

## Body Image Screening Questionnaire for Eating Disorder Early Detection

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### Abstract

*This article presents the results obtained after developing and validating the Body Image Screening Questionnaire (BISQ), with a sample of 395 participants from clinical and general populations. The instrument allows assessing the existence of eating disorders related to bulimia, anorexia, obesity, orthorexia and vigorexia. All the factors and total scale showed adequate internal consistency. Factor analysis supported the multidimensionality of the measure and its construct validity. The results of the assessment suggested that previous personal or family history related to eating disorders or to anxiety or depression, increase the likelihood of developing eating disorders. These results are consistent with the literature and support the experimental validity of the measure.*

**Key words:** eating disorders, assessment, screening, measure.

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### 1. Introduction

Eating disorders (ED) are a health issue that adversely affects social and family relationships, as well as mood, physical health, nutrition patterns, work and studies performance, and ultimately, the quality of life of patients and their environment (Etxeberria, Gonzalez, Padierna, Quintana & Ruiz de Velasco, 2002, Quiles, Terol & Quiles, 2003). Changes in eating patterns and reduced activity, together with other family social and cultural factors, help explain the increase of these disorders (Dolan, 1993; Gordon, Castro, & Holm-Denom Sitnikov, 2010; Henrickson, Crowther, & Harrington, 2010; Jiménez, 2006, Jimenez-Cruz & Silva-Gutierrez, 2010; Joja, 2001; Leone, Sedory & Gray, 2005; Moreno, 1999, Rogers & Petrie, 2010, Saldana &

Thomas, 1999; Soh, Touyz, & Surgenor, 2006; Vazquez & Raich 1997)

In Spain, there is an estimated prevalence of eating disorders of from 3% to 6.2% (Peláez-Fernández, Labrador Encinas & Escursell Raich, 2008). An additional 12.4% of the adolescent population show potentially pathological attitudes toward food and related issues (Carbajo, Canals, Fernandez-Ballart & Domenech, 1995). Other studies reveal even higher rates of ED especially for women (Sanchez et al., 2000) who are a particularly vulnerable group (Joja, 2001; Keel, Baxter, Heatherton, & Joiner, 2007; Vázquez, State Claramonte & Maiques, 1999), except for vigorexia (Olivardia, 2001, 2009). For example, Sanchez et al., (2000) found a risk of eating disorder of 19.8% for women and 1.76% for men. Likewise, Ramos et al., (Ramos, Rivera & Moreno, 2010) obtained very similar data and concluded that the factors that lead male adolescents to start a weight-loss diet is not their weight, but their perceptions of the body whereas, for girls, the factors relate to their satisfaction with their bodies (Ramos et al., 2010). In terms of healthy habits of young people, it seems that men tend to exercise while women tend to watch their food intake. These differences must be taken into account when developing educational programs to promote healthy habits in young people (Alvarez & Lopez, 1999; Vera Guerrero, 1998; Villena & Castillo, 1999). In other words, the key it is not so much to modify the risks but to provide personal strategies to reduce the impact of risk factors associated with ED (Casado & Helguera, 2008).

In various countries other eating related disorders such as vigorexia (muscle dysmorphia) and orthorexia (obsession with healthy eating) (Dudas & Tury, 2008; Kinzl Hauer Traweger & Kiefer, 2006; Zamora, Bonaecha, Sanchez & Rial, 2005) are emerging. Some authors even

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## ***The Influence of one's Preoccupation with Silhouette on one's Self Image***

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### **Abstract**

The present study aims to study the correlation between the preoccupation with size and self-image. The specialized literature testifies for the fact that both self-image and body image of women are poorer than men's are. It is also considered that the psychological and social assessment, which these women run on themselves, is lower than men's are. These distortions are often explained through the promotion of social beauty standards, which are hard, even impossible to attain. We thus aimed to reveal whether there is a negative correlation between one's preoccupation with one's silhouette and self-image. We also wanted to investigate whether there is a negative correlation between the preoccupation with silhouette and body image, between the preoccupation with silhouette and one's evaluation of her psychological traits, and between one's preoccupation with silhouette and the perception over social relations, as established by the subject. The study was done on 100 young women, aged between 20-26 years old. For the assessment of the variables, we used the following questionnaires: Concern over Weight and Dieting Scale, in short COWD) and Self Image Questionnaire (CIS). After we realized the statistical analysis of the questionnaire results, we noticed that there are negative correlations between: the preoccupation with silhouette and self-image, the preoccupation with silhouette and body image; the preoccupation with silhouette and the evaluation of one's psychological traits; the preoccupation with silhouette and the evaluation of social relations as established by the subject. Thus, all the hypotheses of the research were confirmed. We therefore conclude that the preoccupation with silhouette is harmful to self-image and to the other variables investigated, as well. We can thus raise the attention both of society, which promotes standards too high, and of women, as well, who let themselves influenced by these standards.

