 1988, Tomkins, 1984 and others). Emotional regulation may be defined as the manipulation in self or other of (a) emotion antecedents or (b) one or more of the physiological, subjective and behavioral components of emotional response (Gross, 1993). Research studies over the past decade are characterized by an explosion of interest in how the child - from the first moments of life – can share the subjective experience with others through his emotional and cognitive resources (Lavelli, 2007). Empirical and theoretical

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The Role Of Social Factors In Eating Disorders

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Abstract

The following study focuses on underlining the social causes that lead to the distortion of one's self-image and body image and to eating disorders. We aim to explain a series of psychological effects that the mass media display of perfect body images of the has on people, and the significant role it has in developing a self-destructive behavior, such as anorexia, or even in promoting such disorder as a so called life-style.

Key-words: **anorexia, bulimia, social and cultural models, distorted self-image, social valuing**

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Eating disorders imply a distortion of the body image and scheme; the level and intensity of this distortion varies from person to person, among those who have developed these disorders.

The distortion of the bodily image may achieve multi-dimensional characteristics, involving aspects about one's perception, attitudes and behaviors (Cash and Brown, 1989; Garfinkel and Garner,1982; Rosin et al.,1989; Thompson,1990.). In most cases, people with eating disorders perceive themselves as being very large or fat in a completely unrealistic manner, or they are under the impression that some of the body areas are out of proportions, generally the stomach and thighs. Despite the arguments one may present, or the social status of the one supporting the arguments, either a doctor or a specialist, despite the degree of emotional closeness (parent, relative, or friend), the distorted perception of one's body will impose on the beliefs of the person.

According to the research of Cash and Brown (1989), over-estimation of the shape and body features can be seen both in those with anorexia nervosa and in those who do not have this illness; the conclusion was that the distortion of one's perception of the body is not a characteristic of this clinical category alone. Hsu (1982) claims that the distortion of the body image is not a criterion for the diagnosis of anorexia and bulimia, however, there are good reasons to contradict this perspective. Firstly, there are large studies which demonstrate that there is a great overrating of body perception among the population with eating disorders (Cooper and Taylor, 1987); secondly, the perceptual distortion remains constant even after the patient has been partially rehabilitated; thirdly, it is widely known that West-European women tend to overrate their bodies due to the influences of models and social and cultural standards.

Cooper and Fairburn (1987) proved that women with anorexia and bulimia feel that other people assess them and appreciate them only by their physical appearance, and that any other traits and characteristics (psychological or personality ones) do not even matter. Often, teenagers with bulimic behavior have a very low self-esteem and are more preoccupied with their physical appearance than their peers (Brown et al., 1988, 1989; Cash et al., 1987).

The distortion of self-image in women with eating disorders was attributed to the cultural standards of beauty, to deficiencies in the process of identity formation, and to distortions of the psycho-sexual development.

Anorexic women have a very poor self image and generally feel very bad in their own skin (Garfinkel et Garner, 1982, Johnson et Corners, 1987). The fear to take responsibility for one's sexuality could be an explanation, but comparative studies done on anorexia sufferers and non-

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An Experiential Psychological Evaluation Procedure for Emotional Subclinical Disorders in Undergraduate Psychology Students

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Abstract

The paper presents the process of developing and validating an evaluation technique for emotional sub-clinical disorders, within the framework of experiential psychotherapy for the emotional sub-clinical disorders in undergraduate Psychology students.

The research sample included a number of 36 undergraduate psychology students presenting low and moderate depressive and /or anxiety symptoms. The age of the subjects varied between 18 and 26 (mean 19.89, standard deviation 1.67); most of the subjects were females (83.3%). Before the therapeutic sessions, all subjects were assessed using the Beck Anxiety Inventory and the Beck Depression Inventory-Revised. During the first psychotherapeutic session, an experiential provocative group situation was proposed as a basis for the assessment of emotional disorders. This session has been video recorded. A video records checklist for the self-image was created.

For each student, two independent raters completed the checklist on the basis of the video records. Nine experts were used as raters, each assessing seven subjects.

A set of experiential diagnosis techniques was created and validated. There were two phases involved: the creation of the experiential diagnostic techniques and the development and validation of the video records' checklist for the self-image. The validation of the video records checklist for the self-image consisted in the evaluation of its psychometric properties.

To assess reliability, the Alpha Crombach coefficient had a value of .872, indicating good internal consistency. Inter-rater agreement was measured using the Pearson correlation; a positive, strong and statistically significant coefficient was obtained (r= .765, p< .001), indicating good inter-rater agreement. By using experts and the DSM –IV criteria as a basis for item development, the content validity of the checklist was ensured.

The concurrent validity was tested using two standardized measures - two clinical scales assessing aspects of emotional disorders (Beck Anxiety Inventory and Beck Depression Inventory-Revised). Strong, positive and statistically significant correlations were obtained between those measures and the checklist.

Conclusions: the psychometric properties of the Checklist and the experiential framework of its development allow us to conclude on the usefulness of this diagnosis technique for assessing emotional disturbances in undergraduate Psychology students.

