

Psychotraumatology Aspects Highlighted in Personal and Transgenerational History of Professional Foster Parents, in Relation to Career Choice

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Abstract

Introduction: *Each event, situation or traumatic factor has major consequences on the person, both physically and emotionally. These effects of traumatic experiences of the human psyche can be identified by changes on understanding the individual self and the world in which he person lives.*

Objective: *Foster parents’ awareness of psychotraumatic elements from their personal and transgenerational history as the cause of choosing this profession.*

Methods: *The research methods and tools used were selected in accordance with the objectives and research hypotheses: the psychodiagnostic method, the experimental method, statistical methods, the qualitative analysis method.*

Results: *We had analyzed, on one hand, the foster parents’ answers at the family psychotraumatic questionnaire assessment correlated with information obtained from genograms, and, on the other hand, we have examined the conscious motivation of choosing this profession, declared in the questionnaire. We later statistically analyzed the results according to the complex evaluation grid of foster parents’ efficiency, regarding the motivation of becoming a foster parent, correlated with the psychotraumatic history, before and after attending the personal development experiential group.*

Conclusions: *We believe that an efficient foster parent is a competent person, with a psycho-emotional and behavioral balance, with a good knowledge of one’s self and the ability to adapt to new experiences.*

Keywords: *foster parents, traumatic events, stress factors*

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I. Introduction

The influence of traumatic events in personality development

Each event, situation or traumatic factor has major consequences on the person, both physically and emotionally. These effects of traumatic experiences of the human psyche can be identified by changes on understanding the individual self and the world in which he person lives. For an abandoned or abused child, that secured place becomes one full of fears. If until then he trusted himself and felt secured, he becomes anxious and vulnerable. If for an adult, his life experience, abilities and capacity of control can be considered protective factors, for a child, the feeling of loosing control, being helpless and vulnerable is very strong.

Although the family wishes to be a balance for the person, it has been found that over time, in many cases, this is not possible, and instead of balance, the feelings the dominant are pain and isolation. Many families go through traumatic situations after which

they hardly find a balance, and children are most affected by this.

"Most of these families are going through big losses or negative events that act too deep and affect normal functioning. I would call these events as traumatic. They produce trauma not only to the individual who is the witness or the subject that goes through such an event, but also to the family system" (Badea, V., Mitrofan, L., 2004, p.29).

Talking about the traumatic events in a person's life, which may span over a period of time, and "is for almost everyone a severe distress," according to DSM III-R, DSM-IV, they can cause disruptive effects on human personality.

Since I will later talk about the history of personal and family life of foster parents with potential personal trauma and implicitly about the traumas and losses suffered by children in foster care, a presentation of stressors according to DSM III-R is suitable to be presented.

Table 1 – Children’s social stress factors scale (DSM III-R)

| Code | Concept | Examples of stress factors: Acute events | More sustainable life circumstances |
|------|-------------------------------------|--|--|
| 1 | There are no stressful factors | There are no acute events in relation to the disorder | There are no life circumstances to be more sustainable in relation to the disorder |
| 2 | Easy | Separation from a boyfriend or girlfriend, changing school | Crowded housing conditions, family squabbles |
| 3 | Medium | Exams, birth of a brother or sister | Chronic and debilitating illness of a parent, constant parents’ conflicts |
| 4 | Severe | Parental separation, unwanted pregnancy, arrest | Severe or repressive parents, chronic illness and death of a parent, different hospital and nursing admissions |
| 5 | Extreme | Sexual abuse or mistreatment | Death of a parent, repeated sexual abuse or sexual maltreatment |
| 6 | Catastrofal | Death of both parents | Chronic deadly disease |
| 0 | Insufficient or no change in status | | |

Table 2 - Adults’ psycho-social stress factors scale (DSM III-R)

| Code | Concept | Examples of stress factors: Acute events | More sustainable life circumstances |
|------|--------------------------------|---|--|
| 1 | There are no stressful factors | There are no acute events in relation to the disorder | There are no life circumstances to be more sustainable in relation to the disorder |
| 2 | Easy | Separation from a boyfriend or girlfriend, begining or ending school, empty nest syndrome | Crowded housing conditions, family squabbles |
| 3 | Medium | Marriage, separation from partner, loss of employment, retirement, miscarriage | Material problems, financial difficulties, conflicts with superiors, single parenthood |

| | | | |
|---|-------------------------------------|---|--|
| 4 | Severe | Divorce, birth of first child | Unemployment, poverty |
| 5 | Extreme | Partner's death, diagnosis of a serious somatic disease, the condition of a victim of violence, chronic disease, a child's severe disease | Physical maltreatment or sexual abuse |
| 6 | Catastrofal | The death of a child, partner's suicide, natural disaster | Being taken as a hostage, prisoner in a concentration camp |
| 0 | Insufficient or no change in status | | |

Another typology of traumatic events, developed by the psychologist Franz Ruppert, helps us to understand more precisely the types of trauma that children have been facing in the family protection system. The author speaks of four types of traumatic experiences, which subsequently are transmitted over generations through attachment relationships (Ruppert, M., 2012):

Existential trauma, which includes accidents, illness, violence, sexual abuse, etc. Trauma is the fatal threat and the central feeling is fear of death. In this type of trauma the emotional conflict is between hiding, avoidance or resistance.

Trauma of loss, which includes sudden separation, death of a parent, child, etc. Trauma is the loss of a loved one or the loss of main conditions of life. The central feeling is fear of being abandoned and emotional conflict means either mourn and detach from the trauma or stay in the past and being caught by what was lost. Attachment trauma, which includes a child's rejection by his mother. The trauma is represented by abuse and hurting an emotional attachment, and the main feelings are represented by confusing feelings, disappointed love and impotent rage.

The emotional conflict is between disbelief in all relations and learning again how to love.

Trauma of the attachment system includes infanticide, incest etc. Trauma is represented by facts that can not be justified morally and ethically, and the central feeling is that of shame and guilt. The emotional conflict is between hiding or concealing the facts and taking responsibility.

The typologies we have presented will assist us in identifying the potential traumatic life situations of children in foster care and of foster parents' at the same time. In practice, most often, are encountered two types of traumatic experiences: loss and attachment, but we don't exclude the other two because we had met life scenarios that are based on experiences such as repetitive domestic violence which lead to fear of death, or the kind of facts that can not be morally or etically justified as a child or adult.

At the same time, regarding the nature of the foster parents' profession (of caring for children who are in situations of loss), we are interested to know if they reveal or are related to their own trauma both in childhood and in adulthood.