**Key words: self image, social beauty idea, emotional problems, unhealthy body and silhouette images**

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### **1. Introduction**

The objective of the present study is to go beyond the simple reckoning of the lower assessment of one's self-image in women.

We wish to demonstrate that one's too great concern with their silhouette is one of the explanations of the phenomenon.

Thus, one of the study's objectives is to emphasize that self-image is shaped by the concern with one's silhouette, becoming more negative in the case of high concerns. We thus wish to point out that, if this concern is too great and thus receives high importance, it will have negative influences not only on the way one sees one's body, as we may think at first sight, but also on the entire self-image, by decreasing it.

Young women will build their self-image from the image of the perfect silhouette, as it is promoted by society, which will determine them to consider themselves as inadequate, and thus become extremely preoccupied with their body weight. Moreover, we wish to demonstrate that young women's high and sometimes exaggerated concern for their silhouette has greater effects on their assessment of their body image. Thus they will consider that they do not look "as they should", from a social point of view.

We also aim to prove that there is a negative correlation between the preoccupation with one's silhouette and the assessment of one's psychological traits and social relations. Thus, women who are too concerned with their body weight, tend to consider themselves inadequate from both a psychological point of view, and from that of the social relations they create.

In the case of women who are not preoccupied with their silhouette, the influence mentioned above will not occur. The preoccupation with one's silhouette will thus become a vulnerability.

#### **1.1. General hypothesis**

Self-image is a psychological variable that mediates the way in which one relates to oneself and to others. There are studies that have proven that there is a higher level of preoccupation with silhouette in women in comparison to men, and that there is an influence on self-assessment, the assessment of one's body and psychological traits and social relations.

We assume that the increased concern for silhouette, will influence young women's

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# ***Emotional Exhaustion, Depersonalization, and Eating Habits of Secondary School Teachers***

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## **Abstract**

*The purpose of the study was to examine the presence of burnout syndrome and its relationship with eating habits in a sample of 109 secondary school teachers from Spain. The participants of this ex-post facto study were 109 Spanish teachers. Data were collected at the end of one school year. The Maslach Burnout Inventory was used to measure burnout syndrome. Eating habits were assessed with a survey developed for this study. Results obtained showed: (1) high rates of the syndrome (emotional exhaustion, depersonalization, and personal accomplishment); (2) positive correlations between unhealthy eating habits and burnout, (3) impact of burnout on eating habits; (4) predictor value of burnout levels on healthy or unhealthy eating habits, (5) the impact of some sociodemographic and environmental variables on burnout. Empirical and practical implications for the promotion of health and quality of working life of teachers and educational centers are suggested. Suggestions on intervention and prevention strategies and further research are included.*

**Key Words:** Emotional Exhaustion, Depersonalization, Secondary school teachers, Eating habits, Assessment.

## **1. Introduction**

Research on burnout has revealed the syndrome's impact on psychological, physiological, organizational, and social variables that affect the individual. Burnout provokes a number of emotional and behavioral disturbances including: maladaptive eating habits, overuse of tobacco and alcohol, sleep disturbances, family conflicts, lack of work satisfaction, absenteeism, problems with coworkers and supervisors, and mood disorders (Daniel & Schuller, 2000; Friedman, 1995; Guglielmi & Tatrow, 1998; Maslach, Schaufeli & Leiter, 2001).