Key-words: **psychological evaluation, emotional disorders, experiential**

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Introduction

Emotional disorders have a high prevalence in undergraduate Psychology students. They are of special interest because they are associated with a wide range of maladjustment problems. Depression and anxiety are the most common forms of emotional disorders. Apart from specific characteristics, those two have a common core feature: a low self-image.

The first step towards a proper intervention is proper diagnosis. A number of standardized or semi-standardized instruments have been proposed to assess emotional disorders: *Beck Anxiety Inventory*, *Beck Depression Inventory-Revised* etc.

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THE BLOODY SCREAM

Borderline Personality Disorder, Self-Injuring and Suicidal Behaviors

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Abstract

The following paper aims to make a presentation of what borderline personality disorder and suicidal behaviors, which are tightly connected to BPD, mean, as well as to shape a prediction for this disease which has an increased life risk for the one's life.

Key-words: **borderline personality disorder, self-injuring, suicidal thinking, suicide planning, traumatizing, ambivalent suicide attempt, achieved suicide, prognosis.**

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Borderline Personality Disorder – characteristics

Borderline personality disorder is one of the most widespread personality disorders within the psychiatric unit population. Persons with borderline personality disorder have a restless life; their relations and emotions are unstable, and they possess a rather poor self-image. BPD is frequently accompanied by the feeling of inner void and high risk for self-injuring or suicidal behaviors.

Kreisman J.J., Straus, H., (2004), suggest the following **list of traits for persons with BPD:**

- **Traumatizing experiences in childhood (**mostly emotional, physical or sexual abuse**)**
- **Self-sabotaging behaviors (**ending a good friendship, losing a job interview due to inadequate, impolite behavior, and so on**)**
- **A history of disappointing relationships and workplaces** etc
- **Frequent change of jobs, schools, relations (**divorces, breaking up and making up**)**
- **A history of painful relationships, which involve suffering (**for instance, marriage with an alcoholic, abusive person**) or relations with narcissistic partners, with a high need for control, leading to repeated conflicts**
- **Using or being attached to objects such as dolls, teddy-bears, toys, in order to gain comfort or relief**
- **Confusion about sexual orientation (**for instance, bisexuality or lesbianism followed by the strong opinion that one is heterosexual)
- **Dangerous behavior which can be seen as exciting (**drug use, bulimia, anorexia, promiscuous behavior**)**
- **Repeated conflicts (**mostly with bosses and authority figures, colleagues, close persons, friends and family**)**
- **A history of violence, as a victim, aggressor, or even both**
- **Major changes in one's attitude (**for example, idealizing a friend, followed by demonizing him; stating that a book is fascinating, and later saying it is dull**)**
- **Attraction to extremist organizations (**such as religious or political cults**)**
- **A better functioning in situations that are clear, structured and have precise and unbendable rules (**for instance, weak school or academic performance, followed by successful army activity**).**

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Individual Experiential Psychotherapy of Unification for Treatment of Depression

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Abstract

Background: Previous research on psychotherapy of depression was mostly conducted on people with major depression, proving that several psychotherapeutic approaches are efficient, with insufficient information about the durability of the results. In parallel, studies on mechanisms of depression showed that some modification would be appropriate in the way psychotherapy was conceived. The objective was to study the effects of a unification psychotherapy program for adults with depression not otherwise specified. This program was based on recent discoveries in the field of mechanisms and assessment of depression (familial and trans-generational mechanisms, factors of depression and vulnerabilities).

Methods: The experiment, psycho-diagnostic and statistical methods were used. Depression was assessed with The Beck Depression Inventory II, Hamilton Depression Rating Scale, and Sentence Completion Test for Depression - Short Completion. Other instruments we utilized were as follows: Self Esteem Rating Scale, Inventory of Interpersonal Problems - Short Completion, Global Assessment of Functioning Scale. The experiment involved 20 subjects, 10 in the experimental group and 10 in the control group.

Results: Subjects in the experimental group completely recovered after psychotherapy and the effects lasted for six months. The results were significantly superior when compared with subjects in the control group, who received no therapy.

Conclusion: Unification psychotherapy realizes a holistic, synergetic and trans-generational approach of the individual in a process with four steps that respects his natural evolution, allowing the integration of the subjects' cultural background in a general manner. Thus, it contributes to recovery from depression with lasting effects.

Key-words: **unification psychotherapy, intergenerational relations, meditation, consciousness, adult**

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Introduction

Depression had numerous psychotherapeutic approaches across time. Their review shows that they are very different, but not entirely specific (Beutler, Malik, 2002) which makes it hard to have a unitary perspective of this disorder and its therapy. 160 studies on their efficiency are mentioned (Cuijpers, Van Straten, Warmerdam, Smits, 2008). Programs were experimented on different target populations: adults, children, pregnant women, or mothers. Some interventions were designed to also address the depressive's family (Ryan, Keitner, Bishop, 2010). The psychotherapeutic orientation (cognitive or non-cognitive) did not have an important influence on results (Weisz, McCarty, Valeri 2006), but, according to the same study, the effects did not last for more than three months. The therapeutic programs were also of short duration.