Table 3 – The picture of possible traumatic situations for children in foster care and foster parents (as children and/or adults)

| Traumatic situations for a child in foster care | Possible traumatic situations experienced by the foster parents in their childhood | Possible traumatic situations experienced by the foster parents in their adulthood |
|--|---|---|
| Domestic violence | Domestic violence | Domestic violence |
| Extreme poverty | Parents gone for a long time | Divorce |
| Physical or mental illness of a parent | Parent / parents chronically ill | Death of partner |
| Parents working abroad | Willful abandonment of the parents | None natural children |
| Willful abandonment of the mother | Death of the mother | Miscarriage |
| Death of a parent | Death of the father | Death of a natural child |
| Death of both parents | Death of a brother/sister | Child with special needs |
| | | Old children that left home |
| | | Unemployment |

We will try to systematize the major trauma suffered by children in foster care and by their foster

parents, both in childhood and in adulthood, correlating them:

Table 4 – Psycho-traumatic situation of children in foster care – foster parents

| Psycho-traumatic situations | | |
|---|--|--|
| Children in foster care | Foster parent | |
| | <i>In childhood</i> | <i>In adulthood</i> |
| - Lack of physical and psycho-emotional safety (<i>domestic violence, sickness of a parent</i>) | - Lack of physical and psycho-emotional safety (<i>domestic violence, sickness of parent</i>) | - Lack of own psysical and psycho-emotional safety (<i>domestic violence, sickness of parent or partner</i>) |
| - Abandonment / loss of parents (<i>Willful abandonment, divorce, death, parents' absence for long periods of time</i>) | - Abandonment / loss of parents (<i>Willful abandonment, divorce, death, parents'absence for long periods of time</i>) | - Lack or loss of parenting (<i>nonexistent child, miscarriages, child death, child with special needs, child who left the family nest</i>). |
| - Separation from brothers | - Loss of brothers (<i>death, separation</i>). | - Loss of parter role (<i>by divorce, death</i>) |
| | | - Loss of professional status (unemployment) |

Therefore, we can identify a similarity of psycho-traumatic situations of children in foster and foster parents. So, we can extend this observation based on foster parents' motivation to choose this profession, of taking care of children who have suffered a trauma of loss and separation from parental figures. They resonate with the psycho-traumatic history of children that came into their family, experimenting again their own trauma, and now, being an adult they are compensating by caring for children who are suffering losses, unfinished mournings, helping themselves in that way too. We will return to this idea in our qualitative research, when we will analyze the foster parents' expressions as "God sent me these children" or "I don't know what I would have done if it wasn't for this child"

It is worth mentioning that not all individuals or families who have gone through severe traumatic or catastrophic situations (DSM), "remain locked in mental pathology" (Badea, V., Mitrofan, L., 2004, p. 29). That's the case of adopted children who have gone through multiple separations but remained in a stable environment which has emotionally supported them. This is the case of many foster parents who have been through situations of multiple losses, from the loss of professional status to the loss of a partner or natural child, and they have found their functional balance, and one reason for this was the need to support, help and care for children who have passed through painful experiences and who need their support.

Thus, talking about internal and external mobilization of a person's resources, we talk about facing trauma, the process of coping, represented by our actions to regain balance and to obtain the human functionality. The process of coping includes trauma protective factors, risk factors represented by life circumstances that overwhelm the psyche of the individual and resiliency factors. (Vasile, D., 2012).

One of the main concerns of the neuropsychiatrist and psychologist Boris Cyrulnik, is the concept of resilience, which refers to people's ability to overcome psychological trauma and emotional wounds such as illness, bereavement, violence etc. He notes that we can not talk about resilience unless there was an injury, followed by resumption of a type of development, "a tear rebuilt." (Cyrulnik, B. 2005). Through resilience, the person finds that functional balance that he had before the traumatizing situation, which has a great importance to people around the traumatized person, inside or outside the family. These people help stimulate the process of resilience, which is why they are also being called the "guardians of resilience" (Cyrulnik, B., cit in Vasile, D., 2012, p. 97).

We often encounter the term of resilience in studies applied on children, but the process is encountered on adults too. Frequently, children are confronted with adverse situations, they must cope with stress during a divorce or illness, while others face the death of parents, or their abandonment and whether

these experiences bring down or strengthen the person depends largely on his level of resilience. Speaking of children's resilience sources, they are summarized in three types (Vasile, D., 2012, p.101):

I have people around me who: instill confidence and love me; whatever happens I can count on them whenever I need to; they guide and support me, etc.

I am: a person that people can like and love; they believe in me, I can handle stressful situations; I am optimistic and things will end well.

I can: find ways to solve the problems I'm facing; find someone to help me whenever I need; help others in my turn, I expect to be helpful.

In reality, many children are not resilient and many parents or support persons don't help children to become so. Often, adults prevent children's resilience and too many children feel helpless, believing that they could not handle the traumatic situation.

We can see a professional foster parent as a resilience tutor with skills, availability and emotional balance in order to help these children cope with trauma. So, the foster parent, in his turn, needs to know himself and his psycho-traumatic history, to be fully aware of it and to have an efficient professional behavior.

Foster parenting – between healing and perpetuating the trauma of abandonment

We'd like to talk first about the experience of abandonment, loss of a child in foster care and about its psycho-behavioral and emotional implications. And then try to understand substitute parenting in two ways: on the one hand in terms of "saving" an abandoned child, who has the opportunity to grow within a family environment, and secondly in terms of temporal and psychological "provisional" felt by the child and his attachment figure, which is the foster parent or the parent of substitution.

The main theme of children in foster care is that of abandonment, loss, loss of parents, loss of love, attachment loss, loss of security, loss of roots (Mitrofan, I., 2005). Loss includes its emotional depth of loss and pain felt, and we are trying to bring to the fore, based on the differentiation between the two types of loss: expected loss and unexpected loss.

The question we ask ourselves is whether we can speak about an expected loss from an abandoned child. Can a child predict that he will remain without the person he is attached to? Can a child be ready for that? It is known that since birth the child is experiencing changes caused by separation and the loss of a particular model of development during the nine months. After birth other such changes are coming through, according to the stages of development.

But what can we say about a 6 months child whose mother left him in a maternal center? How does a baby responds to the mother's absence other than by crying incessantly, then by manifesting different physical symptoms. The needs this baby has, of a mother's touch, voice and comfort, just like before leaving him, all these can no longer be fulfilled. Moreover, this child, one of many others, does not recognize anyone with the same language as his mother, until finally a caregiver begins to speak as his mother did. Until now there was something familiar, six months since he came into the world he heard such words, he had heard since the prenatal period, in that protective environment, nearby his mother's heart, and now he hears it again, stops crying and just listens, feels and experiences again the attachment.

These children with their traumatic experiences come to reinforce Bowlby's theories that show us that in the first six months of life the children develop a special attachment to caregivers and they experience painful reactions if they separate from the attachment object. At the same time, children need adult support to help them to easily overcome feelings of loss and this is what a foster parent does.

In terms of personality development, children are less prepared to deal with loss. Experience and their cognitive skills are limited and their ability to give meaning to painful experiences is low, with too little control over the circumstances in relation to adults. Sometimes, their suffering can be minimized and considered nonexistent by adults, considering that they are unable to understand, being too small. The common factor in all these traumatic situations is the fear of losing parental love and attachment. Every child has suffered some kind of loss during childhood or even in some cases, multiple losses (parental divorce, death of grandparents, changing school etc). All children, including those who do not show obvious signs of pain, need support and care from adults in validating feelings and incorporation of losses among life experiences (Mitrofan, I., Buzducea, D., 2002).