There is a generalized agreement regarding burnout being composed of three dimensions: Emotional Exhaustion (EE), Depersonalization (DP), and Lack of Personal Accomplishment (PA) (Ashforth & Lee, 1997; Cordes, Dougherty & Blum, 1997; Maslach & Jackson, 1986; Maslach, 1993). EE is defined as a progressive loss of energy, emotional overextension, exhaustion, and tiredness experienced by professionals due to daily contact with service recipients (patients, students, inmates, etc.). DP is reflected in irritability and negative or excessively detached response to other people. Finally, PA refers to a lack of, or a decrease in, feelings of competence and success in one's work. There is also general agreement, with some exceptions (Kalliath, O'Driscoll, Gillespie & Bluedorn, 2000), that the most used measure, the Maslach Burnout Inventory, includes these three dimensions (MBI, Maslach & Jackson, 1986). There are a growing number of workers that show stress and burnout. The Third European Survey on Work Conditions (Paoli & Merllié, 2001), showed that stress affects 28% of European Union workers, 23% of whom already have burnout. For stress, one high-risk group is professional educators (Friedman, 2003). They are also a high-risk group for burnout (Bakker & Schaufeli, 2000; Griva & Joekes, 2003; Kittel & Leynen, 2003). Bakker and Schaufeli (2000) found the percentages of burnout in North American teachers ranged from 5 to 20%. In addition, from 30 to 35% stated they were unsatisfied with their profession. Data from Europe are in agreement as well, with stress percentages for teachers ranging from 60 to 70%, with 30% of them experiencing burnout (Brenninkmeijer, Van Yperen & Buunk, 2001). European studies by Farber (1984), and Van Horn, Schaufeli, Greenglass and Burke (1997) have found a higher prevalence of burnout in

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## ***Mother and Baby: Being at Home or Pursuing a Career***

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### **Abstract**

This study aims to explore the impact of mothers' working on the psychomotor development of the child, in the first year of his/her life, and on the mothers' affection and self-esteem. J. Bowlby's attachment theory (1969), D. Stern's studies on babies' earliest relationship (1977), D. Winnicott's perspective on the good-enough mother (1958), E. Shea and E. Tronick's research on self-esteem (1988) and M. Muller's studies on mother's affection (1994) are taken as references. The sample consisted of 39 participants (babies from 9 to 16 months), divided in two groups: Group 1 (20 participants) attending a nursery-school, Group 2 (19 participants) at home under their mothers' care. Mothers answered a socio-demographic questionnaire, and Portuguese versions of the Maternal Self-Report Inventory (Shea & Tronick, 1988) and the Maternal Attachment Inventory (Muller, 1994). Babies were evaluated with the Scale of Psychomotor Development (Brunet & Lézine, 1976). Factor discriminant analysis results showed good discrimination between the two groups. The discussion pinpoints how children's pathways during their first year of life influence their own development and the strength of their mothers' attachment, favouring the children who are only under their mothers' care.

**Key words:** babies' psychomotor-development, mothers' self-esteem, nursery-school, home-care.

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### **1. Introduction**

Nowadays the vast majority of Portuguese women have a full time job (Instituto Nacional de Estatística, 2002). They work not only for financial needs, but also as a source of satisfaction or meaning in their lives. Furthermore, if they had the chance to complete higher education at University, they would pursue interesting and challenging careers.

Nevertheless, in Portuguese society there are still many women who did poorly at school and consequently only manage to be offered unskilled jobs (Instituto Nacional de Estatística, 2002) in which they do not achieve great satisfaction. For the younger generation of women, being just a homemaker is no longer a common experience. Nevertheless, gender roles and stereotypes have a meaning in the Portuguese society. In addition, "sex roles" are still an important component of marriage, despite the spread of the feminist theory defending/stressing that husbands' and wives' behaviours are neither essential nor inherent, but rather a product of social construction of gender (Brooks, 2000). Becoming a mother may represent a challenge to whatever the previous options were as far as working outside the home is concerned, as traditional gender roles, such as the instrumental masculine role and the expressive feminine role, including the nurturing of children and the watching over the family's emotional needs, may have a strong impact on many women (Levinson, 1996). So, on becoming a mother, some women can afford, or give themselves, an extended pause from their outside-home working life and choose to stay at home taking care of their infants for a year or more, as a full time job.