On the other hand, progress made in understanding depression and the way it was assessed revealed aspects insufficiently taken into consideration when the psychotherapeutic program was designed, including the treatment administered to the subjects in the control group (Honos-Webb, 2005, Rifkin, 2007). The research focused on the assessment of depression concentrated on two or three factors, but recent studies revealed the existence of a common factor reflected in the somatic, affective and cognitive changes that the individual with depression experiences, and that it

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PRIMARY TRAUMA VERSUS VICARIOUS TRAUMA

Analysys in the context of assistance programmes developed for persons with a history of recurrent sexual abuse

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Abstract

The study aims at analyzing trauma infliction in the existential context from a double approach: the client's perspective on trauma and recovery and on the other hand the specialist's vision on working with the "traumatized". The starting point in conducting the study were the Case Management premises, in which multidisciplinary teams work systemically for providing better integration opportunities for "beneficiaries", usually in significant psychological, social and economic distress. In social services, Case Management is a viable and client-oriented assistance method, based on recognizing the importance of the social support network role. As a continual challenge, there can be mentioned models of intervention to reduce trauma effects as well as building study premises for vicarious trauma on professionals working with different disadvantaged categories. One goal can be that of providing adequate professional intervision and supervision for the mentioned caretakers.

Key-words: **Primary trauma (PTSD); Case Management; Multiple roles; Vicarious Trauma (VT/STSD); Burnout; Psychotherapeutic intervention;**

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One of the main premises in working for the article was exercising to view psycho-traumatology and psychotherapeutic intervention from the impact it has both on the persons subjected to trauma and the frontline professionals (psychologists, social assistants).

Rather than focusing on the clinical point of view, the author's objective is that of presenting trauma onset linked to loss and survival as well as the subtle contagion mechanisms in the psychotherapeutic interaction.

However, the clinical perspective on primary trauma is operationalized by the Post Traumatic Stress Disorder (PTSD) as defined by the DSM-IV-TR: "exposing to an external stressor, direct personal experience of a life threatening event, harm of physical integrity or witnessing any of the above (A1); the person's answer to the event involves intense fear, feelings of helplessness or horror (A2); persistent symptoms: re-experiencing the traumatic event (B), avoidance of stimuli associated with trauma; paralysis of reactions (C), high arousal (D); the symptoms must be present for at least one month, causing a clinically significant disturbance at social, professional of other functional levels (E, F)".

6 Paradigms on Trauma Onset

Trauma can be characterized as a "disorder" of the psychological state consecutive to mental or emotional experience of distress or physical injury. The person subjected to trauma experiences overwhelming stimulation and on the other side the feeling of losing control, these resulting in inner unbalance and impaired behavior (Cerney, 1995). The response to abuse is very intimate, in direct connection with personal values since trauma can be perceived as injury of the human order. The following theoretical models may explain victimization particularities:

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The Value of Role-playing in Activating Internal Resources

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Abstract

This paper addresses the theory of role playing from the perspective of Moreno's classical Psychodrama and the therapeutical valences of role playing. In a psychodrama, the person may, on one hand, assume a varied range of roles and activate his actor Ego, on the other hand the presence of the other people that function as emphatic witnesses, the role-counter-role-witness dialectic, the techniques and the mirroring and role inversion functions, all these allow the focusing of self-observation aspects. In this way, by the game of the "action Ego" and "witness Ego" relationship, a person manages to amplify his self-knowledge and self-control. We offer here an example of psychodrama guided by the author of the paper, in which the protagonist is observed in the way she enriches her role range and her internal resources become activated.

***Key words*: role playing, psychodrama, internal resources, witness condition**.

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The Definition of role

In the Morenian model, the role is the psychogenic element based on which personality is built. "In this model – which is a predominantly the experiential unity itself that makes the relationship and the interpersonal relationship perceptible, observable and apt to be modified". (G. Boria, 1997).

The role may be defined as an actual and tangible form that the person's Ego assumes. It is the operative form that the individual assumes at a given moment, in which the persons and objects are involved. Moreno differentiates two entities, designating one with the term "role" and the other one with the term "counter-role". (Moreno, 1964).

The terms "role" and "counter-role" are symmetrical and interchangeable, depending on the point of view from which they are perceived. But they are also complementary, in that they depend on one another. The psychodrama has a fundamental technique (role inversion) by which these aspects of the bipolarity of the role are concretized. In role inversion, an actor will tend to identify with another one, but this role inversion cannot take place in the absence of a situation.

The central concept of the theory of the role is admitting the fact that man is an actor (role payer), that every person is characterized by a string of roles that dominate his or her behavior and that every culture is characterized by a certain set of roles that it imposes on its members with a varied degree of success. (The Concept of Sociodrama, Sociometry, vol. VI, 1943, p 438). Besides manifest roles, every person has a range of potential roles that he would like to perform.

Role playing, the perception of the role, the relationship and the interpretation of the role

Moreno differentiates between "assuming a role", that is, the acceptance of a definite role, a

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