Regarding unexpected losses, one can say that it is more difficult for children to deal with them. Although each child goes through the painful process in his unique way, there are common reactions experienced by most children in distress. Immediate reactions include shock, denial, protest, apathy. The baby responds to loss usually through denial, thinking that in this way he can take the pain away. Fixing this attitude is recognized as a defense mechanism that can help the child respond to his trauma.

In addition to these common patterns,

manifestations range includes a wide variety of other effects: anxiety, sadness, guilt, shame, disorganization, sleep disorders and physical symptoms (Wells, 1988, cit in Mitrofan., I, Buzducea., D, 2002). Like adults, children pass through these stages at every suffered loss, however small it may be. Because the expression of the spiritual and physical pain in children is different from that of adults, it is important that children receive support from adults to go through the loss in an easier and healthier way (Mitrofan., I, Buzducea., D, 2008).

So, understanding the effects of trauma and relating to children in foster care, the traumatic events that are based on loss history are encountered in their life. It is surprising that those who care for these children, trying to help them cope with psycho-traumatic situations, have experienced similar situations in their childhood or adulthood.

I was talking about the main - theme of children in foster care who takes aspects such as attachment vs. separation, abandonment / loss vs. dependence, uprooting vs. rooting. But based on the similarity of traumatic life experiences, we are mainly interested in foster parents' core - themes. Therefore, we believe that the core-themes based on life scenarios of the children in foster are complementary with those of foster parents'. In this case we wonder if foster care is not a way for foster parents to cope with their own related trauma, or if we move forward to a transgenerational level, with their ancestors' traumas.

Another aspect that interests us is whether foster care - as a special alternative protection measure to institutionalization of a child, contributes to the maintenance of the core - themes of these children through its temporary nature and the rigors of imposed professional standards, beyond parental values.

We can answer these questions, after we go through all the stages of our research which has forefront the psycho-diagnosis assessment, so necessary for evaluating foster parents and especially for the placed child, but also the personal optimization of foster parents – as a model of continuous training.

Family as an inter- and transgenerational system

In a genealogical sense, the family is a system that operates in a space where links are established between its members. The family group is constituted as a psychic inheritance handed over from generation to generation. Family members are united by blood, alliance, convenience or values. All these are part of a dynamic that organizes traversing time and space and which is found across several generations. They make the distinctiveness of each family (Mitrofan, I., 2010, p. 92).

The transgenerational space embodies conscious or unconscious contents, invested with an existential meaning within the family. Transgenerational space is the "theater" and "stage of development" of generative trans-familial scenarios in the continuous space-time. It creates, preserves and transmits transgenerational and collective history (Mitrofan, I., C. D. Stoica, 2006)

In "family constellations" therapy, transgenerational transmission dynamics and also the family unconscious are captured. It has the following rules of family systems:

- In a family system everyone is linked to each other;
- Everyone has the right to belong to the family system;
- Each family member has its place and rank.

Thus, the failure to comply with those rules by excluding certain people in the family system, will lead to tension within the family at an unconscious level that will not disappear until a family member unconsciously identifies with the excluded person compensating the loss/exclusion.

Also, the concept of "intricate family" is used to show the tragic events occurring in a generation but which the family members leave forgotten. These painful events produce intricates and manifest themselves in the family's dynamics over generations, if they are running as family secrets. These events include: premature death of a child, stillborn child, and waif members killed in war, murder, and violence, disability of some family members, serious illness, suicide, deportation, exclusion, adoption, death of a woman in childbirth and so on.

Speaking of family loyalty, it can be said that someone can take anything from a blazer destiny without being aware of it. Orders of love, another concept used by the author, are fundamental rules observed in all families, showing familial loyalty: I follow you (in death for example); rather me than you (child to parent); expiation of guilt that belonged to another (Hellinger, B. 2010).

By analyzing the genogram from the perspective of the Unification Therapy, every family has one or more topics that remain transgenerational. Identification of repetitive patterns and life scenarios specific to a family and identifying one core-theme, is one of the goals of the unification therapy. Also, the integration of the family's Shadow can lead to the unification of a family vein exposed to clogging (Mitrofan, I., Stoica, C.D., 2005).

The core themes that characterize a family are correlated with the familial myths and rituals. Rooting vs. uprooting, masculinity vs. femininity and maternity

vs paternity, abandonment vs addiction are issues that we have observed during the experiential group of foster parents' personal development. This aspect will be detailed further.

The links between children and their parents are fundamental. The unsolved problems from parents' and ancestors' unconscious will be transmitted to the children. That shadow part of the familial unconscious becomes the hand of destiny in the descendants' life.

Through an analysis of the genogram we can discover similarities with the ancestors, choice of profession and partner, personal fears, dates of birth or names, all these and more, being related to the family and its past, with each generation. The psychic content expressed by the concept of "ghost" is not related to the individual's personal history but with the family's history.

Therefore, "Identifying myths and rituals specific to a family, identifying the type of family loyalty and secrets related to these, allows us to assess the family's unconscious dynamics, to analyze the roles and mechanisms that allow to unfold and to transgenerationally pass forward the family scenario" (Mitrofan, I., Stoica, C.D., 2005, p.119).

Psychic life is passed on from generation to generation through material and mental images, so that the complex links that exist between the present generation and previous generations will influence the relationships within the family and outside the family.

These influences can be seen best in the relationships between children and their parents. If we take into consideration that "someone always has something to learn, to fulfill the corrected compensated or developed with anybody else, most often with a complementar or similar trans-generational" (Mitrofan, I., Stoica, C. D., 2005, p. 20), then surely we will find similar psycho-traumatic experiences between the foster child and his caregiver, the foster parent.

Main-themes in the substitution family

The main-theme, "that theme around which events are in constellation - metaphor" (Mitrofan, I., Stoica, C.D. 2005), is correlated with family myths and rituals that can be identified in the transgenerational family history.

Working with foster parents and through my experience regarding children in foster care, we have identified a high percentage of foster parents who had lived in their personal or family history a series of traumas that have the topic of loss (loss of parents, husband, child, professional status, etc.), and another part of them who have not experienced traumas at a personal or intragenerational level, but we have identified traumas on their ancestors. As in a mirror, both children and foster parents have in their life scenarios traumatic experiences, thus we have identified their core-themes by relating their significant life events with a traumatic impact.