Based on the results of many research studies, it is widely accepted that very young babies have the ability to interact with their careers, usually the mother, being active partners in their first and most important relationship (e.g., Stern, 1977). Since birth, infants and their mothers interact in communication sequences whereby mothers attuned with their babies understand and respond in accordance with the signals they emit, thus, satisfying their needs (Ainsworth, 1969; Bowlby, 1969; Stern, 1977). This satisfying relationship, which happens several times in their short lives and is provided

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# **New Directions in Cinema-Education and Cinematherapy**

## **Experiential and Unifying Cinematherapy**

### **Cinema Centered Group of Personal Development**

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#### **Abstract**

The following paper pleads for the use of films as basis for educational processes – not only for assimilating new information, gaining knowledge and skills, but also for shaping aspects of emotions, values, and behaviours in human personality, and for using film as support in personal development processes and psychotherapy.

**Key words:** cinema-education, cinema-centred personal development, experiential and unifying cinematherapy.

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#### **1. Introduction**

*1.1. Film as a form of art psycho-pedagogy. Cinema-education.*

We all like films. Attraction for films overpasses attraction for any other form of art. Films keep us in tension, cause ambiguities and smiles, make us meet ourselves in front of the screen and *beyond* it, motivate us in a positive manner, help us find unsuspected resources, know ourselves better, develop, harmonize.

I must add that I do not minimize other art forms (theatre, painting, photography, architecture, poetry, music), as they are, most of the time, interconnected in order for the artistic product, which is at the same time an alchemical process of transformation, to reach its highest peak. However, not all films possess this power of value and education, or, even more, there is a series of films that are extremely poor of vicious.

According to the World Film Dictionary (Bernard Rapp, Jean-Calude Lamy, 2002), the world cinema production reaches 200.000 films, of which half are mute (50.000 of them were lost or destroyed once the sound films appeared), and half are films with sound. From here stems the richness of content that can help the process of *education through films* – **cinema-education** (term introduced by Alexander, Hall & Pettice,

1994, apud. apud. Niemiec, D., Wedding, R., 2008, referring to the use of films in the process of education). In Romania, attention was paid to the used of films in the process of teaching and learning since the 60's and 70's (see researchers like Crețu, V., Cerghit, I., and others).

The process of cinema education can take place at home, in front of the TV, or at the cinema, but it is most appropriate for it to take place in the company of a tutor, or teacher, in the classroom, as I have mentioned above. Films such as *A beautiful mind* (2001), make us more sensitive to the brilliant minds with which we have the chance to interact, or to the persons with some mental illness, testing, at the same time, pour prejudices about mental disorders, and even rendering us the courage to test the limits of our human knowledge. *Amelie* (2001) offers us a complete image of kindness and humaneness without limits; *12 angry men* (1957) pleads for justice in its purest form, for courage and perseverance, and *Forrest Gump* (1994) – for prudence and temperance. *La vita e bella* (1997), is a fable in Chaplin's style, about the power of imagination to resist the cruel reality, a lesson about hope; *To kill a mocking bird* (1962) points out racial problems, and it can be used to learn about discrimination and its effects on a personal and social level; *L' homme orchestre* (1970) makes us rediscover humour as one of our resources. And the list can go on with films such as *One flew over the cuckoo's nest* (1975), *Saving private Ryan* (1998), *The hours* (2002), *Mar adentro* (2004), and many others.

The film can be a source for inspiration even for the teachers, as there is a series of films pointing out the typology if the creative, sociable teacher who establishes a good and tight relationship with his students; among these film we note: *Dead poets' society* (1989), *Mona Lisa Smile* (2003), *Stand and deliver* (1988) etc.

Let us not forget that *documentaries*, which are the easiest to use as didactic aid,

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## Family Therapy in the Treatment of Depression

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### Abstract

Statistics show that 27% of adults in the European Union suffer from mental disorders, depression and anxiety being at the top. By 2020, it is estimated that depression will be the main cause of morbidity. The high incidence, extended time span, daily necessity for drug doses, high treatment costs for this disorder and functional-relational inability, lead to low therapeutic compliance.

Aim: The paper supports psychotherapy directed towards the patient's family as a different therapeutic approach for treating mild and moderate depression and its efficacy as an alternate approach. We provide further details about a woman suffering from moderate depression, her family life and the impact it had on every family member, before and after psychotherapy. Diagnosis and assessment before and after therapy for patient and family include:

- for patient (wife)-- DSM-TR –IV first axis and Hamilton scale of depression, - for family --DSM –TR-IV fifth axis (husband, wife, daughter) and FFS (husband, wife, daughter). Family psychotherapy consisted of systemic and strategic sessions, in this case, 15 sessions, 60 to 90 minutes each, during a 6-month span.