Table 5 – Main-themes in correlation with psycho-traumatic life situations

| For the child in foster care | | For the foster parent | |
|--|---|---|---|
| <i>Psychotraumatic situation</i> | <i>Main-theme</i> | <i>Psycho-traumatic situation</i> | <i>Main-theme</i> |
| Lack of psycho-physical and emotional safety - Domestic violence, - Chronic prolonged disease of parent | Weakness Vs Power Integration or non-integration of sex-role identity (masculinity vs. femininity) | Lack of psycho-physical and emotional safety in childhood - Domestic violence - Chronic prolonged disease of parent Lack of own psycho-physical and emotional safety - Domestic violence - Foster parents' disease | Weakness Vs Power Integration or non-integration of sex-role identity (masculinity vs. femininity) |
| Abandonment / loss of parents - Abandon willed of parents - Divorce - Death - Absence for long periods of time of the parents | Attachment Vs Separation Rooting vs. Uprooting Abandon vs. Addiction | Abandonment / loss of parents - Abandon willed of parents - Divorce - Death - Absence for long periods of time of the parents | Attachment vs Separation Rooting vs. Uprooting Maternity vs Paternity Control vs. Lack of control Abandon vs. Addiction |

| | | | |
|--|--|---|---|
| Loss of brothers - Separation - Death | | Loss of brothers - Separation - Death | |
| | | Lack or loss of parental role - Lack of natural child, - Miscarriages, - Child death - Child with special needs - Child left the family nest. | |
| | | Loss of partner role - divorce - death of partner | Attachment Vs Separation Femininity Vs Masculinity Abandonment Vs Addiction |
| | | Loss of professional status - Fired from work - Retirement. | Rooting vs. Uprooting Control vs. Lack of control |

Rooting vs. uprooting, masculinity vs. femininity, maternity vs. paternity, abandonment vs. dependence, power vs. weakness, control vs. lack of control are themes that we have observed during the development of experiential group of foster parents' personal development and that we associate with inter- and transgenerational personal history and therefore with significant traumatic life events.

Loss in inter- and transgenerational context for the foster parent

The impact of trauma is major and is transmitted to the following generations. Studies have shown that some children born from deported parents, manifested similar symptoms with what their parents had lived in camps of deportation, even though they had overcome the traumatic situation. "Everything happened as if what the parents lived during deportation transferred into the minds of children! (....). Thus, the idea was risen that unconscious mental contents may pass from one generation to another through a kind of "transmission from unconscious to unconscious" (Tisseron, S., 2014, p. 67).

Many people go through traumatic life events, including our research subjects, foster parents, and the main- themes revealed from our analysis are: loss vs accumulation and abandonment vs addiction. These are general themes that include other themes we are analyzing as well: rooting vs. uprooting, masculinity vs. femininity and maternity vs paternity.

Talking about abandonment and addiction, think about a child who lost his parents, who was

abandoned and wants his parents back and finds other parents whom he becomes attached to and depends on them. Such a child lives with the anxiety of abandonment and does not wish to lose them too, although he is told that they are not his biological parents, but only some people who are taking care of him. Can they always go? Of course. They may be anytime abandoned again by the foster parents? Of course. They will lose them too? Probably...

What can we say about a professional foster parent and parent in the same time, and his connection with the abandonment theme, could there be a connection? Some would say no, not at all, but applying a psychodiagnosis instrument called the genogram, we saw how the grandmother was left without parents because her father went to war and did not return, her mother was seriously ill and died. Isn't it any connection/ relation, who we were talking about? Can it be the mother's mother? Of course.

We also analyze the addiction theme, starting from the relationship between the foster parent and the child in his care. If the role of the foster parent for the child without protection is predictable, what role does the latter have for his carer? Is it an addictive relationship, each one needing the other? From the outside, it is seen as a one-way relationship, but getting deeper in understanding the unconscious choice in this profession, we can say that the theme of abandonment vs. addiction is familiar to both child and his foster parent and maybe his entire family.

Table 6 – The main general theme and related –main themes

| General main- theme | traumatic situation What does he lose? | related –main themes |
|-----------------------------|---|---|
| Loss / abandon vs addiction | Physical / emotional safety Parents (roots ID) identity Partner couple Children (parental role) profession health | Attachment vs Separation Rooting vs Uprooting Femininity vs Masculinity Maternity vs Paternity Control vs Lack of control |

Abandon in his concrete meaning is that action that leads to leaving a person, but even a weakening of affective relationships can be experienced as abandonment. "In the trans-generational approach we can talk about the dynamics of loss - abandonment, referring particularly to situations where there were obvious signs of loosing personal, familial, national places" (Mitrofan, I., Godeanu DC, Godeanu .SA, 2010, p. 202). Therefore, the effects of the loss / abandonment can be identified within a family in trans-generational patterns. For example, the grandmother was widowed since her youth and raised alone six children, the foster parent, although is the only child of his family and has only one child, wants to raise other children, from an unconscious solidarity with the effort made by the maternal grandmother who is her role model in life.

Loss and pain must be accepted, integrated to be overcome, but what is suitable to be placed to fill the painful gap produced by the death of a child? As a coping mechanism it may help himself by helping someone else, a child who needs maternal love. Here's how, in this context we can speak of a replacement object. Desires, expectations, needs that the lost person can no longer meet are projected in the relationship with the child in foster care.

The main-theme loss / abandonment vs dependence for foster parents and children in their care, refers to the loss of identity space, loss of the family, loss of the children, loss of the partner, loss of identity, loss of physical or mental health. In these families, focused on this type of scenario, they search a meaning for keeping the balance, so they find as a solution maintaining some forms of affective addiction with their biological descendants or not.

Of course this attitude of support and attachment is beneficial with certain limits, but exaggerating this need, perpetuating it, nourished by fear of abandonment which is taken trans-generational, can create different versions of pathological addiction. We encounter in this case, the dependence of over-

valorisation of the identity, recognition, addiction of being in control, exacerbating maternal role.

If our case, life scenarios based on abandonment-dependence main-theme, it primarily emphasizes parental subsidiary or partnership emotional dependency. The specific mythology of such families is to increase family cohesion, even if another family member comes into the family, which contributes to the maintenance of the "well-being" of the family, as it is understood or rather played by these trap-scenarios.

Thus, the specific roles of these scenarios based on abandon vs. dependence are: the role of the savior, the role of the victim, the role of the over-invested mother. Emotional dependence on parents, is manifested by delaying separation towards them or one of them, until an older age. Thus, the daughter becomes a foster parent to unify with her mother, entering in the maternal role, with unavailability for a partnership that is based on a deep anxiety for relationships.

So, a deeper understanding of what we are, of our trans-generational life scenario, the roles we play, allows us "to reassume our personal and family history, to enroll better in our lineage and a legend and put order the "yard" left by our ancestors." (Schützenberger, AA 2014, p. 180).

After following the experiential personal development group, the foster parents had access to themselves, to their personal emotions, personal and family beliefs, to personal and predecessors' models (identity models: child / face / woman / wife / mother) and they tried to understand the puzzle of their lives to be able to put aside the untold burdens of personal and family identity and to raise / take care of these wonderful children in a conscious and responsible way.

Attachment and separation from the transgenerational perspective

Defining attachment, we can say that it is "that special emotional relationship that involves an exchange of emotional comfort, care and pleasure" (Godeanu, D.C., Godeanu, A.S. 2009, p. 64).

As noted in a previous chapter, John Bowlby and Mary Ainsworth have studied the issue of attachment, as a set of links that have been established between the newborn and the mother, through the perceptive and sensorial reaction of the baby to his mother and viceversa. According to Bowlby, the attachment is an evolutionary relationship which has four forms: secure attachment; ambivalent attachment; avoidant attachment and disorganized attachment.

"There is a transgenerational attachment, the effects of which may be identified as a transgenerational mandate, a gift of psychopathology or a narcissistic contract" (Op. Cit., 2009, p. 64). According to Alberto Eiguer (2006), a child's need to fulfill his duties towards his parents is called the gift and duty of pathology. In this way, the child bears a permanent concern towards his parents, in which their own independence is set aside. The gift is part of the family's pedigree that leads (through the mother's ability to create in her child a sense of guilt and debt), to pay the child's need for these duties. This is a transgenerational manner, not paying the duties can lead to some repetitive behaviors and statements submitted unconsciously in the family. Speaking of gift and the debt's psychopathology, it shows us situations in which the descendants take care of their parents so much, from an exaggerated feeling of attachment, so they risk not being able to satisfy their own needs for independence. (Op. Cit., 2009, p. 184).

Speaking about the intergenerational transmission of attachment patterns (Wallin, DJ 2010), these have a greater tendency to persist over generations. In this way, the little single child becomes a single adult who, as a parent, will raise his children alone. In the same time, the avoidant child will become an adult who rejects and whose children will most likely adopt an avoiding attitude.

"The only study assessing the fate of attachment along three generations suggests that there is a tendency of correlation between categories of grandparents and their adult daughters and children of their daughters" (Benoit & Parker, 1999 cited Wallin, D. 2010). How this transmission of attachment appears between generations, is a question with profound meanings for parenting. Research shows that secure attachment is the result of flexible parents, which generates flexible children. Regarding insecure attachment, in relation to their children, the parents who reject, who are concerned, maintain their mental state and in response, the children adopt attitudes that reflect the parents' (Wallin, D. 2010).

With regard to dealing with issues that evoke trauma or loss, such as distress, conflict or children's

anger, the parents with unresolved issues are liable to be invaded by past experiences, dissociated, triggering atypical behaviors (aggression etc). This actually surprises the children in a dual, contradictory attitude, on one hand he reflexively returns to his parents to receive safety and on the other hand he fears his parents, which makes him alienate from them. Repeated traumatic experiences of children have later led to the reversal role with their parents as a way to "solve" the contradiction from childhood. Thus, the "legacy of unresolved trauma or loss of the parents becomes a trauma for their children, encapsulated and hard to solve" (Wallin, D.J. 2010, p. 61).

Parents with unsolved behaviors are open to that behavior of reversal role for the children because it fits with their own emotional needs, because they said the same to their parents and now they unconsciously "invite" the children to have the same answers "to preserve the interpersonal and internal patterns, initially indispensable." (Op. cit., 2010, p. 62). The need of parents, most often unconscious, of perpetuate patterns of attachment and behaviors produce identical patterns to their children." This is the intergenerational way of transmission of insecure attachment (Main, 1995 as cited Wallin, D.J. 2010, p. 62).

In the research coordinated by Prof. PhD. Mitrofan Iolanda, "Therapy of drugs dependencies" (2011), about intergenerational attachment as traps relationships in an addict's family, is mentioned the existence of a strong relationship between the patient and his mother, or between patients and other persons who play the role of the mother.

The mothers' attitude leads to infantilisation and delays the emotional maturation of the young man. In another research on this topic, it is emphasized the fact that addicts form with their parents or substitute parents a relationship that transcends transgenerational borders, causing reversals in the hierarchical organization of the family. The inversion is performed by placing a parental figure as a descendant. Regarding the separation, they are very difficult, so we can say that addiction does not happen by chance in adolescence, a period associated with separation and loss.

The psychogenealogy concept creator, Anne Ancelin Schützenberger speaks about conscious and unconscious family loyalties, in that something inside us pushes us to defend our families and their way of living and thinking, reproducing their behavior, although our conscious desires are to do otherwise. Other times it happens that we want to do the opposite, to distinguish ourselves. In fact we react, instead of choosing and acting and so the cycle repeats itself from the beginning.

So, if we do the opposite, in fact we don't free ourselves from our parents and what we don't want to take over from them, but this means *being bound to them by opposition*. It is another form of connection and invisible family loyalty. So what we need to know to be free and to live our own lives, becoming aware of our attachment and loyalty to our ancestors, is to be free in our choices and free ourselves from the family's influences.

Transgenerational influences in choosing the foster parent profession

We are interested to know the possible unconscious reasons for the decision taken to take care of children without parental care, for reasons that may be related to trauma suffered by foster parents during childhood, adulthood and going on a transgenerational line.

We would also like to talk about patterns, mirrors, existing models, the life scenarios of caregivers (foster parents) related to those of the children in their care. The foster parents often say "no one understands me, no one understands this job." Why did they chose this profession? Most of them say it is because of their love for children. Don't we all love children? Every woman can have maternal feelings, wants children sooner or later, but foster parents, behind the profession and the desire to have a job, hide unconscious motivations that lead to an exacerbation of this maternal instinct, the desire to take care of other children, to help, to do something good for a child with a traumatic life scenario, even if they have their own children.

What lies behind the phrase "I love children very much and want to give them my love"? Who is the caregiver? A person wishing to become a substitute parent, even for short periods of time, who aims at providing what that child doesn't have, such as parental love. Each of us, through our actions, we obtain higher or lower benefits, based on main-themes mentioned above and speaking about trap roles and foster parents' needs, we wonder, which are the benefits of a foster care because the financial one is not even close. What benefits do these children bring to "parents" of substitution so that they want to take care of and raise them, even when circumstances mean they can not be foster parents (eg. retirement), or when children are placed in permanent families, then they don't want to let them go, but rather become adoptive parents?

Looking at the results of the evaluation questionnaires of personal and family history of the 300 foster parents with picture of personal and family (transgenerational) trauma/loss and at genograms that show the life scenarios of the foster parents, we mention that there is a significant influence of these inter and transgenerational psycho-traumatic factors and hence

the decision to work as a substitute parent. Thus, returning to the benefits of this profession, we believe that they are at such a profound level and so deeply rooted in the personal and predecessors' history that we can talk about a partnership of unconscious equality for healing mutual emotional wounds obtained in life scenarios that mirror and maintain each other.

"The importance of awareness of the influence of transgenerational links upon us is based on the finding that trauma and unfinished business which were not given a sense or an end closure, even symbolic, reappear often over several generations, in the form of disease, tragic and premature deaths, of assumed risks that end". Shocks, suffering, pain, drama, unresolved trauma, undisclosed mournings, personal or family secrets, everything remains unfinished, sometimes for centuries, unsolved by previous generations. All these can transmit and mark generations in different, profound and sometimes tragic ways" (Schützenberger, AA 2014, p. 30).