**Outcome and discussions:** Prior to psychotherapy, the female patient presented a moderate depression disorder, moderate overall ability, and moderate to major relationship dysfunction. Her husband presented moderate overall ability and moderate relationship dysfunction. Her daughter presented moderate overall ability and moderate relationship dysfunction. After psychotherapy, all parameters investigated for the patient and her family returned to normal.

**Key words:** family psychotherapy, depression, relation, functionality.

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### 1. Introduction

The M. family requests therapy after 17 years of marriage. The level of tension in the couple is high. Mrs. R, the wife, feels ill, she develops depressive symptoms and requests the help of the physician. M., the husband, denies everything, both in verbal and non – verbal aspect. R. is 43, she is physically appealing, one can easily notice she takes care of herself, although her annoying laugh with which she

highlights certain moments, disturbs, coming out as a bark. Her laugh makes me expect a strong load of aggression inside. The interactions between them have the same pattern, the wife criticizes and the husband denies her charges. Despite their availability to speak about their difficulties, it is the climate of emotional coldness in their couple, that dominates and stands out.

Their 17 years old daughter, I. is the mediator. By doing this, they take away their daughter's right to live her childhood. It is difficult to understand if the tension in the couple is an objective of utmost importance for the therapist. Nevertheless, I have to discover what the tension nuclei are, that sustain them. Without discovering the causes, the tension comes back – it is as if I had given oxygen to a dyspneic patient without knowing the cause of dyspnea. However, it is not easy to make R. not criticize M., and to make M stop answering her questions with his exasperating calmness.

After many years of marriage, the family does not know anymore in which direction they should go, and they also find it difficult to give value to the things they had accomplished together. I am trying to discover the fantasies of this family. This way I can successfully understand the individual conflicts and also their conflicts as a couple, but only in theory, because using them at this point would have the effect of oxygen to a dyspnea made through obstruction. I am trying to transfer despair, anxiety, tension in the M. family from a horizontal plan to an intergenerational plan. In order to accomplish this, I asked the couple to invite their origin families to the therapy.

*R.: It is useless, I do not want my parents to interfere between us. They have never taken care of our problems. I do not need their help. I have never had any kind of confidence with my mother because she was so very different from me".*

Elder generations sense intervention as a way to share responsibilities, guilt. The parents have the tendency to feel guilty and responsible for their children even if these children have become grown-ups long time ago. Their presence in the therapy gives the therapist useful information to better understand the family.

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# Suicidal Impulses in Psychosomatic Illnesses

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## Abstract

The present paper represents a scientific research conducted on a group of about 350 medically retired patients, which were diagnosed with psychosomatic pathology. In addition to an array of items that regards completing the "puzzle" that could form the stress – diathesis model, the subjects were tested with a large set of clinical scales, personality inventories and projective tests in terms of "activation" or diminishing of the suicidal impulses during the acute episodes of somatic illness. The results are presented in detail, divided into items and partial and total scores, subjected to a thorough statistic analysis, emphasizing the conclusions marked in the way in which the suicidal impulses change depending on "psyche" - "soma" libidinal investment.

**Key words:** suicidal impulses, psychosomatic illness, diathesis – stress model

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## 1. Introduction

If we follow what we can metaphorically call a „vivisection” of the psychosomatic patient personality structure, we will discover an increased level of the suicidal impulses – during the entire period of the illness or in the acute phases exclusively. Consequently, the identification of adaptive or non-adaptive functioning mechanisms of such a patient – done early-on through a multidisciplinary approach – gives us the possibility of tracing easily those subjects that present what we could generically call “risk factors”. This opens up an important way in finding an early recovery model and strictly customized to the type of “mental functioning” of the person in case. From this perspective, the suggested therapeutic model (the one in which the psycho-somatic vulnerability of the individual can be approached beyond the medicinal treatment – through shifting the emphasis on the residual functional potential, on the social support network, on the individual’s emotions expressed both in his professional and his family life) is a complex one, whose early application focuses on

on improving the disability state.

## 2. Method

### 2.1. General hypotheses

**Ghy1:** We assume there is a common profile of the psychosomatic patient, dominated by suicidal impulses that are more elevated, compared to healthy people.