II. Methods

General objective

Foster parents' awareness of psychotraumatic elements from their personal and transgenerational history as the cause of choosing this profession.

Hypothesis

We assume that applying the personal development experiential program leads to foster parents' understanding and awareness of psychotraumatic factors in accordance with the reasons for choosing this profession.

The research group

- The research group consists of a total of 300 foster parents involved differently in the three stages of the research.

- 300 foster parents in six counties: Constanta, Tulcea, Ialomita, Buzau, Galati, Botosani participated in an evaluation process of psycho-traumatic family history.

- 60 of these, foster parents in Constanta County, participated in all stages of research: psychodiagnosis assessment, formative intervention and post-intervention assessment.

The research methods and tools used were selected in accordance with the objectives and research hypotheses.

1. The Psychodiagnostic Method

We have used the following tools: the Evaluation Questionnaire of psycho-traumatic family history, the Genogram.

2. The system of sheets and tools to evaluate the professional conduct of foster parents, Grid of

extensive evaluation of the effectiveness of professional conduct of foster parents.

3. The experimental method.

It was developed on an experimental group consisting of 30 foster parents and a control group of a similar number, by applying an experiential intervention group model, centered on the personal development of foster parents.

4. Statistical methods.

Depending on the objectives and research hypotheses, data processing was performed with SPSS statistical version 2.0. and Excel using the following statistical methods: correlational analysis; Levene test and t-test to verify significant differences.

5. The qualitative analysis method.

The qualitative methods used to verify the research hypotheses were: clinical observation method

(Ciccione, A., 1998) and the experiential diagnosis (Mitrofan, I., 2004, 2006).

III. Results

To confirm the hypothesis, we had analyzed, on one hand the foster parents' answers at the family psychotraumatic questionnaire assessment correlated with information obtained from genograms, and on the other hand we have examined the conscious motivation of choosing this profession, declared in the questionnaire.

We later statistically analyzed the results according to the complex evaluation grid of foster parents' efficiency, regarding the motivation of becoming a foster parent, correlated with the psychotraumatic history, before and after attending the personal development experiential group.

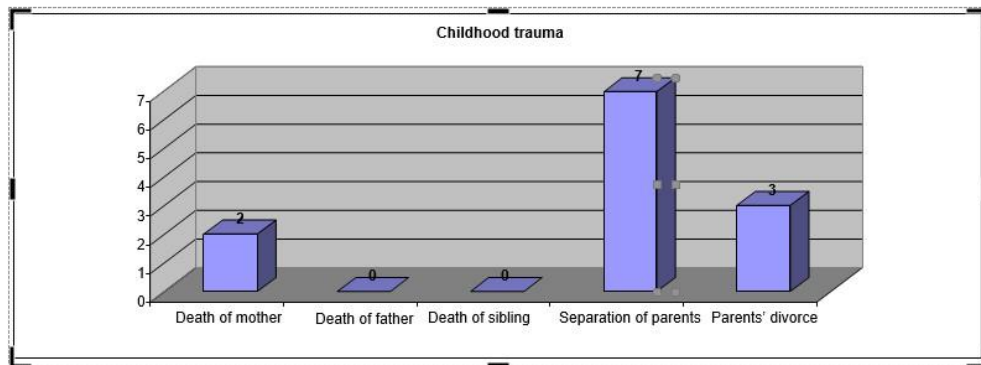


Fig. 1 - Graphical representation using absolute frequencies of psychotraumatic factors in childhood - according to the genogram analysis

The graph below shows numerically the types of psychotraumatic situations suffered by foster parents in childhood.

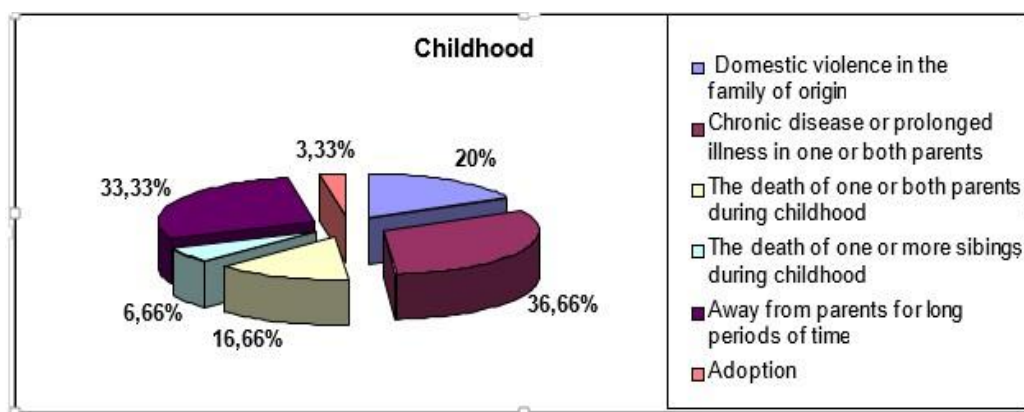


Fig. 2 - Graphical representation using the relative frequencies of psychotraumatic factors in childhood - according to psychotraumatic history assessment questionnaire

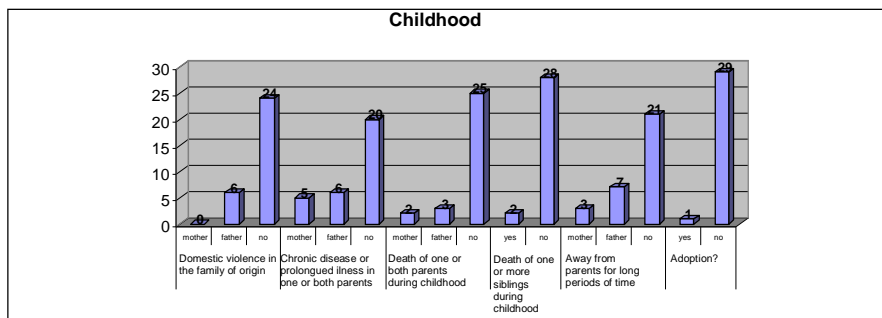


Fig. 3 - Graphical representation using absolute frequencies of psychotraumatic factors (if any), in childhood

Of the two charts above, it can be observed that most foster parents in the experimental group went through various traumas in childhood such as domestic violence, separation extended to parents, chronic

hospitalization, death of one or both parents, the death of brothers, adoption, all of which could be acknowledged as having an influence on the motivation of becoming a substitute parent.

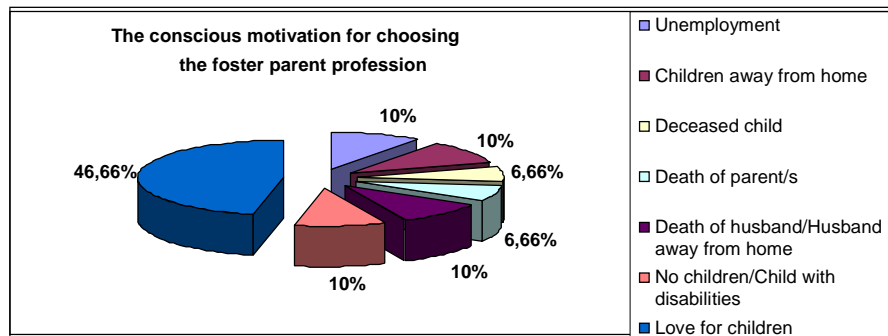


Fig. 4 - Motivations in choosing profession that research participants acknowledge or declare

We used the declared motivation for choosing this profession to verify the degree of understanding of potential suffered traumas since childhood as a motivation for the choice of being a foster parent. From the table above we can see that only 6, 66% of

participants in the experimental group, those who have suffered a major trauma such as the death of a parent or both parents, became aware of the possibility that their trauma might influence the motivation for becoming a foster parent.

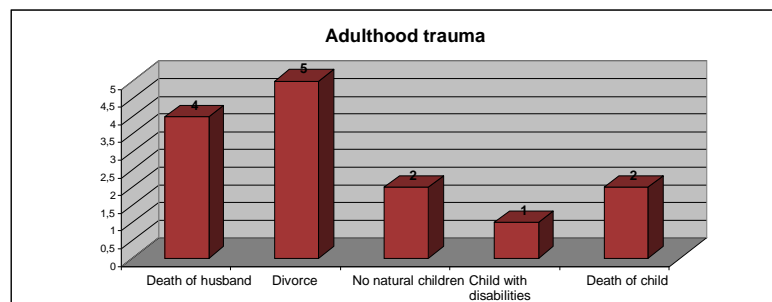


Fig. 5 - Graphical representation using absolute frequencies of traumatic factors in adulthood

The next representation shows numeric types of traumatic situations suffered by foster parents in adulthood obtained from personal genograms: death of

partner, divorce, lack of natural children, disabilities of natural children, death of children.

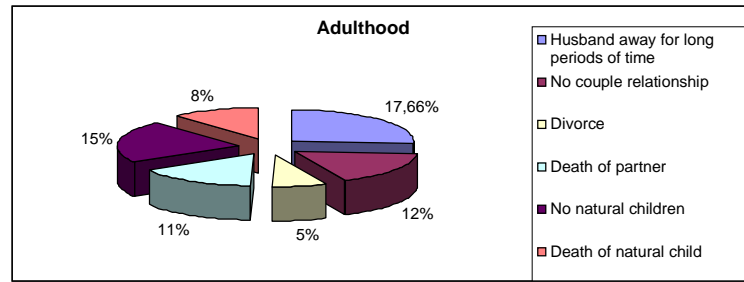


Fig. 6 - Graphical representation using the relative frequencies of psychotraumatic factors in adulthood.

Procentually speaking, traumas suffered by participants in this research, in adulthood are diverse, with a percentage of 11%, death of the partner, 5%

divorce, 12% no natural children, 8% death of children, 17% husband being away from home for long periods of time.

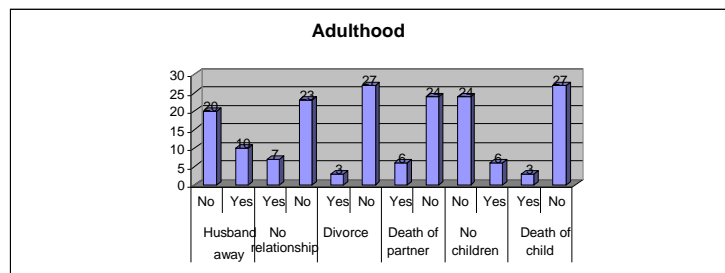


Fig. 7 - Graphical representation using absolute frequencies of traumatic factors (if any) in adulthood

The same picture of the trauma suffered by most people in the experimental group in adulthood, we

can numerically identify in the chart below.

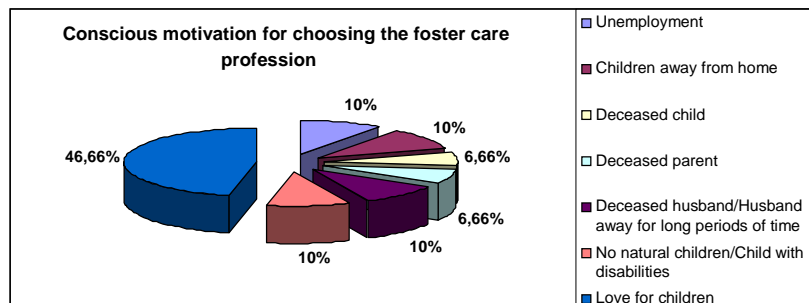


Fig. 8 - Motivations in choosing profession that research participants acknowledge or declare

We used the declared motivation for choosing this profession to verify the degree of understanding of potential suffered traumas since adulthood as a motivation for the choice of being a foster parent.

If understanding the motivation for choosing this profession in relation to childhood trauma was only possible for a percentage of 6.66, the subjects concerning psychotraumatic statements suffered in adulthood, the situation is different. Thus, in the above chart we can see that most of the participants in the experimental group, found that the psychotraumatic events in their lives, led to the motivation of becoming a foster parent. For example, a lady said that she became a foster parent "when my natural child died and I was

demoralized." We identify the following psychotraumatic statement percentage: 10% - death of partner, 5% - divorce, 10% - no natural children, 6.66% - death of children; 17% - lack of husband in the family for long periods of time. Foster parents are aware of these traumatic events that influence the decision to become a substitute parent. In this context, we identify two traumatic situations declared by them, which are based on loss - namely the loss of professional status (10%) and natural children leaving home by 10 percent (children who become adults).

However, a large percentage of foster parents, less than half, 46.66% declared as motivation the love for children. We will review later this declared

motivation that, according to the genogram data, can be based on unconscious trauma from childhood, or going deeper in the transgenerational thread, may be the ancestors' traumas which they remained attached to. To verify the hypothesis that assumes that the application of the personal development experiential model leads to understanding and awareness of foster parents of the psychotraumatic factors (personal and trans-generational) in relation to their motivation for choosing

the profession, we statistically analyzed the specific results of the complex evaluation grid applied before and after completing the program, mentioning here only one of the measured variables. We wanted to know whether through experiential group techniques focused on personal development the foster parents experienced and acknowledged the existence of the link between personal trauma and the motivation for taking a child into foster care, thus becoming a mother of substitution.

Table 7 - Comparative analysis of the answers to the two tests

Group Statistics

| | Test_retest | N | Mean | Std. Deviation | Std. Error Mean |
|------------------------|------------------------------|----|------|----------------|-----------------|
| Trauma_pers_motivation | Before attending the program | 30 | 1,97 | ,765 | ,140 |
| | After attending the program | 30 | 4,03 | ,765 | ,140 |

As can be seen in the table above, professional motivation variable – Psychotraumatic history has changed during the experimental phase. Thus, the first

test had an average of 1.97 and after the completion of the experiential program, at the second test, this value increased to 4.03.