**Ghyp2:** We assume that this profile will have as central traits tension, insecurity, need for other people’s approval, respectively aspects from the area of anxiety and dependence and a maladaptive coping and to a lesser extent aspects that relate to independence, emotional stability and adaptive coping.

**Ghyp3:** We assume that there is a close connection between the personality factors, the defensive styles and mechanisms and the environmental, social, economical, constitutional, etc factors, meaning that the illness’s emergence and development, as well as the recuperative possibilities are the result of the common interaction of these factors.

### 2.2. Research hypotheses

**Hyp1:** We assume that tension, as a basic characteristic of the psycho-somatic patient’s profile, will manifest an increased sensibility to social, environmental, economical factors, etc.

**Hyp2:** We assume that the presence of the social factor (respectively the presence or absence of the social support, of more or less satisfying relationships with the others, etc) will produce significant differences at the level of characteristic traits of the psycho-somatic patient’s profile (respectively CAQ tension, CAQ insecurity, CAQ radicalism), as well as at the maturity level of the utilized defensive styles and mechanisms (DSQ affiliation, DSQ distorted self-image).

**Hyp3:** We assume that affiliation, as an adaptive defense mechanism, will have significantly lower scores exactly at those factors that represent the reduction of social interactions, respectively: the decline of relationships with friends, the decline of social abilities, the drop in interests and adaptive activities, etc.

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# ***The Moral and Religious Dimension of the Adolescent Personality***

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## **Abstract**

During childhood, values are determined by primary needs and contextual factors or by affinities built gradually. During adolescence, values are internalized and a solid stable system is being constituted. Values related to family, school and society keep their degree of importance.

The quality of the inserted values influences the construction of the identity which plays a major part in personality development. Life experience and the desire to achieve success or superiority determine adolescents to dare to develop shallow judgments by generalizing some particular or singular cases they know.

**Key words:** *Bible, Exploratory research, Mentor Values.*

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## **1. Introduction**

In childhood the criterion to differentiate between right and wrong was determined by parents. For anything they wanted to do, anywhere they wanted to go, the children had to ask for the parents' permission, but during the transition period from child to adult, the argument of this authority does not weigh as much as before. This leads, on the one hand, to tensions within the relationship with parents or teachers, but on the other hand, it is the sign of a normal evolution in which the adolescent is seeking for an authority superior to the one that he or she has been subject to until the present moment, an ultimate authority to guide him when he has to decide for himself as a responsible and independent person and a decisional authority in which he trusts.

This aspect associated with the identity crisis and the mysterious unknown of the future represents the arms thrown by the adolescent in the seeking waves, fight during which he tries different variants, a reality manifested through various attitudes which overcrowd parents' soul with fears.

According to Stewart, it is not more difficult today than it was in other times to generate

the desire of God within the adolescents. However, the major challenge is to help them deal with the entire range of changes that describe the current world and become capable of applying the things they have learnt – moral and religious values and principles – to their living conditions. (Stewart, 1967, p.293)

The difficulty encountered by some mentors in their concern for educating the adolescents is that many of them expect to see in the young ones a mature religion manifested through powerful emotional confessions of faith, similar to adult persons who narrate the experience of conversion. It is difficult to notice these things in the life of an adolescent who encounters difficulties in expressing his feelings anyway, exactly in the moment in which his life passes through the phase of the most powerful emotional experiences. He is preoccupied with what is beautiful, admirable, what can constitute a lofty ideal, what brings charm to life, what are the valuable things, what is worth trusting in.

In order to reach this goal, the mentor needs an authentic experience in his daily walk with God. It is the first condition that he needs to fulfill in order to become a real guide. At this age the insertion of moral and religious values is received through a behavioral path. Otherwise, if the adolescent is offered arguments of faith well expressed, concepts without a realistic support or slogans, the only effect is the alienation from both educator and God.

In addition to that, it is worth mentioning that the adolescence is not the ideal period to set the basis in this direction. The Bible's advice to parents is to use the time of the children's first years of life to a more efficient implementation of the religious values. Ellen White – religious mentor – underlines the importance of the education in childhood which plays a crucial part: "There is the time to train the child and there is the time to educate the young; and it is essential that, in school, both should be combined to some extent. The education from the children's first years of life adjusts their character regarding both ephemeral and religious things" (White E. G., 2007, p.15).

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