Table 8 - Verification of data normality

Test of Normality

| | Test_retest | Kolmogorov-Smirnov ^a | | | Shapiro-Wilk | | |
|------------------------|------------------------------|---------------------------------|----|------|--------------|----|------|
| | | Statistic | df | Sig. | Statistic | df | Sig. |
| Trauma_pers_motivation | Before attending the program | ,217 | 30 | ,071 | ,811 | 30 | ,121 |
| | After attending the program | ,217 | 30 | ,071 | ,811 | 30 | ,121 |

a. Lilliefors Significance Correction

From the analysis of Kolmogorov Smirnov indicator we see that the coefficient value is significant because materiality is greater than $p = 0.05$. So data is normally distributed. We have calculated the homogeneity of variances for the two distributions of

data using Levene coefficient. We obtained an $F = 0.000$ at a significance level $p = 1.000$ greater than 0.05 which means that we have validated the two conditions for independent samples t-test but follow in the table for comparison the values for unequal variances.

Table 9 - Comparison of results obtained in the experimental group in terms of professional motivation variable – foster parents' trauma

Independent Samples Test

| | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | | |
|--|---|------|------------------------------|----|-----------------|-----------------|-----------------------|---|-------|
| | F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference | |
| | | | | | | | | Lower | Upper |
| | | | | | | | | | |

| | | | | | | | | | | |
|-------------------|-----------------------------|------|-------|---------|--------|------|--------|------|--------|--------|
| Trauma_pers_motiv | Equal variances assumed | ,000 | 1,000 | -10,464 | 58 | ,000 | -2,067 | ,197 | -2,462 | -1,671 |
| | Equal variances not assumed | | | -10,464 | 58,000 | ,000 | -2,067 | ,197 | -2,462 | -1,671 |

By comparing the two samples we find that there are significant differences in terms of personal traumas reported in motivation for choosing the profession of foster parents for the two tests, because $t = 10.464$ at a significance level $p = 0.000$. Thus, we can mention that after completing the experiential group program and psychoterapeutic techniques specific to

the transgenerational analysis (genogram, art-genogram, role play etc) foster parents have come to realize the connection of the unconscious choice of becoming a substitute mother and their own psychotraumatic history, obtaining significant differences between the two tests.

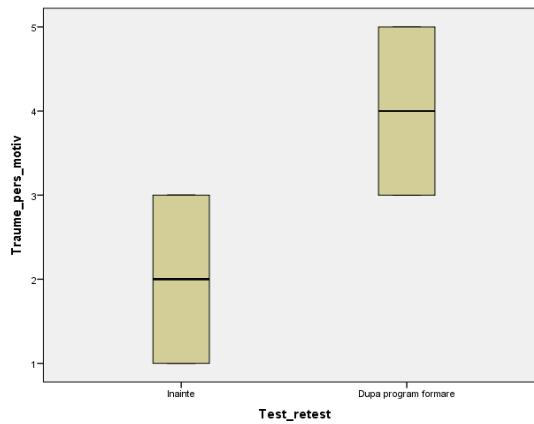
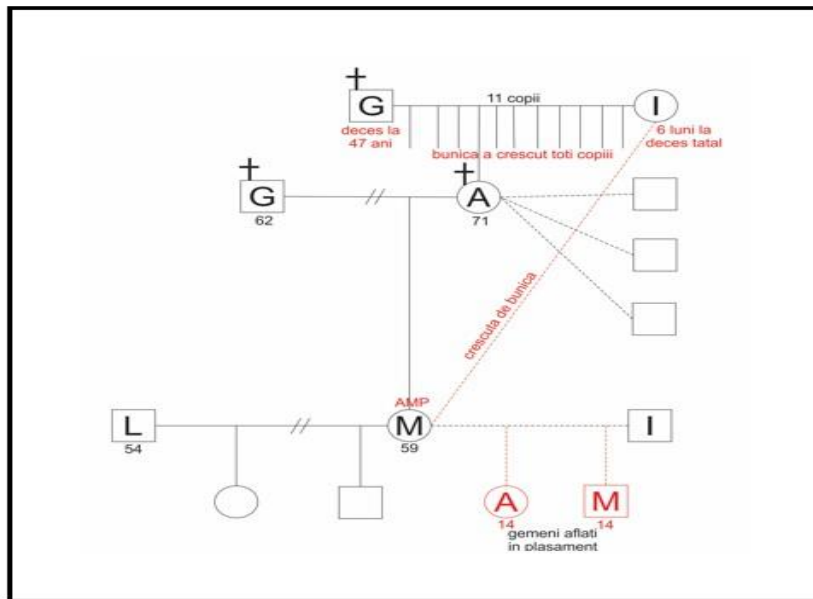


Fig. 9 - Comparative analysis of responses to the two tests- professional motivation - personal trauma

Exemplifying a life scenario through the genogram analysis



From this genogram it is noted that M. was raised by her maternal grandmother who has raised 11 more children. The mother divorces from the father and has many cohabitation relationships. M. has two

children with the first husband, but she divorces him and now is a foster parent for twins. Now she is in a cohabitation relationship.

IV. Conclusions

In the research we have brought to the fore the role of family in personality development and attachment in the context of substitute parenting, and a distinctive note that we have used in research methodology, is represented by the influence of traumatic events in the development of personality, and when it comes to parenting substitute, we talk about separation, abandonment or loss. We focused on both psychotraumatic life situations of children in foster care and also on those of the foster parents. We focused on the similarities between them, continuing to research the children's main-themes like: attachment vs separation, abandonment/loss vs addiction, rooting vs uprooting, showing that these themes, based on foster children's life scenarios are complementary with those of the foster parents.

Psychodiagnostic and formative methodology of foster parents that we propose is based on theoretical and methodological aspects of transgenerational analysis, concepts and methodological tools specific to the unifying trans-generational therapy reported to the specifics of our research - substitution family. A qualitative aspect highlighted is that of surprising awareness and healing I would say, of identifying with their predecessors, with maternal figures who in turn had the same life - themes which they carry on. Though the genogram they found incomprehensible links with their grandparents that led them to this profession with a deep parental role.

It is a relocation, restructuring, rebalancing of the self through the contact with their own roots and assuming who they are, by contact with their own resources and awareness of what they can do, by changing perspective in a meaningful way, with potential, optimism and acceptance, which they forward to their children.

Also, from the statistical results and the (verbal and written) assessments of foster parents participating in the experiential program, it is shown that they have developed self-knowledge skills, they were able to acknowledge their personal resources, becoming more assertive, with greater confidence in their own potential and to understand the importance of personal development as an essential component of continuing vocational training that is required in this profession.

In conclusion, we believe that an efficient foster parent is a competent person, with a psycho-emotional and behavioral balance, with a good knowledge of one's self and the ability to adapt to new experiences. The efficient foster parent has a psycho-behavioral profile based on the existence of a specific

personality board in accordance with the requirements of the profession, the professional skills assessed as quality standards and a psychotraumatic history which is assumed and emotionally integrated.

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